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MANAGER ADVERTISING DEPARTMENT:
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SOME NOTES ON ROSACEA, WITH SPECIAL REFERENCE TO ITS TREATMENT.

BY GRAHAM CHAMBERS, B.A., M.D.

Lecturer in Dermatology, Woman's Medical College; Dermatologist, St. Michael's Hospital, Assistant Physician, Toronto General Hospital.

Rosacea may be defined as a chronic disease of the face, characterized by red patches due to a paretic condition of the blood vessels and, in addition, in some cases by papules, nodules and pedunculated growths due to hypertrophy of the connective tissue of the skin. The disease is frequently complicated by acne vulgaris, but the latter affection is always secondary, due to infection of the sebaceous glands by pus germs. Therefore, the mixed term, acne rosacea, which is generally applied to the disease, should be dropped and replaced by rosacea. The disease does not occur before puberty and is rare up to the age of twenty-five. From then

onward it is very common and, with the exception of acne, is the most frequent of the diseases which occur upon the face. In the great majority of cases, the lesions of rosacea are situated on the central portions of the face, forehead, chin, nose and adjacent parts of the cheeks. In rare cases, however, the whole of the face with the exception of the orbital regions, scalp and the neck becomes seats of the disease. The reason why the disease attacks these regions in preference to other parts of the body probably depends upon the facility with which the vessels of the face are paralyzed.

The clinical manifestations of rosacea undergo considerable variation in the course of the disease as well as with the sex, habits and occupation of the patient. These changes are so marked that we can very well distinguish three forms, viz.: Non-hypertrophic. hypertrophic and seborrhœic. Naturally these types are not sharply defined but are frequently associated or shade off into one another,

The non-hypertrophic or maculate form of rosacea occurs in both sexes, but more frequently in women than in men. The disease, as a rule, is very gradual in its development and is characterized at first by temporary congestion of the face, and particularly of the nose, after partaking of full meals, hot drinks, or alcoholic stimulants. The condition in the female is sometimes more marked at the monthly epoch or during pregnancy. After the lapse of months, and sometimes years, unless the cause is removed, the congestion gradually becomes more lasting until permanent hyperæmic red patches result. The intensity of the color undergoes considerable variation from time to time, depending upon the condition of the stomach, weather, etc. In addition to the abnormal color, the affected parts generally have a greasy appearance, due to an excessive formation of sebum. The sebaceous glands may become infected by pus germs, giving rise to an acne which adds to the disfigurement of the face. These conditions do not exist long on the face before some of the dilated vessels of the red patches become visible to the naked eye. This represents a higher grade of the disease. Sometimes cases present themselves where vessels on the nose are dilated, but the intervening skin is nearly normal in color. This type occurs more frequently in men than women, and is said by some authorities to be due to exposure and to imbibing of strong spirits.

Seborrhœic rosacea is only a special type of seborrhœic eczema, which invariably commences on the scalp. The paresis of the vessels in this form of rosacea probably not only depends upon this chronic infectious dermatitis, but also to a certain extent upon reflex stimuli from some systemic disturbance. These lesions frequently

commence in the sweat groves on each side of the nose and gradually advance upon the alæ. Sometimes, however, they are found in multiple patches on the nose and adjacent parts of the cheeks. Scaling of the parts is never so well marked as in lesions of seborrhœic eczema on other parts of the body.

The hypertrophic form of rosacea, which is a higher grade of the disease than the two preceding types, is due to a hypertrophy of the connective tissue, and in some cases of the sebaceous glands of the affected parts. In many of these patients the breadth of the nose is increased, whilst the surface of the skin is mammilated in outline and pitted with the dilated orifices of the sebaceous glands. The chin and forehead may present a similar appearance, but never developed to the same extent. In other cases the diseased parts present solid papules and nodules, principally made up of connective tissues. As this process advances, the nose becomes irregularly enlarged and lobulated, and the most misshapen deformity may result. Cases have been recorded where the nose attained the size of two fists and weighed as much as two pounds. The term rhinophyma is applied to these extreme developments. Fortunately they are very rare.

Treatment. As rosacea is more or less a symptomatic affection, being only one sign of many morbid processes, it is very important that the causative agents in each case should be made out. This is particularly true of those cases which result from systemic disturbances, for, even if we effect a cure by external agents, the case is very apt to relapse, provided the cause of the disease is not removed. Before commencing treatment we should, therefore, make a thorough examination, not only of the food, beverages, and habits of the patient, but also of the condition of the alimentary tract, and, in the case of women, of the organs and functions peculiar to themselves. Each of these conditions should be treated according to its nature. This is too wide a field of therapeutics to discuss in a paper such as this, but I shall mention some of the most important rules which should be followed in the treatment of the disease. The diet should be regulated, and the food should be of the plainest, and of a non-fermentable character, and should vary with the condition of the stomach and intestines. All alcoholic liquors, whether malted, fermented, or distilled, should be prohibited until, at least, a cure is effected, and then if any is allowed it should not be habitually used. Undiluted strong spirits and highly acid wines are particularly injurious. Tea, particularly if strong and improperly made, is harmful, whilst coffee is generally

permissible. Constipation, which is frequently present, should be corrected by a saline or vegetable laxative. Although internal medicinal remedies should, as a rule, be administered on a rational basis for the cure of the condition which is primarily the cause of rosacea, still there are certain drugs which appear more efficacious than other members of their class in effecting a cure. Strychnine is one of these, and I believe that full doses of it will prove of value in every case of rosacea. It probably acts by giving tone, not only to the gastric and intestinal muscles, but also to the paretic blood vessels. Ergot is another remedy which is very useful in a number of cases of this disease, particularly in women. It appears to me to be most useful in those active cases where the lesions are situated on the chin as well as on the nose and other parts of the face. Resorcin and ichthyol are remedies which have great reputations in the treatment of this disease, and I cannot speak too highly of their use in certain cases where there is fermentation or putrefaction of food in the stomach, and small intestines, due to bacteria. Both these remedies are best administered in three or four-grain capsules immediately before or after eating. Marked improvement, not only of the general condition of the patient, but also of the rosacea, frequently follows their use. Of these two medicinal agents, I generally select ichthyol, expecting to reap some advantage on account of the large percentage of sulphur which it contains. There are many other internal medicinal agents—such as silver nitrate, belladonna, sodium bicarbonate, etc.—which are frequently necessary in the treatment of this disease, but the indications for their use depend upon the nature of the digestive disturbance.

The external treatment of rosacea should be adapted, not only to the form and grade of the disease, but also to the irritability of the skin in each particular case. In order that I may be more explicit, I shall separately describe the local treatment of the three principal forms—non-hypertrophic, hypertrophic, and seborrhœic.

For the management of the non-hypertrophic form, uncomplicated by easily visible vessels, we depend principally upon the topical application of drugs. The medicinal agents indicated in this disease are those that are antiseptic, keratoplastic and capable of giving tone to the paretic blood vessels. The term keratoplastic is applied to those chemically reducing agents which increase the firmness and dryness of the corneous layer. Resorcin, sulphur, ichthyol, chrysarobin, pyrogallol, formaline, in certain strengths of preparation, belong to this class, and are, at the same time, antiseptic and are more or less tonic in their actions. Chrysarobin and pyrogallol

are rarely used on account of the pigmentation which they produce, and, in addition, chrysarobin is very apt to set up an intense erythema, which is objectionable, particularly on the face. Formaline has a very strong keratoplastic action, but I cannot speak of its usefulness in this disease. Ichthyol is a very useful but a very dirty drug, and can only be used at night unless the patient gives up his avocation. I frequently use a ten per cent. ointment as a topical application during the night. Resorcin and sulphur, however, are two drugs which have few disadvantages, and, according to my experience, the most useful agents we have in the treatment of this disease. The strengths of the preparation should not be too great for fear of setting up too intense an irritation and getting the opposite result to that required. It is, as a rule, best to start with a weak preparation, and then adapt the strength to the irritability of the skin. There are many methods of applying these drugs, but, according to my experience, I have found the following formulæ to be the most satisfactory way of prescribing:

Sulphur, grs. xx.
Resorcin, grs. xxx.
Vaseline, ℥i.

This ointment should be rubbed on the affected parts at bed-time. In the morning the parts should be washed with soap and water and then the following lotion applied:

Resorcin, ℥iss.
Spirits vin. rect.
Aquæ, aa ℥ii.

This treatment at first may increase the redness of the parts, but as a rule in a few days the skin appears to become accustomed to the preparations and then frequently the hyperemia is lessened. If the irritation is too severe, the treatment should be suspended and cold cream applied for a day, when it will be found that the reaction has subsided. In some cases the percentage of resorcin in the ointment must be increased to produce the desired result. In those cases of rosacea associated with marked telangiectasis, it is necessary in most cases, before adopting the foregoing treatment, to obliterate the plainly visible vessels. This is best effected by scarification. The part should be numbed by the application of ethyl chloride or a mixture of ice shavings and salt contained in a muslin bag and then transverse incisions about a line apart should be made along the course of the vessel. The operation is best performed at several sittings. The bleeding can be controlled by compression,

or, if necessary, by the application of liq. ferri. perchloride. Sometimes it is better to slit up the large vessels with a narrow bistoury and then apply the above solution of ferric chloride. The treatment of some of these cases is very tedious, as the obliteration of the vessels appears to cause a dilatation of collateral branches. Electrolysis is another excellent method of rendering the dilated vessels impervious. A fine needle attached to the negative electrode should be horizontally introduced at different points along the course of the vessel. A weak current, just sufficient to cause the clotting of blood, should be used. The cicatrizes produced by either of these methods of destroying the vessels are rarely perceptible to the naked eye.

Seborrhœic rosacea should be treated in a similar manner to the foregoing form. Resorcin and sulphur are particularly indicated, as they are used in all types of seborrhœic eczema. The application should be made not only to the hyperæmic patches on the face but also to all parts where the seborrhœic process exists, so as to completely eradicate the whole disease. It is best, as a rule, to commence treatment with strong applications, in order to cause free exfoliation of the epidermis. My favorite prescription for this purpose is an ointment containing 10 per cent. of sulphur and from 10 to 25 per cent. of resorcin, according to the irritability of the skin. Frequent rubbings with tincture of green soap and water, will assist in bringing about the desired result. This method of treatment is disagreeable to the patient, but is necessary to remove the bacteria from the follicles and to increase the tone of the vessels of the skin. It should be continued for about a fortnight and then milder applications of reducing agents ordered. When the irritation produced by the strong applications has subsided, marked amelioration of the hyperæmia is to be expected. Sometimes, again, it is necessary to resort to the strong preparations before effecting a cure.

The local treatment of the hypertrophic forms of rosacea varies, not only with the appearance, but also with morbid anatomy of the diseased part. In those cases where the nose is broadened and its surface pitted with the dilated orifices of the sebaceous glands, strong decorticating agents give the best results. There are many preparations recommended for this purpose, but I have found that a strong paste containing about six per cent. of salicylic acid and from thirty to forty per cent. of resorcin is the most satisfactory method of prescribing. When this preparation has been applied for a few days an intense irritation is set up, and this is quickly followed

by an exfoliation of the outer part of the epidermal layer. I now order a mild keratoplastic ointment until the irritation has subsided, when the decorticating plaster may be again applied. This method of treatment is at first very disagreeable to the patient, but if persevered with will always diminish the redness and hypertrophy of the part; when the hypertrophy is principally due to an increase in the connective tissue the topical application of drugs has very little effect and the treatment depends upon ordinary surgical procedure.

18 Gerrard St. East.

WHEN SHOULD WE OPERATE?*

By Wm. Oldright, M.A., M.D.,

Surgeon to St. Michael's Hospital and Associate Professor of Clinical Surgery in the University of Toronto.

In common with other surgeons I have met with so many persons whose condition would have been much improved by early operation, and many in whom it is not yet too late, that it appeared to me a paper and discussion with the above heading would fill a useful place in our annual review. With our improved and constantly improving surgical technique the good results and prospects are so increased that we observe a much greater number of cases favourable for operation. Then there are on the other hand cases not suitable for operation or where operation is either unnecessary or contra-indicated. To the conservative honour of Canadian surgeons be it said that operations in such cases are extremely rare.

The time for operation in cases of appendicitis, and the wisdom of operating in recurrent appendicitis as soon as the tendency to recurrence has manifested itself, has been fully discussed by other members of this association. I will therefore merely show in this connection four specimens from two patients; from one a sloughing appendix and a fæcal concretion, a stone of laminated construction. The other two specimens, an appendix and an inflamed tube and degenerated ovary from a girl of nineteen who had repeated attacks of pain in various parts of the abdomen, sometimes accompanied with vomiting and purging. The most common and constant seat of tenderness was in the right iliac region and an elongated corded mass could be detected by pressure in that region, extending from McBurney's point towards the fundus of the uterus. Whilst inspecting the appendix I could not be certain that the ovary or tube or both were not involved, and consequently would not operate without having received the authorization of the girl's parents "to perform such surgical operation as I consider necessary to give her permanent relief." The sequel as shown here is evidence of the necessity of

* Read before the Ontario Medical Association June, 1898, and illustrated by the presentation of patients and pathological specimens.

such precaution. The operation was done two weeks ago to-day.

Other members of the association have also recently discussed the necessity of freeing patients from the pain and danger of pyosalpingitis. I therefore merely add fresh testimony to these remarks by presentation of a pair of tubes removed a few weeks ago after some months of oft-recurring pain and wretched health. The patient has one baby six months old. In these tubes the pus was inspissated.

