

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England. — J. E. GRAHAM, M.D. Tor., L.R.C.P. London.
W. H. B. AIKINS, M.B. Tor., L.R.C.P. London.

Business Management, - - J. E. BRYANT & Co., 64 Bay Street.

TORONTO, FEBRUARY 1, 1889.

Original Communications.

CAN CARBOLIC ACID CUT SHORT
ENTERIC FEVER?

BY R. W. POWELL, M.D., OTTAWA.

(A paper read at the regular meeting of the Ottawa Medico-Chirurgical Society, Dec. 14, 1888.)

THE pathological lesion and clinical manifestations of enteric fever all point to the fact now generally accepted, that the poison on which this special fever is dependent is a specific one brought about by certain putrefactive changes, and that it enters the body from without, usually through the ingesta. What the precise nature of this poison is we are not at the present moment fully aware; we cannot separate it and so establish it from among its congeners; but of this much we are reasonably certain, that when once it enters the body and takes hold, it sets up by multiplication, and by special affinities, well-marked tissue changes and pyrexia, running a fairly definite course of, say, thirty days.

So far as my experience has led me, I am not aware that the length of the disease in any given case can be shortened. Various means have been tried time and again, but if in a very early stage we succeed in arresting a fever, the question naturally arises: Were we treating a typhoid case at all? Time, the element necessary to prove our case, is wanting, and we are left in the dark. Is it, therefore, that we do not see our cases at a sufficiently early stage,

that our hands are so tied? Is it because as yet we have not the correct antidote; or, having it, do not know how to use it? I don't know. Perhaps many elements combine to tie our hands, and I am of opinion that any fact in this connection is worth recording. It is on this ground that I take the liberty of presenting you with a simple case that recently has come under my observation, and which I would not dare to read to this enlightened Association on any other pretext. I have long felt that if any remedy was calculated to cut enteric fever short, or be a powerful weapon in our hands against its inroads, that remedy was carbolic acid—the great anti-putrescent. If we could bring it into contact with this poison, eminently the result of putrefaction, analogy teaches us that we might annihilate it, and so nip it in the bud.

I have used it time and time again in enteric fever, especially of late years, but my anticipations have proverbially been disappointed. I have used it in all classes of cases—mild, severe, in young and old, in males and females—and I cannot honestly say I have cut enteric fever short with it by even a single day. At times it has seemed to modify the case, and mollify the symptoms, and I have rested satisfied. On other occasions I have had to discontinue it from a variety of causes, chiefly on account of its nauseating taste, which is so difficult to mask. At other times it has seemed to increase the headache so prominent in the first week. Again, it appeared to depress the heart. I found, however, that the rule was, younger persons were more amenable to its use than older.

Since our last meeting I have had a case which has given me a genuine shock. In a few words, I fully believe that I have had a real case of enteric fever absolutely annihilated and cured in a week by carbolic acid. I say this because it is the first time I can call to mind a case where there was anything like a declination of symptoms and rapid convalescence such as was here observed; (2) because carbolic acid, the great germicide, was used in the treatment; (3) because I saw the case early; and, lastly, because I know of nothing whatever in the circumstances of the case or treatment that was calculated to abort the symptoms, if it was not the use of the drug mentioned. I cannot use stronger words. Do I hear an audible smile from among you? I dare say. I don't blame you, but I feel my position to be critical, inasmuch as no autopsy will ever prove me right or wrong. But I can say this, my diagnosis was founded on a set of facts, not suppositions, on which for thirteen years I have been relying as positive for a diagnosis of enteric fever in its early stage, and which up to this time have not failed me. In no single instance that I can call to mind have I ever observed this set of symptoms without their continuing and developing, and resulting in what we are accustomed to term "a case of typhoid." The opposite has happened to me, viz., typhoid beginning so mildly and so well marked that no diagnosis was possible, and perhaps a favorable prognosis given.

Gentlemen, if this case about to be related was not an enteric fever, then, in all humiliation, I am forced to say, and to admit, painful though it be to announce it, my diagnostic acumen is insufficient to enable me to recognize enteric fever with any degree of positiveness, the grounds on which I have relied for my diagnosis are wrong, or insufficient; and, in fact, were I to allow myself to entertain a reasonable doubt, my whole faith would be shaken.

I will take the liberty of quoting a few words from Austin Flint, bearing on the cutting short of this and other continued fevers. He says:

"We are as yet unable to destroy directly the morbid organisms which give rise to continued fevers, and we must be content for the present to moderate their action, and to sustain the powers of resistance of patients."

And, again, from Sir Wm. Jenner, and this quotation also touches materially on the vexed question of abortive typhoid. He says:

"I have never known a case of typhoid cut short by any remedial agent, *i.e.*, cured. The poison which produces any one of the acute specific diseases (to which order typhoid as well as small pox belongs) having entered the system, all the stages of the disease must, so far as we know, be passed through, before the recipient of the poison can be well."

As to cutting typhoid short, I may quote from J. R. Barnett, of Neruah, Wis., who, in speaking of salicylate of ammonia in this connection, calls it a great antipyretic, and useful in conditions of adynamia, has wide germicidal powers, and as a remedy in typhoid and remittent fever is unsurpassed, aborting them under favorable conditions, and mitigating their severity under circumstances less favorable.

As to carbolic acid, Kish reports a case of a boy, 14 years of age, to whom he gave 4 gr. very four hours, the result being some reduction of temperature and marked carboluria.

Another writer, speaking on this point, ridicules it on the ground that we would have to get into the system enough carbolic acid to render all parts of the blood sufficiently charged to destroy germs, say 1 to 40, before we could expect it to destroy the germs of a disease, *i.e.*, if I understand his argument correctly. Well, in surgery we don't use it as strong as that in very many conditions, and when we consider that some germs live through boiling carbolic acid, there must be degrees of vitality; and then again, in antiseptic surgery a solution of carbolic acid was once thought indispensable. Now as good results are obtained by the free use of soap and water, cleaning the finger nails well, and using boiled water for instruments, hands, etc., and no carbolic acid at all, so that we must admit that some germs are capable of being rendered innocuous by very simple means. Now, for my case:

I was called late in the evening of November 30, 1888, to see Miss T., a well-developed girl, at 16, a domestic. She had been home from service three weeks, and at her last place, in Centretown, the children in the family had been ill, but I could not get the histories of the case.

This was on a Friday evening. The history was, she had been poorly all week,—galling headache, and miserable and worse towards evening, and each day less well than the day previous. The Sunday before she had gone to church, but did not feel up to the mark; on Monday, felt weak and generally miserable, with slight diarrhoea.

She was markedly flushed in the face, and features dulled, though eyes bright; pulse—full and soft, 110; tongue—coated with soft, white fur, and red at edges and tip; headache; was menstruating, but had no abdominal pain; had not caught cold, so far as she was aware; no appetite; bowels worse all week; temperature in axilla, 103; could not detect pain on pressure in right iliac fossa, but thought I detected slight gurgling there; no rose spots, but belly slightly tumid.

Third day—Feeling pretty sure I had a beginning typhoid, I asked for two or three days to complete diagnosis, gave her a calomel purge, and put her on a milk and lime water diet. Next morning (December the 6th), bowels had acted well; two loose motions; pulse, 104; temperature, 100½; now pain on pressure in iliac fossa, made her wince, and gurgling was distinct; no rose spots. Put her now on a simple febrifuge mixture of quinine, ½ gr.; ac. cit., i gr.; liq. am. acct. m. 20; glycerine ʒss., sp. eth. nit., m. 10; and ac. carbol. ½ gr., 4 q. h.

Seventh day, Dec. 2 a.m.—Pulse 128; T. 101½; four loose motions in past twenty-four hours, watery and yellow in color; gurgling and pain in iliac fossa distinct; no rose spots; tongue furred and almost characteristic; menstruation over. Same diet as before.

Eighth day, Dec. 3 a.m.—Pulse 104; T. 101¼; two loose pea-soupy, yellowish motions; no change in symptoms.

Now as to diagnosis.—I will only quote from one recent writer in the article on Typhoid, in the Ref. Handbook of Medical Science:—

“If in addition to the above systemic symptoms the temp. rises steadily from day to day, and from morning till evening, and reaches 103 or 104 by the fourth day, there will be little reason to hesitate as to the diagnosis.”

I felt no doubt, and told the patient and the friends that we had typhoid to deal with, and

reported the case to the health office, and asked for the inspector to examine the premises. He found them in the usual condition where the house is undrained, but could discover nothing special to call for his action in the premises. You will see, therefore, that by my action I had not the smallest doubt that I had a case of typhoid to deal with.

Ninth day, Dec. 4 a.m.—Pulse 100; T. 100; four loose stools, same character as before; pain on pressure in iliac fossa well marked, and gurgling also; no rose spots; tongue not so thickly furred, but bore same characters.

Tenth day, Dec. 3 a.m.—Pulse 96; T. 99½; two more muddy motions; pain in iliac fossa not so marked, though she still winced on deep pressure; no gurgling; no rose spots; and complained of feeling hungry.

Eleventh day, Dec. 6 p.m. Pulse 94; T. 98½; feeling quite hungry; two motions; no rose spots; pain in iliac fossa and gurgling gone; tongue cleaner. Patient evidently convalescing, as this report was taken in the evening.

Twelfth day, Dec. 7th, p.m.—Patient well. Pulse 80; T. 97; feeling very hungry, but I would not relax the dietary—nothing but milk.

The convalescence was uninterrupted, and on December 9th I let her up, and gave her a few raw oysters and a small piece of soft bread.

The only element wanting here was the rose-colored lenticular spots, which never appeared. But we are aware that they do not appear till from the seventh to the twelfth day of fever, and as my patient was well and temperature normal on the eleventh day, granting my count was right, they may not have had time to appear. And I may have been a day or two out in beginning the count of this fever, but I was as accurate as possible. We also know that many sharp cases of typhoid pass through an entire course without a rose spot appearing.

I saw more spotted cases in the Protestant Hospital here in the epidemics we had in my student days than ever I did in the Montreal General. And indeed, I well recollect the attention of the class there being often called to the spots on any particular patient as being well worth their observation and note.

So that while the lenticular spots are most important when present in any given case in

establishing the diagnosis, still I am of opinion that their absence, and their absence alone, should not weigh too heavily in the balance, or militate in any dogmatic way against a diagnosis.

Now, there is a condition known as abortive typhoid; and well described in Ziemssen's Encyclopædia; is noted by many eminent continental writers, and it exists apparently in two forms. One when the case begins abruptly and with severe symptoms, high temperature, etc., etc., and which gradually dwindles down to a very mild case, but lasts out three or four weeks. A second form where the disease is said to terminate in ten to fifteen days, and yet has all the characteristics at the start of ordinary typhoid fever. Well, I cannot deny this, but I am always suspicious of my diagnosis, even when the temperature becomes normal in sixteen to twenty days, and have never found in such cases that during any period of the disease were the symptoms of such a marked character as would establish in my mind a fair diagnosis of typhoid. I had many such cases during one epidemic last year, and looked upon them all as a form of remittent fever; and my experience corresponds with that of my colleagues as far as I am able to learn in conversation with them.

The quotations I have made from Jenner and Austin Flint would not lead me to suppose that abortive typhoid was common, or even existed in England or America, and I certainly think we are not blessed with it in this country. Still, I would be far from denying the accuracy of the eminent continental observers who speak of this condition, and especially as having existed in and about Basle.

199 RIDEAU STREET, OTTAWA,
December, 1888.

NOTES ON TAIT'S AMPUTATION OF THE PREGNANT UTERUS.—FOR THOSE UNACCUSTOMED TO ABDOMINAL SURGERY.

BY JAMES F. W. ROSS,
Surgeon to Woman's Hospital.

I HOPE these lines will not appear too dictatorial and offend those they are intended to guide, namely, practitioners removed from large centres who may at any time be called upon to do this operation, and who should, therefore, be

familiar with its simple details. Courage and self-confidence are essentials. The minor details of these operations are too often omitted by those accustomed to practise them. The operation is a substitute for the barbarous and very fatal craniotomy, and, as it prevents subsequent impregnation, is superior to cæsarian section.

I have seen a number of hysterectomies by Mr. Tait. In one case, which I have at present under observation, the woman (14 days after the operation) looks much altered.

Mr. Tait says patients are always shaken by a hysterectomy done for fibroids, but strangely enough, they convalesce much more rapidly after the amputation of a pregnant uterus. In fibroids the uterine tissue is œdematous, after operation. It shrinks and will bleed unless the clamp is tightened by a trustworthy assistant. In pregnancy the tissue rapidly contracts and is more elastic. In the case of fibroids the stump is necessarily short, and unless the broad ligaments have been stripped down, the tension drawing up the anterior wall of the rectum produces fatal intestinal obstruction. In pregnancy the stump is longer and very easily constricted, reducing in size, when tied, to the thickness of one's middle finger. Mr. Tait believes that in some favorable case he will drop the pedicle, after careful ligature, just as he would with an ovarian tumor, and without using the cautery. But for the present he would advise country practitioners not accustomed to abdominal surgery, and therefore not having the usual instruments to hand, to do the operation in the manner I will presently describe. You (EDITOR PRACTITIONER) say the account given of it was hardly clear to you, and until Mr. Tait went over it with me again in private, after hearing the account read in his paper, I had your own difficulty.