There is another class of cases which, though well known in abdominal surgery, has not been so fully brought forward and discussed at our meetings, the differential diagnosis of which deserves more consideration, and, if properly followed up by operative treatment, may save the patient from great risk as well as much suffering. The history of a case will best illustrate this class. Mrs. S. had been married five years; had no children. I was sent for in March of this year on account of a sanguineous flow, accompanied by spasmodic pain in the hypogastrium, thought possibly to denote miscarriage, the patient having gone somewhat over her periods. Palliative treatment proving of no avail and hemorrhages recurring, it was decided to dilate the canal and curette the endometrium. Tenderness had been detected outside and to the left of the uterus. This might be caused by extension from the uterus, but a history of pain in the iliac fossa before and since marriage was elicited; these pains had been increased by walking. The hemorrhage recurred, and one day I was summoned hurriedly on account of a sudden and severe onset of pain in the left inguinal region, which had almost subsided before I arrived, half an hour or so after the onset. A slight bloody discharge existed. My belief that there was a recurrent hæmato-salpinx with stenosis of the mouth of the tube was now confirmed, and I pointed out to the patient that she might at some time have a dangerous intra-peritoneal hemorrhage from rupture of the tube. I therefore advised that she avoid this danger and rid herself of suffering by a removal of the appendages on that side, at the same time asking consent to remove them from both sides if necessary. This was reluctantly given, as the patient's parental desire was very strong. On examining the specimen you will see that what was pointed out as a probable result in the future was a present reality—the tube had ruptured. The clot which is presented was found walled in along with the tube and ovary by adhesions in the posterior pelvic fossa. The right tube was found stretched backward, its fimbriated extremity buried in an adhesion of intestine to the pelvic wall.

In contrast with this case, caught and operated upon before pro-

fuse hemorrhage had occurred, I may cite three other cases: One where I was called in consultation to see a patient in a very weak condition, with a large tender mass in the pelvis, and from whom in operating I removed over two quarts of clot and serum (part of the latter effused from the peritoneum, I presume). This patient presented a history very similar in its commencement to the other: Married several years; no children; recurrent attacks; at last this very severe one occurred. Although she made a good recovery she gave us a bad quarter of an hour, being taken pulseless from the table and having to be kept up by large quantities of saline solution injected into the cellular tissue and rectum. The first was a more comfortable case for operation and illustrates the best time "when we should operate."

One of the other cases was similar but more chronic. The meshes of the omentum were invaded by semi-organized clotted masses, on account of which a portion of omentum was removed, and we had an abdominal fistula in the track of the drainage tube. A good, but slow, recovery ensued. The last to which I shall refer is a case of double hæmato salpinx, the tubes having been immensely distended. The pains from the recurrent attacks appeared to be very excruciating.

In none of these cases was there any sign of an embryo. Only the last recited had borne children.

It goes without saying that in cases of malignant disease operation should be on the earliest recognition of the disease. The early recognition then is of the greatest importance. Two cases will illustrate a method of procedure in doubtful cases. I was asked to see in consultation, a year and a half ago, a widow whose baby was two years old. She had a suspicious lump, somewhat flattened, in the right mamma, and an enlarged gland in the axilla. Neither was hard enough to warrant a positive diagnosis of carcinoma. After consultation we determined to prepare for Halstead's operation, but in the first place to excise the small mass in the breast, cut into it after removal, and, if not satisfied of its malignancy, to close the wound and defer the more extensive operation until a microscopic examination had been made. On removing the mass all those present, including one of our pathologists, considered it very innocent looking. To my surprise the microscopic examination showed carcinoma. The complete operation as described by Halstead speedily followed. The result so far is satisfactory, though only half of Halstead's allotted three years has yet elapsed. In a case six weeks ago in an unmarried woman, a similar mass and

larger, harder glands presented themselves. Here one of the glands was removed, the afferent and efferent ducts being ligated and carbolized. Macroscopic examination pointed to tubercle. Microscopic examination has confirmed this view, and a needless extensive mutilation has been avoided. I was glad to come across an article in a number of the *British Medical Journal* just after the occurrence of the first mentioned case, in which a prominent surgeon of St. George's Hospital, London, recommends that course of action. It would be much better not to have to make this exploratory wound if one could always be sure; but it is better to make it than to wait. In contrast with cases of this kind one can point to some which have been too late because of rapid growth and too long delay, and also happily to others where certainty of diagnosis, slow growth, and rapid decision of the patient have yielded the satisfactory result of no return. One such case is now entering its fourth year, the patient being over seventy years of age.

Better operate early, even if you have to make an exploratory one, than to wait until it is dangerously late.

I would now show you two cases of so-called gonorrhœal rheumatism—infective synovitis, if you prefer the term. In one aspiration was done early, followed by rest, Churchill's tincture and immobilization, the aspiration being repeated once and the immobilization being kept up for three weeks or more—until the effusion ceased. The other case had been tapped once, but when it came to me it was in such bad shape that I had to open the joint, cut out a lot of rice-bodies, thickened synovial membrane, and some spiculæ of cartilage. In passing I may say that Oppenheimer's astragulus knife, which I pass around, is useful in many such removals of bony and cartilaginous projections. Great improvement and relief followed this operation, but it appears to me that had this man kept himself under surgical oversight in the earlier years of his trouble he would have been better off now.

I next present to you a patient whose great toe over-rode the two next adjoining. I removed from the first metatarsal bone a transverse wedge-shaped piece, the base of the wedge being towards the inner surface (inner anatomically—the free surface of the foot). This allowed the toe and metatarso-phalangeal joint to be forced over into a straight position, and the edges of bone were united with a silver-wire suture. I considered it better in this way to save the joint (which was not diseased) from excision.

This little boy, whom I next present, was operated on six weeks ago by division of the tendo achillis. I pass around photographs

showing the condition of his foot before operation. As there is a special paper on this subject I will not enlarge upon it, but would merely draw your attention to the want of development in his leg; it is partly congenital I think; he has no testicle, or only an apology for one, on that side. However, as regards the leg, I think we are safe in saying that had he been operated on six years ago instead of six weeks ago he would have a better one to show you on the right side.

The last patient I shall show you is this man who had an abscess in the lower border of the axilla. From neglect, largely his own, it closed after being opened, and it extended inwards on the thorax, the pus passing beneath the ribs, shoving the pleura in front of it. When I opened it I found 6 inches of the third rib and costal cartilage denuded of periosteum and 2 or 3 inches of the fourth. The interesting point is that all this bare bone was covered in by granulations and retained its vitality. The patient gained 50 lbs. between October and April. Some sinuses remained, and about five weeks ago I cut down and removed some portions of rib so as to curette the abscess wall below this. I pass these pieces of rib around and you will see that they were living bone when removed, and you will also see the toughened tissue which replaced the original smooth periosteum. Early attention would have saved this man much loss of time and much suffering.

I shall lastly pass around this photograph showing a large hernia which should have been operated on years ago. This patient recently came under my notice on account of other ailments, and the condition of liver and kidneys is now such as to preclude any operation where an anæsthetic would be needed.

There are plenty of men and boys going about with incomplete make-shifts in cases of inguinal hernia. The results now obtained are such that we ought to advise operation except in some of the rare cases of children, when a truss may be given a fair trial, and if it fails the operation should be resorted to. The statistics, as given in Sajou's Annual for last year and the American Year-Book for this year, are from 90 to 95 per cent. of permanent cures, according to Coley and De Garmo.

I may say, in passing, that during the past year not only in herniotomies, but in making good the wall after abdominal section, I have used kangaroo tendon put up in alcohol in hermetically sealed tubes. This suture is most useful in uniting seriatim the various layers of muscle and fascia, and I have not had one case of deep-stitch abscess from them. I do not care, as a rule, to men-

tion makers' names, but, as there has been disappointment in the use of kangaroo tendon in carbolized oil, etc., I may repeat that the tendon thus used is put up in alcohol in the hermetically sealed Fowler's tubes. Besides the advantage that this method has, in restoring the anatomical structures layer by layer, there is this additional one, that there is less strain on the outside integumental stitches (for which I use silk-worm gut), and that these can be removed early, and that they do not leave an avenue for the pus in the little integumental stitch-hole abscesses to find their way down into deeper structures.

This paper has grown to such length that it has filled the time allotted to me, and I cannot, therefore, take up the other side of the question, that of cases unsuitable for operation or where operation is not justifiable.

Trusting that I have not already wearied the members of the association in wandering over the field of general operative surgery, I thank you for your attention.

THE PRESIDENT'S ADDRESS.

By A. Primrose, M.B., C.M., Edin.,

Professor of Anatomy and Associate-Professor of Clinical Surgery in the University of Toronto

Gentlemen,—I have to thank you most heartily for the honor you have done me in electing me President of the Pathological Society of Toronto. Ten years ago Dr. John Caven suggested the formation of this Society, and I assisted him at that time in drawing up a list of those whom we thought sufficiently interested in the study of pathology to become active members. During the last decade we have had an enormous addition to our knowledge of morbid anatomy. Improved methods of research have facilitated laboratory work, so that many new and important discoveries have been made. I think we may congratulate ourselves that this Society has been of real service in helping us, to some extent at least, to keep abreast of the advances made in the study of pathology. We have accomplished a large amount of work during the last ten years, and I am quite certain it has proved of great value to those members who have taken part in our proceedings. There is more of a scientific spirit abroad among the profession in our country than there was a few years ago. Practitioners are no longer satisfied to become pure empirics; they wish to study the etiology of disease, and to become familiar with the life history of morbid processes. There are yet to be found men who shape their practice wholly from the results obtained by them in their experience, who are fond of publishing the large number of cases, of this or that category, which have come under their care. From these records, and from these alone, they draw their conclusions and play upon the credulity of the public (both in the profession and among the laity), suggesting that one's efficiency and attainments as a practical man are to be measured by the number of "cases" which he can tabulate and present for inspection. Far be it from me to underrate the value of experience, but it is obvious, without further discussion of the subject, that the man who tempers his experience at

the bedside with a knowledge gained by work in the laboratory will be a far better man—more skilful and more trustworthy than the man who accumulates a large amount of experience without any knowledge of the pathology of disease. Fortunately this ancient empiricism is becoming unpopular, so much so in fact that men are compelled, in spite of themselves, to study pathology and to reap the benefits which result. Our Society has gradually become more and more appreciated among the profession in this city ; we have had large additions to our membership, and doubtless not a few will join us this year. The Society is progressing, and will continue to fill a sphere of ever-increasing usefulness.

The men who are destined to become the leading surgeons and physicians of the day are those who are spending or have spent what w may call a post-graduate apprenticeship in the laboratory. The men who are able to settle down and wait for practice in the overcrowded centres have the best chance of fitting themselves for positions of honor in our profession—men who are forced to spend years in waiting before they have acquired a large practice. If such men have the ability, the patience, and the determination to devote themselves to scientific work during the period intervening between undergraduate days and the time when they have become busy practitioners, their perseverance will amply repay them, and they will be able to occupy a position in their profession for which they would otherwise be unfitted. One of the first British surgeons of to-day once told me that he was eleven years in practice before he could pay his house rent out of the proceeds of his practice, and if we enquire into the manner in which that man spent his time during the waiting period we will find that his work was chiefly in the laboratory, and that he made many important contributions to our knowledge both in pathology and bacteriology. To day he is one of the most eminent surgeons practising in London, and has an extensive practice, and enjoys the confidence of the profession the world over. This is the type of man we look to for important work in the department of pathology, and we believe that this Society affords an excellent stimulus for the development of such work. Men who are looking forward to practice whilst engaged in laboratory work are most likely to develop the more practical side of scientific study and investigation, and to accomplish work which will be of real value when applied to the treatment of disease.

Cohnheim tells us that the " Progress of pathology is historically this : the recognition of a multitude of individual diseases or

special pathology preceded the doctrine of disease or general pathology, and the latter has risen only on the foundation of the former," and this history, one may remark, is ever repeating itself, for the fundamental principles of general pathology are constantly being revised in the light of modern discoveries made in the research laboratories. For example, how different is the present account of the process of inflammation from that which obtained in the light of our imperfect knowledge of a few years ago. We must admit that pathology owes much to the progress made in other sciences. For example, the biological researches of Pasteur in the department of *Biology* were utilized by Lister in elucidating the etiological factors which had to be combated in the practical treatment of inflammatory processes. Again, a vast amount of research work is now carried on in investigating the *chemistry* of the cell in health and disease; in fact, this department of research work is becoming so developed that it has been predicted that the pathology of the future will be chiefly chemical. In the co-related science of *bacteriology* we see enormous development and a host of investigators are adding greatly to our knowledge of the life history of these living organisms and their significance in disease. In surveying this vast field of scientific work one is forced to ask the question as to how it is possible to utilize the large amount of accumulated knowledge for the benefit of mankind. The Pathological Society affords us a means of accomplishing this, in a measure, satisfactorily. A large section of our membership is composed of men who are devoting their time to the investigation of disease at the bedside; as scientific practitioners they are anxious to prove the truth or falsity of doctrines which emanate from the research laboratory. We have, again, among our membership men who are engaged almost exclusively in laboratory work. Thus we have the means of discussing the problems which present themselves from entirely different standpoints, and we thus utilize the mass of material at our disposal to the best possible advantage.

It has occurred to me that a suggestion might be made as to a somewhat new departure which might be of service to us in the study of pathology in this Society. We are apt to appreciate too greatly and to place undue value on that which is new or possibly unique in conditions presenting themselves for discussion. Would it not be highly instructive as well as most interesting if some of our members during the present session would give us some historical accounts of the development of our knowledge which has gradually led us to our present conceptions as to the etiology of certain diseases, or as to the progress of certain diseases as determined

by histological study. From this historical standpoint the etiology, for example, of cancer, of tuberculosis, erysipelas or diphtheria would be of extreme interest, whilst the history of the gradual development of our knowledge of the histological pathology of these diseases and its significance would also be of great use as a practical study.

As our work is intensely practical in this Society I think it would be unwise to detain you further. We have a long and interesting programme for this evening, and I think one can safely predict that you shall have, at each meeting throughout the session, similar opportunity for instructive work.

I am sure the officers of this Society may rely upon the support they have always received in the past, from the individual members, in carrying on the work of the Society satisfactorily.

Clinical Notes.

A CASE OF SEWING NEEDLE IN THE LIVER REMOVED BY OPERATION.

By Geo. A. Peters, F.R.C.S. England,

Associate Professor of Surgery and Clinical Surgery, University of Toronto.