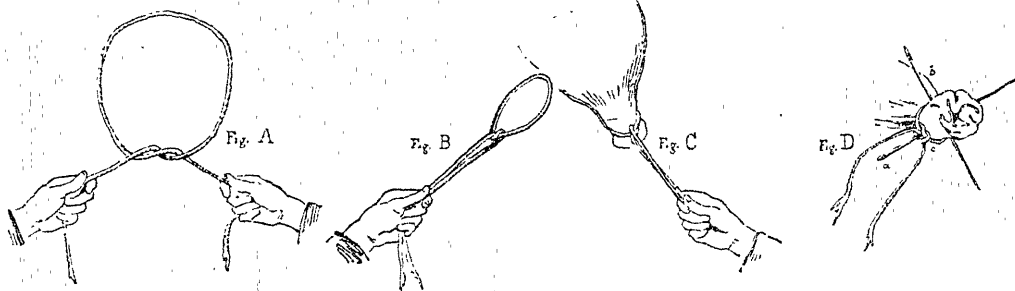
The instruments needed are:—(1.) Artery forceps of any kind, as many as the doctor can procure. (2.) Rubber tubing, well tried by stretching to see that it has not spoiled. It should be about the thickness of clothes line. (3.) Three or four knitting needles, lest one or two should break. (4.) A pair of wire cutters. (5.) A scalpel (and director, if he prefers one). (6.) What sponges he has, but they must be clean. A ready rule of thumb for

cleaning them is: Washing soda half a handful to hot water enough for one dozen; left in twenty-four hours; thoroughly rinsed in many waters; then in acid. carbol. one pint to aqua fervens one gallon; and before use rinsed out or plain clean water.

Incision in middle line going down to sheath of muscle, with one stroke of the knife; then proceeding by drawing up the tissue layer after layer, incising each carefully; no damage can be done to the bowel. The hole in the peritoneum is seen to gape the moment it is cut. On passing in the fingers the wound can be incised upwards, after pressing up any omentum in the way with the points of the fingers; after the relations of the bladder have been determined, it is pushed down by the points of the fingers in the same way. The uterus is then drawn out, a sponge or two tucked

tive appliances to allow the operator to tighten his improvised clamp at will; and for this purpose the knitting needles are used. It is here that one has some difficulty in understanding the procedure. The ligature is now pulled as tightly as possible, taking care to first grasp the tissue with something above to prevent the clamp from slipping off altogether; and I should judge that the wisdom of leaving plenty of tissue would now be seen.

The first knitting needle is now forced through the diameter of the stump at right angles to it, passing through the knot at *a*. It first pierces the tube, then the tissue of the stump, and then pierces the tube on the opposite side. The needle *b* does the same at right angles to *a*, and in this way the rubber tube is pierced at three places and also at the knot at *c*. The knot is then completed. The tubes are left long so



behind it to keep the bowels in and fluids out. The rubber ligature tubing is then passed round the whole mass, pressed down to the cervix and tied with the first hitch only of a surgeon's knot, (see Fig. A*) and then the ends (see Fig. B) given to the assistant to hold tightly. If after incising the uterus any bleeding is noticed, the ends are taken again by the operator, as in Fig. A, and drawn up still tighter, and then once more given to the assistant, as in Fig. B, warning him to keep up sufficient strain on them to prevent the knot from slipping. The child is then removed and handed to some one else, and the uterus cut off as one would amputate a limb, taking care to leave enough tissue. This is a rule to be observed. It is an easy matter to trim off tissue, but not an easy one to put it on.

Something is now required with these primi-

that they can be tightened in case of necessity. The stump is trimmed and the ends of the needles cut off.

Now stitch the abdominal wall, fastening the stump in the lower angle of the wound, with ordinary silk, taking care to lead the needle down to the peritoneum with the tip of the finger, so as to avoid intestine; wipe away the blood, count the sponges and forceps, and then finally attend to the stump. Pieces of clean lint, or clean cloth, if lint cannot be obtained, are tucked under the points of the needles and tincture of iron dabbed on the stump with a few thicknesses of the cloth held on the top of the finger. Some pieces of clean cloth or absorbent cotton, between folds of clean muslin or cloth, are then put over the wound and a bandage applied. Purge the bowels well on the first appearance of tympanitis with a seidlitz powder and rectal enemata of soap and

* This should show a double loup, the first hitch of the surgeon's knot.

turpentine; *avoid opium*; see that the bladder is emptied (if necessary) with a *clean* catheter; and keep the stomach *empty* if vomiting occurs.

The main points are:—

1. Be sure of your diagnosis, and that the operation is not put off until the woman is nearly exhausted.
2. Be scrupulously clean, and allow only plain water to come near the peritoneum.
3. Remain with the patient for the first twenty-four hours, to control hemorrhage if it occurs.
4. Use common sense, and follow ordinary surgical rules here as you would anywhere else. Dismiss the peritoneal bugbear from your mind.
5. Remember that purging can do no harm, and that to combat peritonitis successfully you must keep ahead of it and prevent tympanitis by early purging. If tympanitis becomes pronounced the intestines will not act to all the purgatives the patient's consequent vomiting will permit her to retain.
6. If no trained assistance is to be obtained, remain with your patient for the first four or five days, carefully guarding her from clumsy meddlers.
7. Let the clamp come away itself; take out every alternate stitch on the sixth or eighth day and the remainder a few days later, and dress with zinc ointment.

(Since the above was printed we have received a correction from Dr. Ross, as follows: "to save a long incision in the abdominal wall Mr. Tait passes the rubber over the uterus while it lies in the belly, and does not bring it forwards until after the incision in the uterus has been made and the child extracted. The uterus of course then contracts, preventing much bleeding, and can be drawn out of a much smaller incision."—ED.)

EXTRACT FROM AN ADDRESS TO THE
OTTAWA MEDICO-CHIRURGICAL SOCIETY
BY THE PRESIDENT.

D. R. EAUMONT, MALL, OTTAWA.

THE first part of the address dwelt upon the work of the Society and other subjects of local interest.

"Scattered throughout the annual Departmental

Reports there is much that should interest members of our profession. A casual glance over an occasional one that happens to fall into our hands is perhaps dry and uninviting, but if followed from year to year, and those of the several provinces compared, they supply a fund of information that should be in the hands of every one of us. In many there is an element of unreliability, and nearly all are devoid of the exactness and thoroughness that would be present if prepared under the supervision of one of ourselves, but with all such drawbacks they are well worth studying and finding a place for in our libraries.

Of the reports issued by the Dominion Government the most important is that from the Department of Agriculture, and Statistics, bearing the title—an Abstract of Returns of Mortuary Statistics. The last volume is the fifth. In it the returns from twenty-six cities and towns are published, and we may there learn the number of deaths in each, the causes, age, sex, marriage-state, religion, origin and occupation; diseases in their order of fatality and deaths of illegitimate children. The total number of deaths in Ottawa was 813. The most common cause is shown to be diarrhoeal affections, 145; the next in order is phthisis, only 61, showing clearly that preponderance of infantile mortality which keeps up our high death-rate. This is readily accounted for when we turn to the list of deaths of illegitimates, where we find that 102 occurred in Ottawa; only two other cities exceeded the hundred, Montreal and Quebec. Toronto, with its much larger population, had only 62 deaths; Hamilton, 13; London, 6. As we are well aware that these unfortunates are simply left within the limits of our city to die, we need feel no alarm at what is made to appear an unusual civic mortality.

The classification adopted attracts our attention, particularly the grouping of *worms* and *alcoholism* in the zymotic class. I think it is generally understood that the zymotic diseases are those due to a germ, introduced from without. Our statistician, however, in common with many others, does not limit its meaning, but includes all causes introduced from without. Tubercule is maintained as a constitutional disease.

In the report proper of this Department there will be found full records of the Quarantine Service, and the Lazaretto, at Tracadie, N.B. The quarantine is formed of nine stations on the Atlantic and Pacific coasts, under the charge of as many members of our profession. The central station is at Grosse Isle, where there now is the most advanced means of disinfecting quarantined cargoes and crews, and a very thoroughly equipped hospital. Since the adoption of the new regulations, which came in force the year of this report, the service of Canada is superior to that of the United States, their weak point being that each State maintains its own quarantine, and there is no concerted action. The report of Doctor Montizambert is well worth reading. He describes very fully the season's work and the method of carrying out the new regulations. In addition he gives an account of several of the American stations which he visited, also a report of the proceedings of the American Public Health Association, which he attended as the representative of the Canadian Government. The reports from the subordinate stations are short, and of little importance. Scarlet fever and measles were the common causes from which vessels were detained. One only was quarantined, at Sydney, C.B., with smallpox, and the disease fortunately did not spread beyond three members of the crew. This vessel sailed from Brazil.

The report of Doctor Smith, the Medical Superintendent of the Lazaretto, shows that there are seventeen cases of leprosy in his hospital; these, with two outside, are all that are known. Three new cases appeared during the year. A cure is reported of two cases; these he attributes "to the excellent hygienic influence of the institution before the disease had made any serious inroads on vigorous constitutions."

The report of the Department of Inland Revenue usually furnishes interesting matter in relation to the adulteration of food, drugs, etc. This year, however, the milk analysis is the only article worthy of notice. The report of Mr. McFarlane, the Chief Analyst, should be read by everyone following this subject. The whole question, however, appears to be in a very elementary stage. The Government has not yet decided upon a standard, and the irregular

method of collecting the samples tends to make the result very untrustworthy. The report of Doctor Valade, the analyst from this district, is voluminous, and we derive some satisfaction when we learn that only about four per cent. of samples were adulterated, while in other cities fully one-third failed to stand the test. One important point at the present time when the question of tuberculosis is becoming prominent, is that in all the herds of cattle infected none were noticed to be affected with this disease.

Since the report, the Department has issued a bulletin detailing an analysis of "Domestic Waters," seventy-five samples of well and river water, were tested. It is useless to attempt to outline the various tables, which are extremely lengthy.

In the report to the House of Commons of the Standing Committee on Agriculture and Colonization, will be found the explanation of the set of questions on tuberculosis, which we all have recently received. During its labours of last session the question of the prevalence of tuberculous among cattle and its relation to man was brought forward by the evidence of our fellow-member, Doctor Playter. No conclusion could be arrived at, as the session was drawing to a close, and a sub-committee was appointed to continue the inquiry during recess, hence the circular that has been distributed throughout the Dominion.

This Standing Committee also discussed the introduction of Syphilis into the country by means of immigration. Doctors Wilson, Ferguson and Sproule made long statements, and referred to instances they had met with. The committee advised that steps should be taken to avoid the serious danger.

Of our Provincial reports, that of the Board of Health is the most valuable, and a complete set should be in the possession of every practitioner in Ontario. In many ways it is open to criticism, but it furnishes an excellent mirror of the public health of our Province. The Secretary's articles on water-supplies, the outbreak of anthrax at Guelph, on methods of destruction of city garbage—all are very complete. The appendix contains the report of 240 Boards of Health, representing nearly one-half of all the municipalities in the Province.

The report of the Registrar-General on Births, Marriages and Deaths is not yet issued. I regret this, as it is one of the most satisfactory, and is useful for comparison with the mortuary returns of the Dominion Government. The information it furnishes is purely statistical, but the ratio between births, marriages and deaths, the number of plural births, the predominance of sex, are all instructive points.

In the report of the Inspector of Insane Asylums we find the record of the most thorough and complete work under the charge of the government that bears on our profession. The many years of experience has brought it to a high state of efficiency, and the reports of the Medical Superintendents are of more than ordinary importance to us as practitioners. In it we find that there are 3,747 insane and idiots that are known to the Government—an increase of 204 since the previous year. Of the number under treatment 177 were discharged as cured. The Inspector in his report dwells on the apparent increase, and furnishes a table to show that the rate of increase has not advanced year by year with the increase of population—that insanity is not becoming more prevalent. His remarks on the non-restraint system are important. No patient in the Province is now placed under restraint; alcohol is not used and Doctor D. Clarke has forbidden tobacco in the Toronto Asylum.

The report of the Hospitals is rather disappointing, as we find simply a list of hospitals and a few statistics. All that relates to surgery or medicine is a list of diseases treated in these institutions. It is to be regretted that the House-Surgeons are not permitted to make a report similar to the Superintendents of the insane asylums, when an opportunity would be furnished them to publish some details of their year's work. There are sixteen hospitals in the Province: at Toronto, Hamilton, London, Guelph, Brantford, St Catharines, Kingston, Belleville, Pembroke, Mattawa, Port Arthur and Ottawa. Three of these are in our city. You may perhaps be surprised to learn that we possess the second largest hospital service in the Province, Toronto alone ranking ahead. Hamilton, however, has the advantage of having all the work centered in one establishment.