THE patient was a child eleven months old, under the care of Dr. Sheehan, of St. Catharines. On Tuesday evening, Oct. 25th, 1898, the mother was fondling the child and pressing him to her breast, when he suddenly cried out with pain, and continued screaming for some time. The mother did not know at the time what the cause of the pain was, but afterwards remembered that she had had a needle in her bodice and then discovered that it was absent. A few hours later the grandmother noticed on undressing the child that there was a spot upon the underclothing just over the region of the liver, and also a small red punctiform discoloration over the region of the right rectus muscle, near the middle line. It was then surmised that the needle had entered through this wound. Next day the child was shown to Dr. Sheehan, who could feel indistinctly the end of the needle through the right rectus muscle. He brought the child over to St. Michael's Hospital and placed him under my care. At time of admission the liver moved up and down with each respiration, and a short way from the punctiform wound of the skin a somewhat pointed body could be felt, which seemed to be tilted at each respiratory movement. With Dr. Sheehan's assistance I cut down upon this on Thursday, 27th October, two days after the needle had entered. On cutting through the skin and muscle a small amount of œdema was found in the deeper layer of the sheath of the right rectus muscle, but diligent search failed to discover the needle, either to the eye or to the touch. The peritoneum was accordingly opened, and at a point just above where the opening was made an adhesion was discovered binding the liver to the

abdominal wall and preventing free movement in respiration. Without disturbing this adhesion the dissection was continued down through it, and the needle was found almost buried in the liver, but with its eye just within the sheath of the right rectus muscle. The needle pointed in a direction backwards, upwards and to the right, and was buried in the liver with the exception of the extreme butt end, as above mentioned. It was removed readily, and found to be black in color, but smooth. The wound was stitched up without drainage, healed by first intention, and the child left the hospital on the sixth day. The needle was an ordinary steel sewing needle, one and a-half inches long. In regard to the diagnosis in this case, it may be remarked that the mother missed the needle and drew Dr. Sheehan's attention to the drop of blood and the punctiform wound in the skin. When first seen by Dr. Sheehan the amount of inflammatory lymph thrown out was not large, and consequently the end of the needle was felt, though not by any means distinctly. The value of the X-rays in such a case is somewhat problematical. In the first place, the body is so small, and the movements of the liver and abdominal wall are so constant and so excursive, that at best but a blurred image could be obtained. Moreover, without a double picture, one taken from the side and one from before backwards, no very adequate idea of the depth from the surface could be obtained. The presence of the wound was in itself of course a much better indication of the position of the body. The method lately introduced of taking a stereoscopic X-ray picture is an enormous advance upon the original single picture, as it gives a view of the body in excellent perspective.

In regard to the question of the advisability of removing such a body, while it cannot be disputed that such bodies may become encapsuled and give but little trouble, all will agree that they are better out than in.

Progress of Medicine.

OBSTETRICS

IN CHARGE OF

ADAM H. WRIGHT, B.A., M.D. Tor.,

Professor of Obstetrics in the University of Toronto; Obstetrician to the Toronto General Hospital.

ASSISTED BY

H. T. MACHELL, M.D.,

Surgeon St. John's Hospital and Physician to Victoria Hospital for Sick Children.

The following reports are taken from the Annual Report of the Rotunda Hospital:

Induction of Premature Labor.

Premature labor was induced in three cases—twice for contracted pelvis, and once for cardiac disease. In all three cases Krauze's method, the introduction of bougies, was used. It was successful in two cases, but in the third, that of cardiac disease, the bougies failed to bring on labor, although inserted twice.

Ten laminaria tents were then placed in the cervix, but, as they also failed to bring on labor, bi-polar version was performed, and a leg brought down. The child was born alive, but died in thirty minutes. The other children went out well. In every case convalescence was normal.

There were eight cases of accidental hemorrhage admitted. In four of these, as the patient was in strong labor and the first stage well advanced, rupture of the membranes was found to be sufficient treatment. In three cases, however, the hemorrhage was so severe that the vagina had to be plugged with boiled cotton-wool—after the usual aseptic precautions had been taken—and a tight abdominal binder with perineal band applied, to check the hemorrhage and bring on labor.

In every case the mother made an uninterrupted recovery; but in those cases in which plugging had been performed the children were still-born. In these cases the hemorrhage was so severe that in all probability the placenta had been completely detached. One

patient only had a temperature of or above 100.8° F., and this, which she had on admission, fell the second day, and the puerperium continued uneventful.

From our experience of the treatment of accidental hæmorrhage, where the bleeding is severe and labor pains are absent, we are convinced that the firm application of the vaginal plug, combined with the use of a tight and carefully applied abdominal binder, with perineal band, is the only treatment that we can recommend with any confidence.

Eclampsia.

One case of eclampsia was treated during the year.

Case.—The patient, M.G., aged eighteen, 1-para, was admitted on October 4th, 1897, when seven months pregnant. Her urine was scanty and highly albuminous, with considerable œdema of the lower extremities. She also complained of temporary loss of vision, and was very irritable and excited. She was given, at 6.50 p.m., on day of admission, gr. ½ morphia hypodermically; as the excitability continued, and as she had had two typical eclamptic seizures, she was given at 10 p.m. same evening gr. ¼ morphia, which was repeated at 10.30 o'clock p.m. As a purgative, Mist. Sennæ Co. was administered shortly after admission, and, as this did not act, croton oil ii. minim was given, with satisfactory results.

After the last hypodermic of morphia the patient was almost maniacal for several hours. She gradually became quieter, and finally fell asleep, and slept the whole of the next day. After this she rapidly improved, and three days after admission labor set in naturally, and she delivered herself of a living child, weighing 3½ lbs. Her temperature rose to 101° F. on evening of third day after delivery, and was 100.8° F. next evening, but after a uterine douche it fell to normal, and remained so.

During the first twenty-four hours in hospital she only passed ℥xiv. of highly albuminous urine, which increased to ℥xxi. during the next twenty-four hours, and to ℥lviii. during the next twelve hours, remaining at about ℥l. every twelve hours for three or four days following. It was frequently examined, and during the puerperium the amount of albumen rapidly diminished, there being only a trace of albumen in it the day she was discharged.

Patient and child left the hospital on eighth day after delivery, and were seen at the hospital six weeks later, both perfectly well.

NEGLECTED SHOULDER PRESENTATION WITH RUPTURE OF UTERUS.

M.D., aged thirty, 7-para. Delivered April 6th, 1897. Neglected shoulder presentation, complicated with rupture of uterus. Full time pregnancy. Decapitation. Patient, who was of very intemperate habits, complained of having received a severe kick on the lower part of the abdomen on evening of April 4th during the following two days she sent on three occasions to the hospital, but not until the third occasion would she allow of any examination whatsoever. She had then been in strong labor for five and a half hours, with severe pain in the hypogastrium ; a hand was seen protruding from the vulva, the membranes being intact. The extern maternity assistant, Dr. Lyle, was sent for, and, on arrival (the membranes having in the meantime ruptured), examined the patient under an anæsthetic, and, finding the shoulder well down in the pelvis with the uterus tightly contracted down on the child, refrained from any interference, but sent for Dr. Wilson, the Assistant-Master on duty.

The child was lying in an oblique position, dorso-anterior, with head to right ; the left shoulder was firmly fixed in the pelvis, with corresponding hand and forearm protruding at the vulva ; all the ribs of left side were easily felt bulging down into vagina. On passing hand into uterus that organ was found ruptured on right side ; the greater part of head, however, was held within the uterus by the impaction of the shoulder ; the intestines could be felt with the tips of the fingers ; the umbilical cord was flaccid and pulseless.

Decapitation was performed with Braun's blunt hook ; after which the body of the child was easily delivered by traction on the arm, and the head by pressure on the fundus, with the left hand guiding it, in order to protect maternal soft parts.

The placenta was removed manually.

The rent in the uterine wall was about three inches in length, situated in lower segment to the right and posterior ; a thick plug of iodoform gauze was passed through the rent into the peritoneal cavity, for the purpose both of drainage and to keep the intestines out of the wound, the lower end of the gauze being in the vagina. A hypodermic of ergotin was given, and the patient, on account of destitution, was removed to the hospital. She made an uninterrupted recovery. The gauze was removed in twenty-four hours ; her temperature never exceeded 99.2° F., and she was discharged well on the 22nd April.

We consider that rupture of the uterus often takes place without any of the alarming symptoms which are recorded in the text books, and frequently is only diagnosed when the fingers are passed into the uterus to remove the placenta, or with some other object.

The treatment adopted in this case appears to be most satisfactory in cases of uterine rupture uncomplicated by severe hemorrhage, or the laceration of any other viscus.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF

PRICE-BROWN, M.D.,

Laryngologist to Western Hospital; Laryngologist to Protestant Orphans' Home.

NASAL SPLINTS.

Richard Lake (*Jour. Laryng. Rhin. Otol.*, Aug., 1898) advises the use of splints, made out of rubber sheeting, for all intra-nasal work requiring their aid. The rubber sheeting can be obtained from any dealer in rubber goods, in three thicknesses of one eighth, two-eights and three-eights of an inch.

The shape and size can be made to suit the requirements of each case, the splint should be made long enough to pass pretty deeply within the nasal fossa, and either straight or boomerang in shape. If the thicker sheetings are used, the edges should he bevelled by means of a sharp, wet knife.

The advantages of splints of this kind are, that they are aseptic, and by their elastic pressure, when in position, have also a decided effect in straightening irregular cartilaginous tissues.

(Since first reading of Lake's Nasal Splints, the abstractor has had remarkable success in the treatment of a curved triangular cartilage, in a boy aged six years. The cartilaginous septum was thickened and deformed, filling up the right nasal fossa completely. By excising a narrow slip and then inserting a rubber splint, cut to suit the cavity, and having the patient wear it for several weeks, the passage was spread almost to the width of its opposite fellow.)

MEMBRANOUS RHINITIS.

This disease has been the subject of two important papers during the present year. One by Richard Lake (*Laryngoscope*, Sept.) and the other by Middlemass Hunt (*Jour. Laryng. Rhin. Otol.*, Oct.).

Mr. Lake, in introducing his article, refers to a case reported by the abstractor to the Toronto Medical Society last winter. In this case the patient was a young lady aged seventeen. The disease was

confined entirely to one nostril, and caused complete stenosis of that side. It took several weeks to cure it. Microscopical examination of a culture of the membrane proved it to be one of staphylococcus pyogenes.

Mr. Lake's case occurred in a man aged fifty-four. There was obstruction of the right nasal fossa. It seemed to arise as a sequel to long standing hay fever. There were white translucent flakes in the one nostril, which could be separated without causing bleeding. The patient's general health was good. The nose was treated from time to time with some relief. After the lapse of eight months, he returned again for treatment. This time a gelatinous mass filled the cleft between septum and inferior turbinated. On removal it resembled the white of a plover's egg. Microscopical examination of a culture revealed pure staphylococcus pyogenes aureus.

This organization and also streptococcus pyogenes have been the exciting cause of the cases of membranous rhinitis so far bacteriologically reported.

The article by Middlemass Hunt, although entitled "The relation of fibrinous rhinitis to diphtheria," treats of the same subject. At a previous meeting of the British Laryngological Association he had reported a typical case of fibrinous rhinitis. In this one the patient remained in good health, the only symptoms being the one-sided stenosis and the profuse discharge. The case ultimately recovered. No bacteriological examination was made.

Subsequent to this time he had three other cases of membranous rhinitis; but all of them were so related to diphtheria that he distrusted their being independent of this disease. In one case pharyngeal diphtheria began in the third week of the nasal trouble. In another the rhinitis occurred, some weeks after convalescence, from an attack of diphtheria. And, in the third, it was followed within a few weeks by two cases of genuine diphtheria in the same family.

Middlemass Hunt concludes his article in these words: "I might venture to summarize one present position regarding fibrinous rhinitis to be as follows:

1. While admitting that other bacteria besides the diphtheria bacillus may give rise to membranous exudation in the nasal passages, the vast majority of cases of fibrinous rhinitis are due to the Loeffler bacillus.

2. That it is impossible on clinical grounds alone to distinguish fibrinous rhinitis from mild nasal diphtheria.

3. That all cases of fibrinous rhinitis should be regarded as diphtheria until the contrary has been proved by reliable bacteriological investigation.

Ozœna.

De Greift (*Annales et Bulletin de la Soc. de Med. d' Anvers*, Nov. and Dec., 1897) divides the so-called ozœna into five different forms. (1) Due to adenoids. (2) Due to sinusitis, with degeneration of the pitutary micous membrane. (3) Due to nucrosing ethmoiditis. (4) The purulent form with hypertrophy of mucous membrane in children, passing on to (5) Atrophic form or true ozœna.

Treatment. According to cause, which he gives as follows: Ablation of mucous membrane, application of powders, antiseptic and irritant, spraying with solutions of nitrate of silver. Vibratory massage, electrolysis, anti-diphtheritic serum, injectures of iodine.

Primary Epithelioma of the Antrum of Highmore.

Wendell C. Phillips, of New York (*Jour. Laryng. Rhin. Otol.*, July, 1898), gives an article upon this rare disease. Many of the cases of malignant affection of the antrum, that have been reported, have been cases of sarcoma. Heath, too, having had a wide knowledge of the subject, says: "The only form of true cancer, invading the upper jaw, is in my experience the medullary or encephaloid, but cirrhosis has occasionally been met with." Phillips, however, has made a very careful research of the literature of the subject, and has gathered together a brief history of fifteen cases of epithelioma of the antrum, taken from the writings of careful observers, and he closes with the history of one from his own experience.

This occurred in a saloon keeper aged fifty-eight. He was heavily built and ruddy, and, being a German, lived after the fashion of his people. Six years previously he complained of a pain in the right antrum, he had several teeth extracted; and after a time had an alveolar opening made. This never healed.

When he consulted Wendell Phillips, a large cauliflower-like excrescence projected into the mouth through the opening. It was about two inches long and three-quarters of an inch broad. The patient had never had severe hemorrhages from it; but touching with probe or fingers, or friction of food, produced slight bleeding. Transillumination revealed a dark area over the region of the ant-

rum. There was no glandular enlargement, no bony displacement, no protrusion of eyeball, no nasal stenosis, no nasal polypi, and but little secretion. Neither was there any history of specific disease, nor family history of cancer.

The protruding mass was removed by cold snare. Then a probe passed into antrum proved it to be filled with similar tissue. To facilitate operative treatment the alveolar opening was enlarged by curettes and gouges, sufficiently to admit the finger, and the whole cavity was thoroughly curetted out. The hemorrhage was severe, but special pains were taken to curette every crevice within the antrum. The cavity was then washed out with bi-chloride solution and packed with iodoform gauze. The packing was renewed every two or three days and the antrum cleansed with boracic acid solution. After about six weeks the packing was discontinued and the cavity allowed to close. Notwithstanding the large opening it healed entirely, and on May 10th, 1898, fourteen months after operation, there was no sign whatever of recurrence.

Microscopical examinations made by Jonathan Wright and T. M. Pruddin proved the growth to be œdematous polypsus of the antral mucous membrane with prolification of epithelial cells at the distal end of the growth. Whols of cells with hyaline centres were seen within the epithelial tissue, while nests of epithelium and isolated epithelial cells infiltrated the stroma, so that there was no sharp line of demarcatton between the truepyolpsus and the epithelium.

The conclusions were: 1. That large mucous polypi in the antrum may become malignant. 2. Early and thorough operation in all benign cases of antrum disease, both for the relief of the attendant affection and to prevent possible malignant developments, is to be recommended.

In this case the microscopical report would seem to indicate that the epithelioma had developed upon the surface of the mucous polyp.

Changes in Larynx in Leucocythemia

Otto Barnick (*Munchener, Med. Woch.*, Nos. 19 and 20, 1898), in an exhaustive article, throws new light upon the pathological conditions of the larnyx induced by this disease. While in many instances the clinical systoms in the larynx and trachea may not be noticeable, yet, in many others, the first indications of leucocythemia are in the form of marked dyspnoea and severe coughing; these symptoms occurring without any physical signs of disease, either of ungs or heart.

The pathological changes in the laryngeal and tracheal mucous membrane are well described by Eppinger. In the parts rich in glands, especially the epiglottis and false cords, slight catarrh occurs, with fine tuberculated swelling of the mucous membrane. Small lymph tubercles may form throughout the lining membrane of the larynx, and the tops of these may ulcerate. White blood cells accumulate in large numbers in the blood vessels of the larynx, and the characteristic infiltration takes place between the acini and ducts. These extravasations in the form of small islands, filled with white blood cells, have been termed leuchæmic infarctions. Sometimes they are put so much upon the stretch that the epithelial coating exfoliates. One characteristic of the leuchæmic process is that whether infarction or ulceration takes place the white blood cells remain unchanged.

When the tubercles or nodules are in exposed parts they readily break down by ulceration, and hemorrhage frequently occur from them. The most important of all the clinical features, when it occurs, is the diffuse leucocythemic infiltration, on account of the laryngeal stenosis which it produces. In some cases this infiltration comes on very rapidly, and is followed by death in a very few weeks.

PÆDIATRICS.

IN CHARGE OF

W. B. THISTLE, M.D., L.R.C.P., Lond.,

ecturer on Clinical Medicine and Diseases of Children, University of Toronto; Physician to Victoria Hospital for Sick Children; Clinical Lecturer on Diseases of Children in the Woman's Medical College,

AND

W. J. GREIG, B.A., M.D.

SECTION IN PEDIATRICS, BRITISH MEDICAL ASSOCIATION.

Discussion on Rheumatic Heart Disease in Children. D. B. Lees (London). The fatal result is not generally due to endocarditis. This is usually found post-mortem in these cases, yet the damage to the valve is slight. Pericarditis is a much more striking phenomenon, p.m., and has more to do in producing a fatal result. This result is rarely produced by the effusion of large amounts of serum into the pericardial cavity, but by an adhesive pericarditis which injures the heart muscles, in some cases making it soft and pale, in others fibroid, and in others fatty. Dilatation is apt to be produced in this way, and in 150 post-mortems Dr. Paynton found 92 cases. The main causes of the large mortality are in rheumatism, 1st, adhesive pericarditis, 2nd, dilatation. Dilatation is especially worth study, because it may be present also in rheumatism without pericarditis or endocarditis in sub-acute first attacks with slight fever and little arthritis. This may be demonstrated by light percussion, by the diffuse impulse, and by extension outwards of the apex beat. This acute dilatation appears to be due to a toxic action of the rheumatic poison in the heart, similar in character to that of influenza. In the treatment of rheumatism it is very important to remember that the extension of dullness is due,not to effusion, but to dilatation. It is doubtful whether an adhesion of the two pericardial layers does much harm except to render permanent the dilatation present. Very little attention need be paid to the presence of mumurs in forming an opinion on prognosis. Prognosis depends on the amount of dilatation present; more importance may be at-

tached to mitral diastolic murmurs when the second sound is doubled. This third sound is produced by the sudden tension of the stiffened mitral valves in diastole of the ventricle. The sounds produced may be symbolized as whoo-ta-ta or whoo-ta-who.

Conclusions—Prognosis depends on, 1st, amount of dilatation present, 2nd, adhesive pericarditis, 3rd, the evidence of fresh rheumatic toxæmia, such as sore throat, erythema, nodules, etc.

Dr. Osler complimented the writer of this paper and pointed out three important factors in prognosis :—

(a) Adhesion between the pericardium and the different layers of the pleura and the mediastinum ; 2nd, the persistent recurrence of rheumatism. He referred to Dr. Rotch's sign of dulness in the fifth right intercostal space as an evidence of effusion.

Drs. Broadbent and Ewart both claimed that this dulness was due to dilatation as stated by the essayist.

TREATMENT OF HYDROCEPHALUS BY INTRACRANIAL DRAINAGE.

(G. A. Sutherland and Watson Cheyne, *Brit. Med. Journal*, Oct. 15th, '98.)

This refers only to the treatment of those cases present at birth, or which have developed during early life without apparent cause. It is assumed that the hydrocephalus is due to the closure of the channel by which naturally the fluid secreted in the ventricles drains into the sub-arachnoid space. Leonard Hill has shown that the tension of the cerebro-spinal fluid is the same as that in the cerebral veins. Therefore if the pent-up secretion of the ventricles could be drained into the sub-arachnoid space the injurious pressure on the brain substance would be relieved. Three cases are reported :

1st. An infant 6 mos. old with progressive hydrocephalus from birth. The vertex was represented by a large membranous space 9 in. x 9 in. An opening was made at the left lower angle of the anterior fontanelle and the dura incised for ¼ of an inch. There was no fluid in the sub-dural space. One end of a catgut drain, 2 inches long, was pushed into the space and the other end through the brain substance (which was very thin) into the lateral ventricle. In 5 days there was a distinct lessening of the size of the head and tension was absent. The diminution continued until, at 3 months, the cranial bones were overlapping. At this time, the child sickened and died with symptoms of basilar meningitis. There was no mental improvement.

2nd. This was an advanced case of 3 mos. of age. An exactly similar operation was performed. The size of the head diminished very much, but asymmetry was marked. Two and a half months after the operation the head was shaved, and it was then seen that the asymmetry was due to the disappearance of the fluid from one ventricle (the one drained) and the other was still distended. Evidently the foramen of Munroe had become occluded. The other side was then operated on in the same manner. Six months after the first operation the cranial bones were overriding, the child was well and gaining in weight. But there was no evidence of mental development.

3rd. The result in this case was not so fortunate, as shortly after the operation the child developed measles, with broncho-pneumonia, and died.

Further investigations are promised.

Editorials.

JOURNAL AMALGAMATION.

WE have to make the important announcement that the proprietors of THE CANADIAN PRACTITIONER and *The Medical Review* have agreed to an amalgamation. On and after January, 1899, the name of the new journal will be *The Canadian Practitioner and Medical Review*. We hope by a combination of the energies of the two different staffs to be able to publish a journal which will be much better, both for our subscribers and advertisers, than either has ever been in the past. THE PRACTITIONER has existed for twenty-two years and *The Review* for eight years. Dr. W. H. B. Aikens, the editor-in-chief of *The Review*, was for some years one of the editors of THE PRACTITIONER, and the success of the journal at that time was largely due to his efficient work. The chief aim under the new management will be to make the journal acceptable to all classes of physicians in Canada and the United States.

BANK BILLS AND CONTAGIOUS DISEASES.

DON, in *Saturday Night*, in referring to various means by which contagion and infection might occur, spoke of bank bills as a medium whereby contagious diseases were frequently spread. There is no doubt that he is quite right in his contention. In fact we presume no one will deny that the dangers connected with the handling of dirty bills are somewhat serious. In another issue of the same paper Don prints a letter from a bank clerk, which we think so good that we quote the greater portion of it as follows:

"Now, I would like to see this matter taken up, and if possible force the Government to keep clean their own issue of legal tender, and also force the different banks holding charters from them to give more attention to the cleanliness of their circulation. As a bank teller I may say that the bills kept in circulation by some of

the banks are so filthy that it is not only dangerous to handle them, but as well most disagreeable and sickening. Now, there is no reason why we should not have a fairly clean bank circulation if some pressure were brought to bear on the banks who try to make a bill wear for ten years when perhaps it is unfit for circulation after one year's use. You shall be conferring a favor on many bank tellers and on a suffering and patient public if you will bring this matter before them in your usual fearless and forceful manner."

THE VICE-CHANCELLOR OF THE UNIVERSITY OF TORONTO.

THE re-election of the Hon. Wm. Mulock as Vice-Chancellor of the University of Toronto by an unanimous vote of the Senate at the regular meeting held November 11th afforded much satisfaction to his friends. Mr. Mulock has occupied this position since 1880, and has always been elected without opposition or by a very large majority. We believe that the confidence which has been shown by this remarkably strong and influential educational body towards this distinguished graduate of the University has not been in any sense misplaced.

Mr. Mulock has been the leading spirit in the various negotiations which took place between the University authorities and the various institutions which were considering federation or affiliation, viz., Knox College, St. Michael's College, Victoria University, the Agricultural College, the College of Pharmacy, the School of Practical Science, the Royal College of Dental Surgeons, the Toronto College of Music, and the Conservatory of Music; and the successful issue of such negotiations was chiefly due to his great prudence and tact.

From our point of view the most important work done by him was that which resulted in the re-establishment of the Medical Faculty, in 1887. The great interest he took in this Faculty, and the enormous amount of work he did for it are pretty well understood, and very highly appreciated by the great body of medical graduates, and also by the non-medical friends of the University. His devotion to this Faculty was said to be one of the chief causes of that attack in his general University policy in recent years, which resulted in the establishment of pronounced partyism in the Senate.

We can scarcely say now that this partyism has ceased to exist, but we hope that a great portion of the bitterness has gone out of it. It is surely a matter of course that the Vice-Chancellor was correct in saying, while he was returning thanks for the honor

which had been conferred on him, that anything like a party spirit in the administration of University affairs was greatly to be deplored. We are more than pleased at the action of the Senate, and we consider that those who have formerly opposed Mr. Mulock's election have done a graceful act in allowing this unanimous vote without even a whisper of adverse criticism.

THE WORK OF THE COMMITTEE ON INTER-PROVINCIAL REGISTRATION.

WE have before referred to the work which was done by the Committee on Inter-provincial Registration at the last meeting of the Canadian Medical Association, which was held at Quebec. We were afraid at the time that probably nothing more would be done for another year. We are glad to find that such is not the case. As a matter of fact, the Committee is working with commendable zeal, and the prospects for the settlement of a matter that is of such serious importance, from a medical and even a national point of view, are brighter now than they have been in the past. The members of the Committee who are taking the most active interest in the matter, so far as we know, are Drs. Roddick (Chairman), Williams, Dickson, Thorburn, and Mullin, with certain others in Quebec and the Maritime Provinces.

The members of the Committee whose names we have given held a meeting in Toronto, October 22nd, for the purpose of conferring with physicians in this vicinity with reference to the details of certain schemes which are now under consideration. It was supposed by many that inter-provincial reciprocity, or inter-provincial registration would be established, but the difficulties which have been cropping up from various sources appear to be rather serious.

The meeting in Toronto was a very good one in every respect. There was a good attendance of representative men, and all seemed impressed with the idea that the question was a very important one, and should be settled as soon as possible. Dr. T. G. Roddick, who came so far to attend the meeting, certainly deserves a great amount of credit for the deep and intelligent interest he has taken in the matter for the last few years.

DOMINION REGISTRATION.

IT seems probable that "Dominion Registration," arranged along certain lines, will solve the difficulties which have so long stood in the way of furnishing one license to practise for the whole Dominion. This is the scheme that was chiefly discussed at the

Toronto meeting. It is recommended that each province shall be allowed to control (as it has done in the past) medical matters through its own Medical Council. We don't exactly understand all that Dr. Roddick has in view, but the following quotation from *The Montreal Medical Journal* will show what some of our friends in the East think: "Each province shall still determine for itself what may be spoken of as the minimum qualification permitting practice within its borders, and it is implied that every practitioner in any province, however qualified, shall pay the regulation dues of the College of Physicians and Surgeons or Medical Council of that province. But if a student desires to qualify himself to practise at any point, and in any province of the Dominion, then, upon the completion of the stipulated course, he shall present himself before a body of Dominion examiners. Thus a student may elect from the start to qualify for practice in one province, or for practice in the Dominion at large. And not only this, but if the scheme be carried through, then, at last, the Canadian graduate passing the Dominion Board will be qualified to practise through the length and breadth of the Empire. In simple justice to those already qualified it is inevitable that they must be permitted, upon application, to obtain the Dominion license."

The best feature of this scheme is the fact that it does not propose in any way to interfere with any existing laws. It would, indeed, be very difficult to do anything of the kind, because, by the Confederation Act, the various provinces are given supreme control of all educational matters. We are very glad, indeed, to see such men as Drs. Williams, Dickson, Mullin and others take sufficient interest in the subject to come from their homes to Toronto to confer with Drs. Roddick, Thorburn, Britton, etc., about the matter. So far as we can ascertain a majority, if not nearly all the members of the Ontario Medical Council will support the scheme in its main feature.

MEDICAL COUNCIL ELECTIONS.

An unusually large number of the members of the Ontario Medical Council have been elected by acclamation. The following old members have been re-elected without opposition: Drs. Bray, Williams, Roome, Brock, Henry, Hanly, Barrick, Sangster, McLaughlin, Thornton, and Dickson.

The following new members have been elected without opposition: Dr. J. A. Robertson, of Stratford, in the place of Dr. Taylor, of

Goderich; Dr. A. A. Macdonald, of Toronto, in the place of Dr. Spence; Dr. Lane, of Mallorytown, in the place of Dr. Reddick, of Winchester; Dr. Powell, of Ottawa, in the place of Dr. Rogers.