In several of the other reports items of interest may be met with, as in the deaf and dumb asylums, prisons, orphan homes, factories—but they are not of sufficient importance to warrant me in reviewing them."

Selections.

ANTIPIRYN AND NITROUS ETHER.—When a solution of antipyrin is mixed with spiritus ætheris nitrosi, a nitrous compound of antipyrin is formed, which crystallizes out in bright green acicular crystals. It has been positively asserted that this compound is extremely poisonous. In consequence of an action for malpraxis, the properties of this body have been carefully tested by Dr. Ludwig Bremer, of New York, who has given it as his opinion that it is not poisonous; and the editor of *The National Druggist*, who has given the compound to animals, and has taken it himself, is of the same opinion.—*British Medical Journal*.

—

TO RESTORE THE POLISH OF INSTRUMENTS.—Without going into the details of the experiments, I will give you the method of procedure. A saturated solution of chloride of tin in distilled water is made, and with this a number of large test tubes were filled to a height sufficient to admit of the immersion of the blades of the knives, the forceps, etc. The instruments were inserted and left over night. The next morning they were found quite clean, and of a silver whiteness. Rinsing in running water, wiping and rubbing with a chamois, completed the operation. Chloride of zinc solution gave pretty good, but not nearly so satisfactory, results.—*St. Louis Medical and Surgical Journal*.

—

A DANGEROUS VEHICLE FOR ALKALOIDS.—Among the vehicles for alkaloids recently recommended is cherry-laurel water, which, it is claimed, will prevent the formation of fungous vegetations in such solutions. Recent experiments have demonstrated (says *Nouveaux Remèdes*) that when sulphate or muriate of morphine, for instance, is dissolved in cherry-laurel water (or bitter almond water, which is

also recommended), there immediately sets up a slow decomposition of the alkaloid, attended with the formation of cyanide of morphine. This being insoluble, sinks to the bottom of the container, and the patient, unless warned, is in danger of getting a lethal dose of the deadly salt.—*St. Louis Medical and Surgical Journal*.

CIRRHOSIS OF THE LIVER.—According to the *Lancet*, "Lancereaux treated alcoholic cirrhosis of the liver with iodide of potassium. The iodide is least useful in the hypertrophic form, and when persistent jaundice or perihepatitis obtains. Improvement may be observed in a fortnight, the urine being increased and the ascites diminished; at the same time the venous enlargement of the parietes and the swelling of the spleen tend to subside, and the patient gains weight and strength as the digestion improves. The dose should be an ordinary one, and the treatment kept up for some weeks or even months. Alcohol must be avoided, and a milk diet enjoined; cutaneous frictions are beneficial."—*N. Y. Med. Jour.*

HEART-SOUNDS WHEN THE BREATH IS HELD.
—Will you allow me to caution practitioners against what I believe to be a not uncommon source of error in connection with certain conventional modes of examining the heart? The patient is told to "stop breathing." This he does, with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to "stop breathing," the mechanical obstacle offered to a free passage of blood through the vessels of the lung is especially great. What the listener hears when the patient's breath is held will not be the cardiac sounds, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the thorax; which conditions are abnormal, for a state of forced, or

even fixed, inspiration is not normal, and it *modifies* as well as intensifies the heart-sounds sensibly, as any close observer may detect. The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object. Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that "there is something wrong with the heart" is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by "anæmic" sounds, which, by the way, are too often misconstrued even by expert and experienced examiners, but of hypothetical "valvular disease" in hearts which are in no way organically affected, or even the subjects of exceptional muscular debility.—*J. MORTIMER GRANVILLE, in Brit. Med. Jour.*

WHAT IS A DISEASED OVARY?

DR. NAGEL, of Berlin, has published in the last part of the thirty-first volume of the *Archiv für Gynäkologie* an article entitled "Contributions to the Anatomy of Healthy and Diseased Ovaries."

Dr. Nagel does not believe in the chronic follicular oöphoritis of certain pathologists. He considers that the condition simply implies an unusual number of follicles in a healthy ovary as an individual peculiarity. The follicles, at least, are normal, however the condition of the stroma may be disputed; and his researches show that morbid changes in the stroma do not affect the follicles for a long time, but ultimately cause their disappearance. They cannot proliferate by any morbid process. Nor does Dr.

Nagel lay any stress on "hydrops folliculi." Follicles over a centimètre and a half ($\frac{3}{8}$ inch) in diameter he found perfectly healthy, bearing ova. A large follicle, bearing its usual epithelium, but without its ovum, represents a degenerate condition, and cannot develop into a cystic tumour nor take any active part in the development of such a tumour. On the other hand, Dr. Nagel gives reasons why we may conclude that simple cysts of the ovary are generally cystic degenerations of the corpus luteum.

Oöphoritis, however, he holds to be essentially interstitial, and he concludes, after examining a series of ovaries, that in all cases, directly an ovary becomes diseased, the interstitial tissue between the follicles, that is to say, the stroma, is first attacked. The follicles retain their normal appearance, and continue to bear and nourish healthy ova for a remarkably long period after the onset of oöphoritis. As Slaviansky has already indicated, the follicles begin to wither directly the morbid changes in the stroma have reached a certain limit. The atrophy is in some cases active, in others passive. As a rule, circumscribed peritonitis is the cause of the disease, which progresses from the surface of the ovary inwards. Dr. Nagel has, however, detected one case of true acute interstitial oöphoritis as a primary disease. This form leads to Kiwisch and Klob's "hypertrophy with sclerosis," where the ovary can grow as large as a goose's egg, its surface appearing like a mulberry.

Dr. Nagel concludes that the later stages of oöphoritis represent an incurable condition, and that operation is justified for the removal of ovaries so affected. The operator must, however, bear in mind his important observations, which tend to prove that every ovary a little fuller than he thinks it should be is not necessarily morbid, and that a cystic projection from the surface of a small ovary is not sufficient evidence that it ought to be removed. The histologist, too, would do well to study the healthy human ovary from its earliest stages of development to its normal condition of atrophy after the menopause, and to teach what he sees to his pupils. Many errors have gained ground through teaching students the histology of the

ovary from specimens taken from the lower mammalia, where the sexual physiology is by no means the same as in woman.—*British Medical Journal.*

THE INFLUENCE OF PREGNANCY ON PELVIC DISEASES.