The following Collegiate Representatives have been elected: Dr. Thorburn, representing the Toronto School of Medicine; Dr. Sullivan, representing the Royal College of Physicians and Surgeons, Kingston, in the place of Dr. Fowler.

There are only two contests for territorial representation: one in Division 7, between Dr. McCrimmon, of Palermo, the former member, and Dr. Stuart, of Milton, and another in Division 8, between Dr. Armour, the former member, and Dr. Glasgow, of Welland.

The representatives of the following universities—Toronto, Victoria College, Queen's College, Trinity College, Western and Trinity Medical College—have not yet been elected. Dr. Britton will probably be elected by the Senate of Toronto University in December. Dr. Oille, of St. Catharines, has been named, but we hope his friends will not allow a contest. Drs. Griffin, Moore, Douglas, Geikie and Moorehouse will probably be re-elected. The election for territorial representatives in Divisions where contests are going on will be held November 29th.

A PROVISIONAL SCHEME FOR AN ACADEMY OF MEDICINE FOR TORONTO.

(1) The present societies shall cease to exist, and the members become Fellows of the academy.

(2) The academy shall begin work in three sections, and monthly meetings shall be held of the academy and of each section.

(3) The officers of the academy shall be president, first and second vice-presidents, recording and corresponding secretaries, treasurer, and a committee consisting of the chairman of each section.

(4) The sections shall be constituted, as near as may seem wise, along the lines of the present societies. They shall be organized at the call of the president, and at the first meeting shall elect a chairman and secretary.

(5) The library shall be an affiliated institution. If the academy is able to provide funds to carry on the library, all the Fellows shall have the right to all its privileges. Otherwise they shall have its rights according to present arrangements, or by paying a fee of one dollar ($1.00) a year over and above that paid by the stockholders

In any case the library board shall be elected as hitherto, excepting that the academy shall elect two or more representatives.

(6) Fees shall be not less than five dollars ($5.00) and not more than ten dollars ($10.00). The exact sum will depend on the number of members.

(7) It is understood that this is purely provisional, and may be altered in the committee appointed by the different societies.

We, the undersigned, do hereby express our approval of the formation of an Academy of Medicine in the city of Toronto, on some such scheme as proposed above.

REGISTRATION OF BIRTHS AND DEATHS.

IT is very important that the registration of births and deaths should be complete, or as nearly complete as possible. Dr. P. H. Bryce, the Deputy Registrar-General, has issued a circular to physicians, including superintendents of all lying-in hospitals, asking them to send returns of births, *including still-births*, during the year 1897. It seems that Dr. Bryce found, on summing up the returns already received for Toronto, that only three still-births were registered in a total of 4,078 births recorded. He presumes from this that "the practice on the part of parents and physicians has been to return all still-births only as deaths. In view of the public interest which has been aroused in the matter of the birth rate of Ontario as compared with that of other countries," he wishes to have returns more nearly complete. We hope the profession will support Dr. Bryce in his efforts to have a correct registration of births and deaths and send in their reports as soon as possible, if they have not already done so.

Correspondence.

To the Editor of THE CANADIAN PRACTITIONER:

SIR,—In the September issue of your journal I saw a suggestion in your editorial column looking toward increasing the interest in the Canadian Medical Association. At an early date there will be a meeting of the committee on by-laws when I shall be most happy to bring the matter before it, as well as any further suggestions that you or any of your readers may see fit to make.

For some time past it has been a source of regret to me that the meetings are not better attended, but when some months ago I examined the register I found that during the past ten years the average attendance has been 109, while during the preceding ten years it was but 74. The average during the last ten years would be even greater were it not that the '97 Montreal meeting is included, for this was purely a business meeting sandwiched in at the time of the British Medical Association. I think one must admit that this is a healthy increase, though by no means what it should be.

In the interests of the association I hardly think Ottawa the best place for the annual meetings, for while the programmes have always been excellent the attendance has been small—smaller even than that at the Quebec meeting this year. From my perusal of the register I find that in the larger cities the attendance has been larger. Would it not, therefore, be advisable to hold our meetings every three years in Montreal, Toronto, and in one of the cities of the Maritime Provinces, say, in St. John and Halifax alternately?

It is a source of satisfaction to me to see THE PRACTITIONER thus early commencing to work up the Canadian Medical Association, and I earnestly desire that the other journals will follow suit, in order that the Toronto meeting in 1899 may be the largest and most enthusiastic the association has yet seen—larger even than the '96 Montreal meeting, which was the largest to date.

Yours faithfully,

F. N. G. STARR,
General Secretary, Canadian Medical Association.

Meetings of Medical Societies.

THE AMERICAN ELECTRO THERAPEUTIC ASSOCIATION.

THE eighth annual meeting of the American Electro Therapeutic Association was held September 13th to 15th at Buffalo, N.Y., in the rooms of the Society of Natural Sciences, Public Library Building. Dr. CharlesR. Dickson, of Toronto, presided at the meetings, calling the association to order on 13th at 10 a.m. After divine invocation by Rev. O. P. Gifford, a short business session was held. The association was welcomed to the city by Dr. Conrad Diehl, the Mayor; Dr. Francis B. Bishop, of Washington, D.C., responded to the address of welcome. The reports of committees on scientific questions having been received, the following papers were presented:

Phlebitis: A Clinical Study. By Dr. Margaret A. Cleaves, New York.

Histories of three cases were given in which the benefit of electrical treatment was shown. The continuous current supplemented later by the sinusoidal, being employed; in one case franklinism was used owing to the inability of the patient to devote sufficient time to treatment. Early application, in the acute or sub-acute stage, was advocated.

New Uses of the Undulatory Current in Gynæcology. By Dr. Georges Apostoli.

Conclusions drawn from 183 observed cases were presented and results classified. Attention was drawn to its analgesic, decongestant, resorptive, vasomotor properties and as an increaser of muscular tone even remedying malposition in certain cases also its action on the nervous system and electrolytic action. It was recommended in non-purulent endometritis and painful fibroma feebly hemorrhagic and of slow evolution, in subinvolution, prolapse or malpositions, congestions, stases, peri-uterine and peri-annexial exudates.

Electricity in the Treatment of Uterine Fibromata. By Dr. Felice LaTorre, Royal University of Rome, Italy.

Needless hysterectomies were scathingly condemned, the proper indications for resort to this measure pointed out. "Immense and salutary is then the action of electricity as the symptomatic treatment adapted to overcome the frequent and most dangerous symptom of fibromyomata—hemorrhage—which by its gravity gives more than anything else the clinical character of malignity to fibromata, besides electricity being able to determine the spontaneous expulsion of fibrous bodies and rendering them more accessible and thence more readily removable.. .....Electricity lessens the physical sufferings by calming pain, restores strength, improves the nutrition and supports the spirit and the *morale* of the patient."

Electricity employed in Gynæcology. By Drs. Georges Gautier and J. Larat, Paris, France.

The comparative merits of simple or metallic electrolysis, undulatory alternating currents, induced currents of tension and quantity, "a powerful therapeutic arsenal," were set forth briefly.

Menorrhagia and Its Treatment by Weak Galvanic Current with Intra-uterine Positive Silver Electrode. By Dr. Adelstan de Martigny, Montreal, Que.

The paper, based upon seventeen severe cases, claimed that this was the treatment *par excellence* applied once or twice a week in the intervals of the periods 3-6 milleamperes for five to ten minutes. Advantages 1, absence of danger; 2, absence of pain; 3, no confinement to bed and consequent loss of time; 4, constant good results even when operations have failed; 5, the immediate tonic and quieting effects obtained.

Electricity in Deafness and Stricture of the Eustachian Tube. By Dr. Robert Newman, New York.

The object of the paper was stated to be: 1, to show that electrolysis can cure strictures of the Eustachian Tube; 2, to induce the profession, and particularly the aurist, to add electro-therapeutic measures to the treatment of the ear in deafness, and particularly when other means will not cure. Cases were quoted not alone from the author's experience, but from many other physicians in support of the contention; galvanism and electrolysis by special eustachian electrodes being employed.

The Use of Electricity in Acne Vulgaris and Acne Rosacea. By Dr. Grover William Wende, Buffalo, N.Y.

The two different ways in which electricity is used with advantage were dwelt upon, viz., for electric stimulation and irritation, percutaneously; and for electrolysis, by electric needle.

The Diagnostic and Therapeutic Relations of Electricity to the

Diseases of the Central Nervous System. By Dr. A. D. Rockwell, New York.

A paper written because the author has "frequently found the most extraordinary and unjustifiable misconception of the role electricity should play in brain and spinal diseases respectively, and have read of results in hemiplegia ascribed to electrization, that known pathologic conditions and experience both contradict," and to discourage improper and hurtful measures. In hemiplegia of cerebral origin electricity had been of great value for its invigorating effects and its power to hasten absorption; invigoration being more perfectly attained by the use of static electricity, with faradism to retard wasting of muscles through disuse, and galvanism to hasten absorption. Greatest care should be exercised not to employ electricity too soon or carelessly. In spinal paralyses, electricity is useless in acute inflammatory conditions and in primary spastic paraplegia, and in the former may easily do harm. In poliomyeletis anterior both of childhood and in the adult electricity is more useful than any other remedy; galvanism directly exciting functional activity of muscular fibre, indirectly improving nutrition and augmenting the vitality of the spinal nerve cells in connection with these fibres.

High Tension Currents in the Treatment of Neuritis. By Dr. Francis B. Bishop, Washington, D.C.

The search for reactions of degeneration in these conditions was characterized as simply barbarous in irritating tender nerves with a small motor point electrode. With a static machine, the small Leyden jars being connected by the discharging rod, the current is taken from a shunt on one side of the machine and from the prime conductor on the other, giving an apparently continuous discharge sufficient to excite an X-ray tube, and unidirectional; a large surface electrode covers all the cervical and several dorsal vertebræ, with a suitable electrode over the seat of pain or to extremities affected; the machine being started, the spark gap is gradually opened until the patient feels only slightly the vibrations, this is continued for twenty minutes, and is most soothing. Several patients suffering from multiple neuritis when treated at their homes by the high tension coil have steadily improved.

Electricity in the Treatment of Goitre. By Dr. Charles R. Dickson, Toronto.

A brief resume of some forms of electrical treatment found useful. In exophthalmic goitre, central galvanization, and mild percutaneous applications daily; in engorgement, mild negative local percutaneous application three times a week; slight hypertrophy,

negative with currents to limit of toleration ; in vascular forms, positive puncture; fibroids, negative puncture with currents strong enough to destroy fibrous tissue, occasionally puncturing with both poles; in cystic, replacing contents with a good electrolyte and endeavoring to obliterate cavity by exciting adhesive inflammation in walls of same by negative pole.

Ten Minute Talks upon Electro-Therapy. Introduction by Dr. Charles R. Dickson.

The object was stated to be to set before the general practitioner a few brief, pithy statements of claims for usefulness that might be of value in daily work. The talks were to be free from technicalities as far as possible, and suggestive rather than exhaustive.

The Galvanic Current in Gynæcology. By Dr. G. Betton Massey, Philadelphia, Pa.

The intelligent application of galvanism will render four-fifths of the minor and major surgical operations unnecessary in the treatment of ambulant cases of diseases of women, whether imperfect development, neuroses, fibroid tumors (35 per cent. curable), inflammatory conditions.

Some Surgical Uses of Electricity. By Dr. Charles R. Dickson, Toronto.

The constant current is capable of inducing irritation, stimulation, derivation, liquefaction, absorption, coagulation, or complete destruction of the tissue acted upon, according to strength of current and method of using. Nævus, papilloma, hydrocele, goitre, fistulous tracts, were instanced as some of the conditions to be treated successfully by electricity.

The Combined Use of Medicinal and Electrical Treatment in Some Affections of the Eye. By Dr. G. Herbert Burnham, Toronto, Ont.

The paper was written to encourage oculists to be more hopeful regarding prognosis in certain desperate diseases of the eye, and more energetic and methodical in treatment. Retinitis pigmentosa, retino-choriditis, optic atrophy, ophthalmoplegia externa and interna, were alluded to as cases in which improvement might be looked for. Many cases were cited in proof of this. Strychnine, with sometimes iodide of potash and iodide of iron, and mild galvanic currents, continued not for months, but sometimes years, was advocated. The cases had been treated at Toronto General Hospital, the electrical technique being entrusted to Dr. C. R. Dickson.

Electricity in Genito-Urinary Diseases. By. Dr. Robert Newman, New York.

Hydro-galvanism, soluble electrodes, the endoscope, strictures of urethra and of rectum, incontinence of urine, prostatic troubles, were the topics dealt with.

The Functional Neuroses, with Special Reference to Neurasthenia: Their Pathology and Treatment. By Dr. A. D. Rockwell, New York.

"In no classes of diseases, perhaps, are stereotyped methods of treatment—either medicinal, electrical or hygienic—of less avail than in the functional neuroses." Neurasthenia was dealt with as a derangement of cellular nutrition, fatigue carried to excess. It is to electricity that the author turns for the best results that therapeutics is capable of yielding, the form used being that found most suitable to each particular case, static being a favorite form. The discovery of M. Edouard Branly, of Paris, was alluded to as throwing much light on the *rationale* of the therapeutic action of electricity.

The Alternating Current. By Drs. George Gautier and J. Larat, Paris, France.

The favorable influence of hydro-electric baths with alternating current on rheumatism, gout, anemia, neurasthenia, a great number of nervous troubles, and muscular atrophies was recalled; attention was then directed to its use in certain diseases of the digestive organs, particularly the stomach, *e.g.*, dilatation in neurasthenics.

Hot Air and Electric Light Baths for Medical Use. By Drs Georges Gautier and J. Larat, Paris, France.

During the last half century many diseases have been treated by means of hot air, for instance, gout and allied disorders, Bright's disease, psoriasis, eczema, dyspepsia, catarrh, bronchial and emphysematous asthma, tuberculosis, sub-acute nephritis, dropsy whether nephritic, cardiac or hepatic, chlorosis, rheumatism, uterine and peri-uterine phlegmasias. The authors have been employing with good results since 1895 hot air and electric light baths.