DR. HUNTER read a paper with this title at the September meeting of the American Gynecological Society, in which he opened with the remark that it was the popular opinion that pregnancy was a remedy for many of the diseases of women; on the other hand, patients with pelvic troubles were often advised by their physicians not to marry, as pregnancy would increase the local affection. It was important to remember at the outset that during pregnancy there was a permanent congestion of the pelvic organs, which would naturally tend to exert even more of a deleterious influence on local disease than did the menstrual periods when the congestion was only temporary. Affections of the external genitals, such as were aggravated by hyperæmia, were always worse during pregnancy, especially pruritus. Malignant disease of the vagina usually progressed more rapidly. Prolapse of the vaginal wall became more marked. Erosions of the cervix were aggravated in early pregnancy, but lacerations were not particularly affected. Epithelioma grew rapidly during this period, and sometimes impeded delivery. Among uterine displacements, congenital ante flexion was usually relieved or cured, while retroflexion led to abortion. In some cases of retroflexion with fixation, in which pregnancy progressed to term, the uterus became more movable after involution had occurred, but more often subinvolution resulted and the original displacement was aggravated. In general, the influence of a normal pregnancy on displacements was good, but abortion led to serious results. Subperitoneal fibroids were not much affected by pregnancy, but sessile growths were apt to undergo changes under its influence, seen especially in their increased vascularity and their enlargement. Small tumors might undergo atrophy or fatty degeneration in consequence of pressure. Endometritis was usually aggravated, and, in consequence of septic absorption after abortion,

salpingitis might occur. Adherent ovaries and tubes might be torn as the gravid uterus enlarged; there was apt to be severe pain which might simulate that due to extra-uterine pregnancy.

Oöphoritis was likely to be aggravated by the hyperæmia attendant on pregnancy; prolapse of the ovary commonly resulted from imperfect involution. Ovarian cysts probably grew more rapidly during gestation, and there was evidence that malignant disease made rapid progress at this time, although it had not been proved that it originated then. Among the injuries to which ovarian cysts were subject during pregnancy were torsion of the pedicle, rupture, hæmorrhage, and suppuration; abortion was a secondary result.

A laceration of the cervix was not necessarily increased by a subsequent delivery, but there seemed to be some danger that malignant disease might develop in such a cervix. In some instances the induration in the angle of the tear seemed to grow softer, but it did not appear to have undergone any change when the patient was examined after delivery. If a patient with parametritis became pregnant she might have severe pain during the period of gestation, simulating that of extra-uterine pregnancy, though more constant. If she passed the third month without aborting she might be cured. Parametritis was more apt to follow abortion than labor at term. In conclusion, it might be said in cases of malignant disease of the cervix, endometritis, and diseases of the ovaries and tubes, that pregnancy was a positive evil.—*New York Medical Journal.*

NEW AND ONLY WAY OF RAISING THE EPIGLOTTIS.

DR. BENJAMIN HOWARD in a paper recently, read before the Medical Society of London, entitled "A New and Only Way of Raising the Epiglottis," summarised as follows: 1. "Contrary to general belief, traction of the tongue, however and whatever the force employed, does not and cannot raise the epiglottis as supposed, because (a) the tractile force supposed to be exercised upon the epiglottis is arrested chiefly by the frænum linguæ; and

through the muscular fibres within it is expended upon the inferior maxilla, into the genial tubercles of which they are inserted; (b) the surviving force is expended almost entirely upon, and intercepted by, the anterior pillars of the fauces. For any tractile force which might survive, a continuous and sufficient medium for its transmission to the epiglottis is wanting. 2. The only way by which the epiglottis can be certainly raised is by extension of the head and neck; by this means its elevation is constant and complete, because (a) by a three-linked chain, in which the hyo-epiglottic ligament is the lower link, the body of the hyoid bone the central link, and the combined genio and mylo-hyoidei muscles the upper link, the epiglottis is so connected to the body of the inferior maxilla, that above a certain point, as the body of the lower jaw is moved upwards, the epiglottis instantly, irresistibly and inevitably moves upwards exactly in unison till it is erect. The violent wrenching asunder of the clenched teeth, in proportion as it depresses the body of the inferior maxilla, antagonises a distinct effort of nature to maintain the elevation of the epiglottis. 3. By extension of the head and neck carried to the utmost, the remaining obstructions from the backward—fallen—tongue, the velum palati, and uvula, are also simultaneously removed, and the entire pharynx is enlarged throughout."

The degree of extension to be made simply to correct commencing stertor or irregularity of breathing, must in each case naturally be left to the judgment of the operator. Simply shutting the mouth or pushing up a flexed chin, or jerking forward the angle of the lower jaw, may suffice to give relief. In order to make complete extension of the head and neck, Dr. Howard directs that one hand be placed under the chin and the other on the vertex, that the head be firmly but steadily carried backwards and downwards. The neck will share the motion, which must be continued until the utmost possible extension of both head and neck is obtained. Make the line of skin from the chin to the sternum as straight as it can be

made, and the complete elevation of the epiglottis is assured.—From *Dr. Howard's paper in British Medical.*

HEALTH GYMNASTICS AT BADEN-BADEN.

UNDER the above title an interesting and detailed account of the methods and appliances at the Baden-Baden Institution, are given by Dr. William Hunt in the *Satellite* for November.

There are more than fifty machines adapted to the special exercise and to the massage of every part of the body. They are superintended by well trained assistants, who strictly carry out the written prescriptions given in each case.

The apparatuses are divided into two series. First series, those moved by the patient; second series, those moved by a motor, as by a steam or gas machine. According to the conditions of their physiological operations there are three divisions:—

First, apparatus for active movements, *i. e.*, those which have the immediate property of exercising and developing the muscles. Of this division there are four groups:

- A. Active arm movements.
- B. Active leg movements.
- C. Trunk movements.
- D. Balance movements.

Second, apparatus for passive movements, *i. e.*, those which, without the help of the muscles, move the members of the body, so as to stretch and soften the capsules, ligaments and muscles. This division contains one group:

- E. Passive movements.

Third, apparatus exercising mechanical influence. This division has four groups:

- F. Concussion movements.
- G. Hack or tapping movements.
- H. Kneading movements.
- J. Stroking and rolling movements of muscles.

These last groups all comprise forms of steam or mechanical massage.

The machines for carrying out the different movements are numerous. Thus, in group A. division 1, the machines for active arm movements are:—

1. Arm depression.
2. Arm and shoulder elevation.

3. Arm depression and flexion.
4. Arm raising and extension.
5. Drawing the arms together (adduction).
6. Carrying arms sideways (abduction).
7. Rotation of shoulder joint.
8. Rotation of arm (pronation and supination).
9. Rotation and change of movement.
10. Fore-arm flexion.
11. Fore-arm extension.
12. Flexion and extension of hand.

Then again, in the stroking and rolling movements of the third division, there are various machines:—

1. Arm stroking and rolling.
2. Leg stroking and rolling.
3. Foot rubbing.
4. Back stroking.
5. Rolling the abdomen.

It is advised that all movements should be taken lightly at first. The patient, although he may think them too light, should not himself increase them on the first days of trial; for it is not only the one weak and apparently trifling movement that he has to consider, but the combination of them, which works together both upon the muscles and nerves; and he will often feel, particularly towards evening, much more tired than he would have thought. Gymnastics make a much deeper impression than the ordinary and mostly automatic movements of daily life.

A few minutes rest is absolutely necessary for weak persons between each exercise. Stronger persons may take a group of them of the same order before resting. In this way the powers grow slowly but surely. Light exhaustion, or tiredness, need not be too carefully avoided. Labor to a certain degree of exhaustion is a necessary accompaniment of the growth of the powers. The great rule for patients is to use the movements up to the point of a light but rapidly passing fatigue.

Some patients seem invariably fatigued, even by very slight exercise. They must not lose courage, for this phase may last for weeks, and even months, but it will pass off, to be followed often by a rapid improvement.

The proper management of the breathing is an absolute necessity in gymnastics. Certain muscles, particularly those connected with the arms, chest, back and abdomen, work in such a way that definite rules as to the relations they bear to respiration may be laid down. These

have been studied and much care is taken by the instructor to make the patient accommodate his breathing to the situation. The individual is told the proper moment to inspire and when to expire during the various exercises.

A light meal, if any, may be allowed before the exercises. It may be necessary for weak persons to have a cup of tea or coffee. Milk-biscuit and bread and butter in moderation are harmless; but after a full breakfast an hour or two should pass before beginning the exercises.

The Baden-Baden Institute has one great advantage over most others. This is the magnificent system of baths, which are in the same building. Hot, cold, mineral, wild or gravel baths, showers and douches of all sorts may be had.

Dr. Hunt condemns personal or manual massage, and considers mechanical methods of applying the treatment undoubtedly preferable. His chief objections to the manual method are the unpleasant contact and mauling with all lack of comprehension on the part of the masseur as to time and exhaustion.

He quotes from a recent lecture by Dr. David Grant, who says: "In England, in most cases, the so-called massage is protracted to an inordinate length, the poor patient being pinched and pummeled for an hour, or even more, twice a day." He thinks a sitting should not be prolonged more than ten or fifteen minutes, and that a good masseur can accomplish all physiological needs in that time. Whatever is added simply fatigues. Two sittings daily is a mistake under nearly all circumstances.

All these objections to massage are obviated at Baden-Baden. The time for each application varies from one to five minutes. In one room there is a sign of caution to the attendants and of admonition to the patients, that no machine there is to be used at one time for more than three minutes, unless otherwise ordered by the Doctor.

Even the splendid set of machines, both for gymnastics and massage, at Baden-Baden, is not yet quite complete. When the bathing accompaniments are considered, the place, so far, is unexcelled.

A. P.

PROPER NAMES IN MEDICINE.

THE following list is translated from *La France Medicale* by Philadelphia *Medical Times*:

- Addison's keloid—Morphœa.
 " disease—Bronzed skin.
 Alibert's " —Mycosis fungoid.
 Aran-Duchenne's disease—Progressive muscular atrophy.
 Astley Cooper's hernia—Crural hernia with multilobar sac.
 Argyll-Robertson's sign—Absence of pupil reflex.
 Basedow's disease—Exophthalmic goitre.
 Bain's " —Buccal psoriasis.
 Beclard's hernia—Hernia opposite the saphenous orifice.
 Bell's palsy—Paralysis of the 7th pair.
 " spasm—Convulsive facial tic.
 Bergeron's disease—Rhythmic localized chorea.
 Boudin's law—Antagonism of paludism and tuberculosis.
 Boyer's cyst—Sub-hyoid cyst.
 Bright's disease—Albuminous nephritis.
 Brown-Sequard's syndrome—Hemiparaplegia, with hemianæsthesia of the other side.
 Cazenave's lupus—Lupus erythematosus.
 Charcot's disease—Ataxic arthropathy.
 " " —Lateral amyotrophic sclerosis.
 Cheyne-Stokes' respiration—Uremic respiration.
 Cloquet's hernia—Pectineal hernia.
 Colles' fracture—Fracture of the lower end of the radius.
 Colles' law—Non-infection of the mother by her syphilitic child.
 Corrigan's disease—Aortic insufficiency.
 Corvisart's facies—Asystolic facies.
 Cruveilhier's disease—Simple gastric ulcer.
 Donders' glaucoma—Simple atrophic glaucoma.
 Dressler's disease—Paroxysmal hemoglobinuria.
 Dubini's disease—Electric chorea.
 Duchenne's disease—Locomotor ataxy.
 " palsy—Pseudo-hypertrophic palsy.
 Dühring's disease—Dermatitis herpetiformis.
 Dupuytren's disease—Retraction of the palmar aponeurosis.
 " hydrocele—Encysted hydrocele.
 E. Wilson's disease—Generalized exfoliative dermatitis.
 Eichstedt's disease—Pityriasis versicolor.
 Erb's palsy—Paralysis of the roots of the brachial plexus.