The Electric Arc Bath: A Preliminary Report. By Dr. Margaret A. Cleaves, New York.

The necessity for sunlight is unquestioned; the electric arc bath is the nearest approach to sunlight in existence, the alternating is the best source of supply. The electric arc has been used by the writer in the treatment of anæmia, chorea, eczema and psoriasis with general mal-nutrition, but the most extended observations have been made in diseases of the respiratory tract, *i.e.*, subacute bronchitis, bronchial asthma, acute and chronic phthisis. Extended histories were given of several cases treated.

The Electric Light Bath. By Dr. J. H. Kellogg, Battle Creek, Mich.

The therapeutic effects of this bath are practically those of heat; general effects, primary and secondary, were first considered, and the influence of duration of application; next came effect on skin, circulation, respiration, muscles, blood, general nutrition, abdominal organs, effects on heat production and body temperature; the electric light bath as a means of inducing perspiration, for alterative and spoliative effects, depurative or eliminative effects, advantages of this means of applying heat.

The Effect of High Tension Discharges on Bacteria. By Drs. J. Inglis Parsons and C. Slater, London, Eng.

A negative conclusion was reached. Staphylococcus pyogenes aureus, micrococcus prodigiosus, bacillus coli, bacillus mycoides, Loeffler bacillus, bacillus pyocyaneus, bacillus diphtheriæ were sub mitted to discharges from a specially constructed coil with low resistance in secondary (1000 ohms) giving a 7 in. spark in air. Four series of experiments were carried out, cultures in U tube in bouillon, and gelatine with electrodes in contact with medium; (2) inoculated tubes of beef; (3) an air gap of three inches in circuit, carbon electrodes at ends of tube, agar agar culture; (4) a Leyden jar substituted for air gap, other conditions as last. The discharge did not appear to affect the organisms in any way, and produced no effect on their virulence, pigment producing functions or rapidity of growth.

Two Years' Practice with the Roentgen Rays. By Drs. Georges Gautier and J. Larat, Paris, France.

The "modele Dueretel" is used, focus tubes, giving radiographs of hand in one second, thorax in fifteen, pelvis in fifty to sixty seconds. As to tuberculosis the rays can only supplement a diagnosis possible through older methods. Valuable in coxalgia, disorders of cotyloid cavity, also in congenital luxations, Barlow's disease.

Alternating Dynamo Currents. By Dr. Francis B. Bishop, Washington, D.C.

A brief paper dealing with some of the uses to which the current may be put, but not touching upon its therapeutic properties.

Report on the Action of X-Rays on Tuberculosis. By Drs. J. Bregonie, of Bordeaux, and Teissier, of Paris, France.

The report dealt with accidents caused by the rays, conditions under which the experiments were carried out, technique, lack of exact measurement, etc.; observations, experimental and clinical, were set forth, but no positive conclusions have yet been reached.

The New Cataphoric Treatment of Cancer. By Dr. G. Betton Massey, Philadelphia, Pa.

The method consists in the electrical convection of mercuric oxychlodide from gold electrodes by currents of 350—1200 or more m.a. under anæsthesia, and is only applicable as a curative agency to growths still local, or with infected glands in a situation to be reached directly, but may be used as a palliative in incurable cases.

Orthopædic Uses of Electricity. By Dr. Louis A. Weigel, Rochester, N.Y.

Electricity is an important adjuvant in many cases such as lateral curvature, metatarsalgia, flat-foot, etc. A large number of excellent radiographs of orthopædic cases were shown. Author has used static machine for X-Ray work for one and a half years, and has yet to see the slightest burn. He considered that the secret of his immunity was that in no case was the tube nearer than eighteen inches.

"Treatment of Uterine Fibroids by Small Currents Administered Percutaneously." By Dr. R. J. Nunn, Savannah, Ga.

A paper written to prove that mild currents, applied percutaneously by means of uncomplicated apparatus, the technique being simple, had a wide range of usefulness in the conditions referred to, and that the method was absolutely devoid of risk, which should commend the procedure to the favorable consideration of the general practitioner, especially in the country districts, where the services of a specialist were not available.

"On the Use of Cataphoresis in Certain Forms of Conjunctival Inflammation." By Dr. Lucien Howe, Buffalo, N.Y.

In conditions of engorgement of conjunctive cataphoresis is of great advantage in applying the solution of supra-renal capsule to reduce the engorgement, and, after that, in applying the cocaine or other drugs which may be necessary. Other uses were also alluded to.

"High Frequency Oscillators for Electro-Therapeutic and Other Purposes." By Mr. Nicola Tesla, E.E., New York.

In this paper the role of the condenser in electricity was elaborated; the statement was made that, if a powder could be compounded that would explode with the rapidity and force with which an electrical condenser discharges, one ounce of such a powder would be sufficient to blow up the largest battleship afloat. One of the effects of the current from the oscillator was shown to be that it would remove almost instantaneously any foreign matter from the

surface of the skin and that it might be possible by this means to render parts aseptic for surgical purposes. The currents were apparently not only harmless but might prove to be of high therapeutic value. To demonstrate this fact oscillators were to be sent to the laboratory of the University of Michigan to have their therapeutic worth tested by Dr. W. J. Herdman.

"Some Suggestions on the Possibilities of Cataphoresis." By Mr. J. J. Carty, E.E., New York.

Valuable suggestions were thrown out as to lines along which it might be well to prosecute some enquiries. Several experiments of a most interesting nature had been conducted by the writer, and future attempts were outlined.

A resolution was passed, requesting colleges and medical schools to establish chairs of electro-therapeutics. or, in case that was not at once practicable, to devote more time to the teaching of this important branch. The matter was also urged upon the attention of The Association of Medical Colleges. The University of Buffalo was congratulated upon having established such a chair. Many new members were elected.

Officers for the ensuing year were elected as follows: President, Dr. Francis B. Bishop, Washington, D.C.; First Vice-President, Dr. Ernest Wende, Buffalo, N.Y.; Second Vice-President, Dr. W. H. White, Boston, Mass.; Secretary, Dr. John Gerin, Auburn, N.Y.; Treasurer, Dr. Richard J. Nunn, Savannah, Ga. Executive Council—Dr. Robert Newman, New York; Dr. G. Betton Massey, Philadelphia, for three years; Dr. A. D. Rockwell, New York; Dr. William J. Morton, New York, for two years; Dr. Charles R. Dickson, Toronto, Ontario; Dr. Frederick Schavoir, Stamford, Conn., for one year.

The Association will meet at Washington, September 19th to 21st, 1899.

TORONTO PATHOLOGICAL SOCIETY.

The opening meeting for the year was held in the Biological Building, Queen's Park, October 29th, 1898, Dr. Primrose, President, in the chair.

Present: Drs. Anderson, Wilson, Amyot, Coleman, J. J. Mackenzie, Peters, Wm. Oldright, Reeve, Rudolf, Carveth, Greig, Fotheringham, Graham, King, Cameron, Peplar, Bingham, Silverthorne, McPhedran, Parsons.

Visitors : Drs. Page, Hassard, White, Bethune.

Meeting called to order at 8.45 p.m.

The minutes of the previous meeting were taken as read and adopted.

Dr. Primrose delivered the Presidential address.

Moved by Dr. Peters, seconded by Dr. Anderson, that a vote of thanks be extended to Dr. Primrose for his excellent address. Carried.

Dr. Reeve reported a case of cerebral abscess, secondary to middle ear disease.

To be published later.

Dr. H. B. Anderson read a paper on, and presented a specimen of, Anomaly of position of the left kidney and congenital absence of one ovary. To be published later.

Dr. E. E. King read a paper on Bristle in Appendix, and presented specimen.

BRISTLE IN VERMIFORM APPENDIX.

The patient, a male, driver of grocery wagon, had suffered from severe, sharp, lancinating pain in the right side of abdomen for years. It became so severe that he went into the hospital, where disease of gall bladder was diagnosed, and for which he underwent operation. No disease was found. He recovered from the operation, and went out, but was no better. Eighteen months afterwards he came under my care, with symptoms of wandering kidney. While he was confined to bed his attacks would be less severe and less frequent. His condition did not warrant an operation, although I could palpate the appendix, and the symptoms of wandering kidney disappeared. I sent him out, and advised that he go to work: thought that possibly he was a hypochondriac. Nine months afterward he came to me, and, as his pain was still present and of more frequency, I took him to St. Michael's Hospital and removed his appendix, which contained a bristle, apparently from a tooth-brush.

The patient has lost his pain since the operation. The only other case I can find is reported from the London Pathological Society.

Report of a case by Mr. Nathaniel Ward, published in Transactions Pathological Society, London, Volume VI, 1855, pp. 197.

PERFORATING ULCER AND SLOUGHING OF PART OF THE VERMIFORM APPENDIX, CAUSED BY A BRISTLE; DEATH HAVING RESULTED FROM VIOLENT PERITONITIS.

A gentleman, æt. twenty-seven, of temperate habits, being in fact a teetotaller, on his arrival home, five miles from London, was seized with violent rigors. Having accidentally gone by the wrong train, he had been exposed for some time on the railway platform, and had felt cold and chilly prior to the occurrence of, what he termed, this attack of ague. The rigors occurred on the following day, and he then complained of pain in the belly. These symptoms continued during the next day; and on the fourth after his seizure he was seen by Dr. George Jackson, of Tottenham, who, on a careful examination of the abdomen, detected a peculiar tender part in the immediate neighborhood of the right iliac region, and which yielded a duller sound on percussion than the remainder of the abdominal walls. The patient, on this day, complained of great debility, great pain in the right iliac region, darting through to his back, and he vomited, on several occasions, dark-green, bile-like fluid. On the fifth day the symptoms had become more severe; the pain in the abdomen had amounted to agony; he was restless; the breathing had become hurried; and the only position he could keep himself in was the sitting, with the thighs drawn up. The treatment, which consisted in the use of leeches, calomel and opium, occasional injections, and surface counter-irritation, produced no appreciable relief; and the symptoms rapidly augmented in intensity, with the addition of constant hiccoughing. Dr. Thomas Lee Blundell, of New Broad Street, saw him several times in consultation with Dr. Jackson, and on the seventh day after his seizure Mr. Ward also visited him, on which occasion the patient appeared to be sinking.

He died the same night; excessive restlessness, dyspnœa, profuse perspiration, increased abdominal tympanitis, and suppression of urine for two days, having preceded dissolution. From the time of his attack to its fatal termination, the bowels had, on several occasions, acted of their own accord, and responded to injections; and, on one occasion, an elastic tube had been passed more than three feet up the large intestine, with the view, mainly, of discovering whether there existed any obstructive disease or not.

The body was examined thirty-six hours after death by Mr. Ward. On the completion of the abdominal incision through the linea alba, a large quantity of thick purulent fluid escaped. The abdominal perietal peritoneum was adherent to the viscera by plastic exudation, that had been more copiously deposited in the region of the right iliac fossa than elsewhere. The free and contiguous surfaces of the small and large intestine were similarly invested, and the folds of the small were quite adherent; the peritonitis had been most intense over the cæcum and lower part of ileum. On turning aside the former by detaching the peritoneal reflection to the abdominal wall on the right side, a small abscess was exposed between it and the loose tissue in the iliac fossa. Protruding through that part of the wall of the small abscess in relation to the cæcum was a small, worn-down bristle, about one-third of an inch long, that apparently had belonged to an old tooth brush. This, on further examination, was found to have ulcerated through the vermiform appendix, at the juncture of its distal one-fourth with the proximate three-fourths. A probe passed through the appendix came out where the bristle was, in the centre of the abscess. Beyond this, for a quarter of an inch, the coats of the vermiform appendix were sloughy, and nearly disintegrated. The vermiform appendix was directed upwards and backwards, the whole being behind the cæcum and adherent to it by inflammatory products.

Dr. Silverthorn showed specimens of ulceration of rectum and recto-vaginal fistula.

Some discussion took place as to the character of the ulcers, whether stercoral or syphilitic, Dr. Cameron, Anderson and others taking part.

TUBERCULAR KNEE.

Presented by Geo. A. Peters, F.R.C.S. Eng.

J. McC., æt. 17. Admitted to Toronto General Hospital under my care Sept. 5th, 1898.

Family history is good. There is no tubercle in the family so far as known.

Personal history. Habits good; worked as deck hand on the upper lakes.

Present illness. Two years ago he was struck on the knee by an iron bar. No abrasion of skin was caused. He says that about twenty minutes after the accident the cords of the knee contracted, and he was unable to straighten the leg for two days. This injury laid him off work for about three weeks. When he returned to

work a little stiffness and swelling remained. In the latter part of 1897 he became much worse, the pain being very severe in the knee, especially if he stumbled or wrenched the limb in any way.

In February, 1898, he entered the Huntsville Hospital, where he remained for twenty-eight weeks. The treatment was to paint the part with iodine, and apply linseed poultices. About June an abscess formed under the patella, and was lanced on the inner side of the knee. Subsequently another abscess formed and broke about an inch below this.

At the time of his admission his condition was as follows: He was pale, with hectic fever. Tongue coated; appetite poor; bowels constipated. His face indicated great suffering, and the least movement of the bed or limb caused him great suffering.

The knee joint was found to be greatly distended with pus, which escaped in small quantities through the sinuses at the inner side of the joint. Drainage, however, was quite inadequate. The patella floated, and the serous membrane pouted in all directions. It had evidently ruptured superiorly, as a very large fluctuating abscess occupied the front of the thigh under the quadriceps extensor as high as its middle. This abscess had further ruptured through the vastus externus, so as to point under the skin a short distance above the knee.

On Sept. 14th an attempt was made to reduce the size of the abscess by free drainage. It was pretty clear that the disease was so extensive and of so septic a character that an exsection of the joint was out of the question, and to do an amputation with a large septic abscess occupying the front of the thigh as high as its middle would involve a great loss of bone, as well as greatly endanger the patient's life. Four free incisions were accordingly made into the extensive abscess cavity, and drainage tubes of large calibre inserted. The result was an immediate fall of the temperature, with a general improvement in the patient's condition. The internal lateral ligaments of the joint were found to be entirely disintegrated, and the surface cartilages of the femur and tibia were widely eroded.

Oct. 14th. The abscess above the patella having now contracted to the dimensions of a sinus, an amputation was performed in such a way that this sinus came between the flaps. The whole sinus was then freely dissected out. The wound healed kindly, and the patient's general health immediately became satisfactory.

Condition of parts found. The articular cartilage of the internal condyle of the femur was found to be widely eroded, though the bone beneath did not seem to be greatly softened. The cor-

responding surface of the external tuberosity of the tibia was similarly eroded, as was also the under surface of the patella.

The structures at the inner side of the joint seemed less eroded, probably from the circumstance that the disintegration of the internal lateral ligament prevented close friction at that part. The whole space of the joint was filled by the soft, pulpy granulations of the synovial membrane, and this condition also extended widely through the ligaments and under the quadriceps muscle. The sawn surface of the femur showed an atrophic condition of the compact layer of bone, with a softened and porous state of the spongy portion.

The epiphyseal cartilages were wholly unaffected.

A large pocket of pus (unsuspected) was found in the calf of the leg.

Discussion by Drs. Primrose, Cameron, and Oldright.

A CASE OF ENLARGED GLANDS IN THE NECK.

Presented by G. A. Peters, F.R.C.S.

Query: Hodgkin's disease on Tubercular Adenitis.

M.A. Male. Age fifteen. Admitted under my care in Toronto General Hospital in October, 1898. The family history shows consumption on the father's side, two sisters dying of consumption; and also on the mother's side, one sister dying of consumption. Seven brothers of his mother also died in infancy, the oldest reaching the age of four years. Father and mother are both living and healthy. The patient has one sister living and healthy at the age of thirteen. During childhood the patient suffered several attacks of remitting fever, extending over a period of two years, then he had a severe affection of the eye which kept him in a dark room the whole of one winter season (probably phlyctenular ulceration). In his eleventh year he was five weeks in bed with malarial fever. Since then he has been comparatively well until the present condition manifested itself. Nine months ago he first noticed a lump growing under his ear, which kept getting larger. About this time he had some growth removed from his throat; probably enlarged tonsils or adenoids. When admitted to the Hospital he had the appearance of a fairly well nourished lad of fifteen with a series of tumors in the left side of his neck. The highest one was situated between the angle of the jaw and the mastoid process, and was about the size of a walnut. It was evidently a gland, and could be moved with tolerable freedom beneath the sterno-mastoid muscle. Another small gland as large as an almond was felt in front of this

and extending down to the region of the carotid vessels, and a series of smaller glands could be felt extending down in front, beneath and behind the sterno-mastoid muscle, and extending as low as the clavicle. These glands were tolerably discrete and quite freely movable, and did not seem to be closely matted together. In none of them could any softening be felt. The spleen was not enlarged, and no other groups of glands in the body showed any enlargement. The blood count showed in each c.m.m. from ten to twelve thousand white, and about six million five hundred thousand red, corpuscles. The hæmoglobin is normal in amount.

Clinically, in this case the diagnosis lay between tubercular enlargement of glands and Hodgkin's disease, or malignant lymphoma. In favor of Hodgkin's disease may be mentioned the fact that the groups of glands were those of the anterier and posterior cervical triangle, which are those most usually affected in Hodgkin's disease, tubercular adenitis affecting the submaxillary group of glands by preference.

Again, the glands seemed to be discrete and tolerably freely movable, not being matted together. There was no softening found even in the largest one, which was just under the ear, such as one would expect to find in so large a tubercular gland. The blood count did not seem to offer any considerable help in diagnosis. Moreover, the boy had not the appearance of a tuberculous patient. On the contrary, the absence of any enlargement of other groups of glands in any other part of the body might be looked upon as being in favor of tuberculous adenitis.

At the time of operation, however, it was found that there was much more fusion between the groups of glands than was expected, and that some of them contained spots apparently in process of caseation. According to Osler, caseation is not common in Hodgkin's disease, but a condition of necrosis very like it sometimes was present. There were no evidences, however, of suppurative process in any of the glands. One small calcareous mass was found.

Under the microscope it is seen that the disease is undoubtedly tubercular, but the caseation has an unusual degree of consistence, as if occurring very slowly. Giant cells and epithelioid cells are found in great numbers, but no tubercular bacilli were detected.

Discussed by Drs. Cameron, McPhedran, Primrose and Graham.

(Continued in next issue.)

Book Reviews.

THE ESSENTIALS OF HISTOLOGY. By Edward A. Schafer, F.R.S., Professor of Physiology in University College, London. New (5th) edition. Revised and enlarged. Octavo, 350 pages, with 325 illustrations. Cloth, $3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This book is written with the object of supplying the student with directions for the microscopical examinations of the tissues, and is divided into forty-six lessons preceded by a short but comprehensive introduction and followed by an appendix on methods of preserving, cutting, and staining.

The essentials of histology are here got out in such a manner as to enable the student to easily grasp them, beginning with cells, going through the various tissues, and ending in the complex organs. The illustrations, 392 in number, are good, up to date, profuse, and to the point.

Discussion of theories is aptly worded and only generally accepted views expressed.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS.—A manual for the use of physicians, surgeons and students, by Charles W. Purdy, M.D., LL.D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston. Professor of Clinical Medicine at the Chicago Post Graduate Medical School; author of "Bright's Disease and Allied Affections of the Kidneys," also of "Diabetes, its Causes, Symptoms and Treatment." Fourth revised edition, with numerous illustrations, including photographic engravings and colored plates. The F. A. Davis Company, Philadelphia, New York, Chicago, publishers, 1898.

We have referred to some of the excellent features of former editions of this admirable book. It is somewhat remarkable that three large editions have been exhausted within three years. The work has been adopted as a text-book in upwards of sixty medical colleges of the United States. Many chapters have been so thoroughly revised and changed as to be practically new. The book is an excellent one from all points of view and well-worthy of the author, a Canadian, and a graduate of Queen's University, Kingston, who has so highly distinguished himself in Chicago.

INTERNATIONAL CLINICS : A quarterly of clinical lectures on medicine, neurology, surgery, gynæcology, obstetrics, ophthalmology, laryngology, pharyngology, rhinology, otology, and dermatology, and specially prepared articles on treatment and drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D. (Univ. of Penn.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania ; Assistant Physician to the Hospital of the University of Pennsylvania ; Professor of Clinical Medicine in the Philadelphia Polyclinic ; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M.D., F.R.C.P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital. David W. Finlay, M.D., F.R.C.P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen ; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary ; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Eighth series 1898. Volumes I., II., III. Philadelphia : J. B. Lippincott Company. Montreal : C. A. Roberts, general agent for Canada. Toronto : A. P. Watts & Co., 10 College street.

Vol. I. of the series of 1898 is a most practical volume. The International Clinics supply to the general practitioner a ready means of keeping in touch with the advance of medical work in America and Europe. The busy medical man must needs read, and, his time being limited, the reading which covers the greatest field with brevity is of most value to him. These clinics are essentially practical, and are selected by the editors for their general interest.

The opening clinic is by Prof. Jaccoud, of Paris, on "Contraindications to the Use of Salicylate of Sodium in the Visceral Manifestations of Acute Inflammatory Rheumatism." He points to the high mortality in these acute cases when treated by salicylate of sodium throughout. He disputes the statement that the use of the remedy prevents the occurrence of cardiao-pulmonary manifestations, and quotes statistics to prove the fact. He advises that in cases treated by this drug the treatment be changed as soon as any visceral tendency is discovered. The clinic is of most practical value.

A clinic by Dr. Nestor Tirard, of London, on "Digitalis as a Diuretic," and one by Dr. J. S. Todd, of Atlanta, Ga., on "Opium," each is exceedingly practical and of great use.

The chapter on "Varicose Veins and Congested Ulcers, etc.,' is by Mr. Ernest Wayland, of Glasgow. He believes in the operative treatment for the veins, and, when undertaken, should be complete and thorough. He advocates massage of the congested ulcers, etc.

Prof. Marfau, of Paris, has a lecture on "The Treatment of Whooping Cough." He describes the disease as one of specific contagion. He gives the treatment as belladonna and tolu, after Cadet de Gassecourt ; in children over seven, after Roger, as belladonna, valerian and digitalis. He extols bromoform, and gives it in mixture. We have

had more success with the remedy, however, when administered by dropping on lump sugar. The whole volume is filled for 350 pages with just such practical lectures.

Vol. II. "The Treatment of Functional and Lateral Curvature," by Dr. James K. Young, is a strong advocacy of the exercise and massage treatment. It is profusely illustrated and most complete. At the present time, when the Calot operation is undergoing investigation, the appearance of such lectures as this is most opportune.

Dr. Sett Scott Bishop, of Chicago, in "The Operative Treatment of Sclerotic Catarrh of the Middle Ear," advocates the use of the vibrator to break up the adhesions of the ossicles and other operative treatment.

Prof. C. A. Ewald, of Berlin. "Some Forms of Gastralgia" is an exceedingly practical lecture on a most common affection. He indicates the *modus operandi* of his examination, and in the clinic refers to those cases of gastric neuroses especially.

A most interesting and unique case of appendicitis is described by Dr. W. W. Keene.

"Syphilitic Stricture of the Rectum" by Mr. T. Pickering Pick, of London, is very complete. He points to the consensus of opinion as to the disease by a tertiary manifestation. He does not concur in this opinion, and advances very cogent (to us) reasons for not agreeing. He believes that in women, and a larger percentage occurs in women, that it may be a chancrous ulceration extending from the vagina. And this he believes to be a reason why females are so much more prone to syphilitic strictures than males.

Dr. Henry C.Coe, of New York, on "sterility," offers most excellent advice in the course of his lecture, and that is to examine the husband before the wife, and exclude him from being the cause of the barrenness. The whole lecture abounds in advice that should be followed closely. Be thorough, do not magnify minor details, acknowledge frankly if a negative result is arrived at. The lecture is one of the best in Volume II.

Volume III. Dr. Lewis H. Adler, of Philadelphia, in a lecture on "External Hæmorrhoids," with special reference to their treatment. We are surprised that the lecturer has not heard of the use of the clamp and cautery in these cases.

Dr. J. C. Webster, of Montreal, in some observations regarding the treatment of the condition generally known as "anteversion" and "anteflexion," embodies some very good advice. He recalls the fact that the position of the uterus is not absolutely uniform, that too much unnecessary treatment is done, and frequently a pathological condition is diagnosed without existence.

"The Diagnosis and Treatmeat of Ocular Headache," by Casey A. Wood, of Chicago, refers to a condition that is so very, very frequent, and so often overlooked that we read his advice with much profit.

The series is improving year by year.

MEDICAL DISEASES OF INFANCY AND CHILDHOOD. By Dawson Williams, M.D, London; Fellow of the Royal College of Physicians, London, and University College, London; physician to the East London Hospital. One 12mo. volume, pp. 629, with illustrations. Lea Brothers & Co., Philadelphia.

The author has confined himself in this work to the consideration of those diseases and marked conditions peculiar to infancy and childhood, leaving out altogether pathological processes essentially the same in children as in adults. The result is a book moderate in size, and yet sufficiently full and clear to be what the author intended—a guide to the young practitioner or beginner in the clinical study of disease in infancy and childhood. While there are many extensive works on diseases of children, yet there is a constant demand from senior students and recent graduates for a work such as this of Dr. Williams'. The book is written in a way that inspires confidence in the opinions expressed by the author. The photographic illustrations are a useful feature of the work.

THE PHYSICIANS' VISITING LIST (LINDSAY & BLAKISTON) FOR 1899. Forty eighth year of its publication. Philadelphia: P. Blakiston's Son & Co., 1,012 Walnut street.

This is deservedly one of the most popular visiting lists published One of its chief virtues is the size, which is such that it will easily go into any breast pocket. In addition to the ordinary pages for lists of patients, charges, and special memoranda, we find a calendar for 1899 and 1900, a description of the metric decimal system of weights and measures, a table for converting apothecaries' weights and measures into grams, dose tables, directions for treatment of asphyxia and apnœa, a comparison of thermometers (from Gould's new medical dictionary), and a table for calculating the period of utero-gestation. It is complete and compact. We have much pleasure in recommending it highly.

DISEASES OF WOMEN. A text-book for students and practitioners. By J. C. Webster, B A., M.D. (Edin.), F.R.C.P. Ed., Demonstrator of Gynæcology McGill University; Assistant Gynæcologist Royal Victoria Hospital, Montreal; late Senior Assistant to the Professor of Midwifery and Diseases of Women in the University of Edinburgh, etc. Illustrated with 241 figures. Young J. Pentland: Edinburgh and London. Montreal: Wm. Drysdale & Co., 1898.

The author of this text-book is a Canadian, a native of New Brunswick, who received the greater portion of his medical education in Edinburgh. After graduating he remained some time in Edinburgh, during the greater part of which he was engaged in original research. Much of his good work in this respect has borne fruit, as may be seen by a perusal of those chapters which refer especially to the anatomy and physiology of the pelvic organs. Dr. Webster, after spending some years at post-graduate work, decided to return to Canada, and chose Montreal as his abiding place, and was at once attached to the gynæcological staff of McGill Medical College, and also to that of the Royal Victoria Hospital.

The author tells us that he has endeavored to give careful attention to modern researches in sectional and dissectional anatomy, histology, embryology, comparative anatomy, pathology, and bacteriology; and has included the results of his own original work for nine years. We have no hesitation in saying that he has done more than well in the direction indicated, and has given us the latest and best views of the modern Edinburgh school. The appendix is rather an important part of the book. In it the author discusses menstruation and its relations to ovulation, conception, etc., and of course gives the Edinburgh opinions. All modern Edinburgh men appear to think that none but an antiquated fossil believes that ovulation determines menstruation. We may say in a general way that from a scientific point of view the book is all that could be desired.

When we come to consider the clinical or practical aspects of the work we cannot speak quite so favorably. The book is too bookish, and not sufficiently practical. A student or practitioner, with his patient before him, might sometimes get bewildered in endeavoring to ascertain from this book what he ought to do, or how he ought to do it. He might, for instance, decide to dilate the uterine canal. How should he do it according to Dr. Webster? It would be somewhat difficult to learn from his book. Among other things three kinds of tents are described; then the author says all tents are dangerous, the most dangerous being the sponge tent. Does he mean that they may sometimes be used in spite of such dangers? We don't know. We had supposed that the sponge tent, at least, had become obsolete. If so, why should so much space be wasted in describing and illustrating it? Another chapter that is hazy is that on pessaries. Like all his Edinburgh confrères, the author displays a most intimate knowledge of the mathematical niceties connected with the physics of the pelvis, but he gives little information as to when we should use a pessary, and what kind we should use. We would like to know, for instance, when we ought to use that barbarous blacksmith's instrument—a Zwanck's pessary, which, we supposed, had fallen into disuse shortly after the Crusades.

If it be conceded that there are certain defects, it may be added they are only slight, and can be easily remedied. The work is likely to be highly appreciated by both students and practitioners, by whom it will be found a safe and valuable guide in the practice of gynæcology.

THE TREATMENT OF SARCOMA AND CARCINOMA BY INJECTIONS OF MIXED TOXINS. By C. Mansell Moullin, London: John Bale, Sons & Daurelsson, Limited.

In this pamphlet of 66 pages we have a timely record of Mr. Moullin's experience of the Coley method of treating malignant neoplasms by means of the toxins of the streptococcus erysipelatis and the bacillus prodigiosus. After a short but clear review of the origin

and history of the treatment—including statements of the heretofore reported cases—the writer gives his own experience. He has treated ten cases with varying success and has no doubt of the utility and propriety of the treatment. We cannot go into a detailed account of the work done by Mr. Moullin, but must highly commend the work (a Harveian lecture, by the way) to the attention of such as may be dealing with new growths. The publisher's work is nearly and well done.

Books received:

HISTOLOGY, NORMAL AND MORBID. By Edward K. Dunham, M.D., Professor of General Pathology, Bacteriology and Hygiene in the University of Bellevue Hospital Medical College, New York. In one very handsome octavo volume of 448 pages, with 363 illustrations. Cloth, $3.25, net. Lea Brothers & Co., publishers, Philadelphia and New York.

A MANUAL OF VENEREAL DISEASES. By James R. Hayden, M.D., Chief of Clinic and Instructor in Genito-Urinary and Venereal Diseases, College of Physicians and Surgeons, New York; Professor of Genito-Urinary and Veneral Diseases in the Medical Department of the University of Vermont, etc. New (2nd) edition, revised and enlarged. In one 12mo. volume of 804 pages, with 54 engravings. Cloth, $1.50, net. Lea Brothers & Co., publishers, Philadelphia and New York.

A TEXT-BOOK ON OBSTETRICS. By Egbert H. Grandin, M.D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; late Consulting Obstetric Surgeon to the New York Maternity Hospital, etc.; with the collaboration of George W. Jarman, M.D., Gynœcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbia University, etc. Second Edition, revised and enlarged. Illustrated with sixty-four full-page photographic plates, and eighty-six illustrations in the text. Philadelphia, New York, Chicago: The F. A. Davis Company, publishers, 1898.

DISEASES OF WOMEN. A Clinical Guide to their Diagnosis and Treatment. By George Earnest Herman, M.B. Lond., F.R.C.P., Obstetric Physician apd Lecturer on Midwifery at the London Hospital, Consulting Physician-Accoucher to the Tower Hamlets Dispensary, Examiner in Midwifery to the Universities of London and Oxford, late President of the Obstetrical Society of London, and of the Hunterian Society, etc. With 252 illustrations. Cassell & Co., London, Paris, and Melbourne, 1898. Canadian Agents, A. P. Watts & Co, 10 College street, Toronto.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., LL.D., F.R.C.P., Emeritus Professor of Obstetric Medicine in King's College, Consulting Physician for the Diseases of Women and Children to King's College Hospital, the General Lying-in Hospital, the Evelina Hospital for Children, etc.; late President of the Obstetrical Society of London; Examiner in Midwifery to the University of Cambridge, etc. Seventh American from the ninth English edition, with seven plates and 207 illustrations. Lea Brothers & Co., Philadelphia and New York, 1898. A. P. Watts & Co., medical publishers and booksellers, 10 College street, Toronto.

Medical Items.

DR. E. A. WHITE has removed from Toronto to Kinmount, Ontario.

DR. R. B. NEVITT, of Toronto, who was seriously ill from erysipelas, is now recovering.

DR. J. J. WILEY, of Dresden, has been appointed associate coroner for Kent county, succeeding Dr. Tweedie.

IT is estimated that there are now 4,500 women practising medicine in America, against 500 twenty-seven years ago.

THE Medical Agency has removed from Ross street to new offices in the Medical Building, cor. Bay and Richmond streets.

THE annual meeting of the American Medico-Pyschological Association will be held in the city of New York, on Tuesday, Wednesday, Thursday and Friday, May 23rd to 26th, 1899.

THE Medical Society of the State of New York will hold its ninety-third annual meeting at Albany, Tuesday, Wednesday, and Thursday, January 31, and February 1 and 2, 1899, under the presidency of Dr. John O. Roe, of Rochester.

DR. L. S. MCMURTRY, professor of gynecology and abdominal surgery in the Hospital Medical College of Louisville, Kentucky, has been elected president of the faculties of the Hospital Medical School and the Louisville College of Dentistry, succeeding the late Dr. John A. Larrabee.

DR. WRIGHT MEMORIAL FUND.—At a meeting of a few friends and admirers of the late Dr. H. P. Wright, held at Ottawa, November 12, it was decided, for the purpose of perpetuating his memory, to establish a fund to be known as "The Dr. H. P. Wright Memorial Fund,' for the benefit of St. Luke's Hospital. In one day $3,000 was subscribed.

THE Southern Surgical and Gynæcological Association previously announced its eleventh annual meeting to be held in Memphis, Tenn., Tuesday, Wednesday, and Thursday, November 8, 9, and 10, 1898, but it has been postponed till Tuesday, Wednesday, and Thursday, December 6, 7, and 8, 1898, on account of the quarantine regulations relating to yellow fever in some parts of the South. Dr. Richard Douglas, of Nashville, is president, and Dr. Wm. E. B. Davis, of Birmingham, is secretary.

TORONTO SANATORIUM FOR CONSUMPTIVES.—The citizens' committee, to which reference was made in our last issue, have elected the fol owing Board of Trustees : Medical practitioners, Drs. J. E. Graham, Charles Sheard, E. J. Barrick, I. H. Cameron, A. H. Wright, William Oldright, W. P. Caven, P. H. Bryce, J. A. Temple and A. A. Macdonald. Non-medical, Messrs. W. R. Brock, George Gooderham, J. Ross Robertson, Hon. George A. Cox, A. E. Kemp, J. W. Flavelle, Ald. Davies, W. Mortimer Clark, Hugh Ryan and Thomas Crawford, M.P.P.

THE Mississippi Valley Medical Association, at its recent meeting at Nashville, Tenn., elected the following-named officers: President, Dr. Duncan Eve, Nashville, Tenn.; first vice-president, Dr. A. J. Ochsner, Chicago, Ill.; second vice-president, Dr. J. C. Morfit, St. Louis, Mo.; secretary, Dr. Henry E. Tuley, Louisville, Ky.; treasurer, Dr. Dudley S. Reynolds, Louisville, Ky. Chicago is to be the next place of meeting. Time of meeting: October, 1899. Date to be determined by the executive officers and the chairman of the Committee of Arrangements.

IT has been stated many times that the Queen of Portugal has taken a regular course of study for a doctor's degree, and actually does medical work for charity among the poor of Lisbon. A correspondent from the Portuguese capital says that this is one of the many little fictions about European royalties that have found general acceptance. If Queen Amélie ever studied medicine, it was quite in private; she has never entered any public class or taken any degree. She has never attempted to practise, although she is warmly interested in hospital work and similar charities. Probably the only royal personage who actually practises as a physician or surgeon is Duke Carl Theodore, of Bavaria. The duke has made a life study of ocular science, and maintains a free hospital in Munich, which he visits daily. It is said that he has performed more than a thousand operations for cataract.

ALVARENGA PRIZE OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14th, 1899, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published; and must be received by the Secretary of the College on or before May 1st, 1899. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays

will be returned upon application within three months after the award Thomas R. Neilson, Secretary.

The Alvarenga Prize for 1898 has been awarded to Dr. S. A. Knopf, of New York city, for his essay entitled "Modern Prophylaxis of Pulmonary Tuberculosis and its Treatment in Special Institutions and at Home."

POSTPONEMENT OF THE THIRD PAN-AMERICAN MEDICAL CONGRESS.—International Executive Commission of the Pan-American Medical Congress, office of the Secretary, Cincinnati, Nov. 5th, 1898. My Dear Sir: I have the honor to announce that in April, 1898, I received from Dr. Jose Manuel de los Rios, Chairman of the Committee on Organization of the III. Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899. The following communication relative to the same subject is just at hand. Caracas, September 25th, 1898, Dr. Charles A. L. Reed, Secretary of the International Executive Commission, Cincinnati, Ohio. Dear Sir: After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by smallpox, which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and Government, after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order that you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am dear doctor, yours respectfully, The President. (signed) Dr. Jose Manuel de los Rios. In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III. Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900. For the International Executive Commission, Charles A. L. Reed, Secretary.

OBITUARY.

DR. ALEXANDER PATTULLO.—By a singular oversight, caused partly by a prolonged absence of one of our editors, we omitted in our September issue to mention the death of Dr. Pattullo, which occurred at his home in Toronto, August 10th, after a lingering illness from cancer. He became licentiate of the Medical Board in 1854, and was engaged in practice for forty-four years. He spent the greater portion of his professional life in Brampton, where he was the leading physician for many years. In 1885 he sold his practice to Dr. Robinson, and removed to Toronto. He was the representative of the Burlington and

Home Division in the Ontario Medical Council from 1866 to 1869. He was an able and accomplished man, a good and successful physician. After coming to Toronto he led a comparatively quiet life; but those who were so fortunate as to know him intimately feel that they have lost a good and generous friend.

CHARLES ROBINSON, M.D., was for many years one of the most active and successful practitioners in Ontario. It is probable that overwork was the main cause of his sudden death, which occurred October 17th. He had just completed a surgical operation, in which he was assisted by Dr. Bowles, of Woodhill, when he was seized with faintness, said to be due to heart failure, and expired almost instantly. He was born at Claude, in the County of Peel, sixty-three years ago, and became a licentiate of the old Medical Board in 1862. He then went to Philadelphia, and became M.D., Jefferson College, in 1863. He then commenced practice in his native place, Claude, and very soon acquired a good reputation and great personal popularity. He was for a time active in politics, and contested Cardwell twice in the Liberal interests, being once returned. In the early eighties he and Dr. Andrew Pattullo, of Brampton, were the most busy physicians in Northern Peel and Cardwell. In 1885 Dr. Pattullo decided to remove to Toronto, and sold his practice to Dr. Robinson, who moved from Claude to Brampton. After this change of residence Dr. Robinson's practice became somewhat different in character, *i.e.*, he did more town work, and less driving in the country. He was, however, ever and always, busy, and literally "died in the harness."

HENRY PUTTENEY WRIGHT, M D.—Dr. Harry Wright, of Ottawa, was one of the noblest and best beloved physicians that this Dominion has produced. Never did the profession of Canada receive a greater shock than that caused on the morning of October 29th by the receipt of the sad news that Dr. H. P. Wright was dead. He had dined at Rideau Hall on the previous evening. After returning to his home with Mrs. Wright between eleven and twelve o'clock, he went to the house of Dr. Powell, who was entertaining the Ottawa Medical Society. He appeared to be in the best of spirits and enjoying good health. It happened, however, that he had been engaged all the previous night at professional work, and he told a friend at Dr. Powell's house that he felt tired. He reached home between one and two o'clock and remarked to his wife that he felt very chilly and poorly. He took a dose of phenacetine, and then a warm drink. He then said he felt better, and went to bed. A little later his wife noticed that he was breathing heavily and, becoming alarmed, went out of the room and telephoned for Dr Powell, asking him to come over to see her husband. When she returned the doctor was dead, the time then being three fifteen a.m. The cause of death was thought to be heart failure.

Dr. Wright was born in Toronto, January 11th, 1851, and was therefore nearly forty-eight years old. He received the greater portion of

his general education in the High School, Quebec, and his medical education in McGill, where he graduated in 1871. He then practised for a little more than a year at Monctown, a small town near Sarnia. He removed to Ottawa in 1872, and remained there until the time of his death. He very soon acquired an excellent reputation, and became one of the most popular physicians in central Canada. Popularity is, however, a poor word to use in connection with Dr. Harry Wright. He was far more than popular. He was dearly loved, and almost worshipped by a large number of intimate friends and patients. All classes of citizens in Ottawa, from Her Majesty's Representative with whom he spent the greater part of the last evening of his life, down to the humblest and poorest, admired and respected the man for the great good there was in him.

Notwithstanding the laborious nature of his practice, which is said to have been enormous, he was able to pay considerable attention to the Canadian Medical Association, of which he was an ex-president, to various local medical societies, and to certain charitable institutions—especially St. Luke's Hospital. His thorough unselfishness, his uniform kindness and courtesy to others, his strong desires and strenuous exertions for the general uplifting of our profession were recognized and appreciated by the great body of physicians spread throughout the territory extending from Halifax to Vancouver. To Mrs. Wright and the seven dear children who survive we have only to say, the Canadian Medical Profession mourns with you. May God bless you all, and may each child ever strive to be worthy of such a father.

MILTON YOUMANS, M.D.—Dr. Milton Youmans died early in the morning of November 3, at his home in St. Catharines, under circumstances that were peculiarly distressing. While at supper he was eating some apple sauce when a cone-shaped piece of glass got into his throat. The doctor succeeded in removing it with considerable trouble, but during his efforts the throat was badly lacerated. His condition was not at first considered serious, but he gradually grew worse, and, notwithstanding the efforts of several of his confréres, death resulted after much suffering. Dr. Youmans was born in Prince Edward county sixty-one years ago, and received the degree of M.D. from Victoria University in 1866. After practising for a time in Hagersville and Welland, he removed to Picton. From there he returned to the Niagara district, and settled in St. Catharines, where he was successful as a physician, and highly respected by the community.