- Erb-Charcot's disease—Spasmodic tabes dorsalis.
- Fouchar'd's disease—Alveolo-dental periostitis.
- Friedrich's "—Hereditary locomotor ataxy.
- Gerlier's "—Paralysant vertigo.
- Gibert's pityriasis—Rosy pityriasis.
- Gibbon's hydrocele—Hydrocele with voluminous hernia.
- Gillès de la Fourette's disease—Motor inordination, with echolalia and coprolalia.
- Goyrand's hernia—Inguino-interstitial hernia.
- Graves' disease—Exophthalmic goitre.
- Graefe's sign—Dissociation of the movements of the globe of the eye and of the upper eyelid.
- Guyon's sign—Renal ballottement.
- Harley's disease—Paroxysmal hemoglobinuria.
- Heberden's rheumatism—Rheumatism of the smaller joints, with nodosities.
- Hebra's disease—Polymorphous erythema.
- " pityriasis—Chronic pityriasis rubra.
- " prurigo—True idiopathic prurigo.
- Henoch's purpura—Purpura with intestinal symptoms.
- Heselbach's hernia—Crural hernia with multilobar sac.
- Hippocrates facies—Agonized facies.
- Hodgkin's disease—Adenitis.
- Hodgson's "—Aortic atheroma.
- Huguier's "—Uterine fibro-myoma.
- Hutchinson's teeth—Syphilitic teeth.
- " triad—Syphilitic teeth, interstitial keratitis, otitis.
- Jacob's ulcer—Chancroid.
- Jacksonian epilepsy—Partial epilepsy.
- Kaposi's disease—Xeroderma pigmentosum.
- Kopp's asthma—Thymic asthma; spasm of the glottis.
- Kronlein's hernia—Inguinal, properitoneal.
- Laennec's cirrhosis—Atrophic cirrhosis.
- Landry's disease—Acute ascending paralysis.
- Langier's hernia—Hernia across Gimbernat's ligament.
- Leber's disease—Hereditary optic atrophy.
- Levret's law—Marginal insertion of the cord with placenta prævia.
- Littre's hernia—Diverticular hernia.
- Ludwig's angina—Subhyoid infectious phlegmon.
- Malassez's disease—Cystic testicle.
- Menière's "—Labrinthic vertigo.
- Millar's asthma—Stridulous laryngitis.
- Morand's foot—Foot with eight toes.
- Morvan's disease—Analgesic paresis of the extremities.
- Parrot's disease—Syphilitic pseudo-paralysis.
- " sign—Dilatation of the pupil on pinching the skin.
- Paget's disease—Pre-cancerous eczema of the breast.
- Paget's disease—Hypertrophic, deforming osteitis.
- Parkinson's disease—Paralysis agitans.
- Parry's "—Exophthalmic goitre.
- Pavy's "—Intermittent albuminuria.
- Petit's hernia—Lumbar hernia.
- Potts' aneurysm—Anastomotic aneurysm.
- " fracture—Fracture of the fibula by divulsion.
- " disease—Vertebral osteitis.
- Raynauds disease—Symmetrical asphyxia of the extremities.
- Reclus' disease—Cystic disease of the breast.
- Richter's hernia—Parietal enterocele.
- Rivolta's disease—Actinomycosis.
- Romberg's sign—Unsteadiness of ataxics in darkness.
- " trophoneurosis—Facial hemiatrophy.
- Rosenbach's sign—Abolition of abdominal reflex.
- Salaam tic de—Convulsive salutation.
- Scemisch's ulcer—Infectious corneal ulcer.
- Storck's blenorrhœa—Blenorrhœa of the upper air passages.
- Stokes' law—Paralysis of muscles subjacent to inflamed serous or mucous membranes.
- Sydenham's chorea—Common chorea.
- Thomsen's disease—Muscular spasm at the beginning of voluntary movements.
- Tornwald's disease—Inflammation of Luschka's pharyngeal gland.
- Velpeau's hernia—Crural hernia in front of the vessels.
- Volkman's deformity—Congenital tibio-tarsal luxation.
- Wardrop's disease—Malignant onyx.
- Weil's disease—Abortive typhus with jaundice.
- Well's facies—Ovarian facies.
- Werlhoff's disease—Purpura hemorrhagica.
- Westphal's sign—Abolition of patellar reflex.
- Willan's lupus—Lupus tubercular in form.
- Winckel's disease—Pernicious cyanosis of new-born infants.

THE
Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF
THE MEDICAL SCIENCES.

*Contributions of various descriptions are invited.
We shall be glad to receive from our friends every-
where current medical news of general interest.
When a change of address occurs please promptly
notify the Publishers, Messrs. J. E. BRYANT & Co.,
64 Bay Street.*

TORONTO, FEBRUARY 1, 1889.

MEDICAL EDUCATION FOR WOMEN.

THE prejudices against female physicians are much less pronounced at the present time than they were a few years ago. The opportunities afforded women for getting a medical education are greatly increased. In the United States each year now brings forth a fair crop of female doctors. So far as we can learn, marked success has not attended the practice of the majority, and yet a fair number have attained distinction. Two colleges in Canada, devoted exclusively to the education of women, furnish good facilities to those of our girls who are medically ambitious.

Great Britain has been very slow in educating women doctors and granting them licenses. In 1864, Miss Garrett—now Mrs. Garrett-Anderson, M.D.,—received a diploma from the Apothecaries' Society, simply because its members could not legally refuse it. New regulations were soon made, however, which prevented for over twenty years any other woman from becoming a member of that body. Public opinion has compelled changes in these regulations, and a short time since Miss McDonald received their diploma. The London School of Medicine was established in 1874, with an attendance of twenty-three in the first session, and after a series of struggles has been placed on a sound basis and is now generally recognized by the various examining boards.

In Edinburgh the opposition towards female medicos was very strong. In 1869 Miss Sophia Jex-Blake and four other ladies were admitted as students at the University of Edinburgh, with the understanding that their instruction should

be "identical with that for men students, but at different hours." Very soon the wise men of the University repented and considered they had made a serious mistake, and pursued the very extraordinary course of excluding them from all the classes and examinations after they had matriculated them. At the same time the male students "pelted" and insulted them in a most cowardly style.

After being refused lectures and examinations by various universities and corporations they were advised to go to Paris, Zurich, or Bern. Dr. Jex-Blake felt "any such necessity to be radically unjust and pronounced it most discreditable to Great Britain that all her daughters who desired a university education should be driven abroad to seek it. Only a small number of women could be expected thus to expatriate themselves," with all the disadvantages connected with study in foreign countries.

The great majority will probably agree that such injustice could not long be supported. Public opinion in a few years turned in favor of the women and all disabilities were removed when a "recognized school for women" was established. We believe there are now two of such Colleges in Great Britain—one in London, and the other in Edinburgh. As an example of the great change which has taken place in the University of Edinburgh since the "pelting" era, we may state that recently its authorities granted to a woman a qualification as an extra-mural lecturer on midwifery.

EARLY EXPLORATORY INCISION IN
ABDOMINAL SURGERY.

In the paper written by Dr. Walker, which we published in our last issue, the question of early exploratory incision in obscure abdominal cases, is ably discussed from the specialist's point of view. Opinions on this subject have changed so materially in recent years, that the general profession will to a great extent coincide with the views here expressed. Modern achievements in abdominal surgery have been of the most brilliant description. These wonderful results are largely due to our better methods of guarding against septicism.

The writer has shown himself to be a thorough disciple of Lawson Tait's, and quite agrees with that wonderful operator in thinking that the risk to life from a simple exploratory incision is almost *nil*, if properly performed. We are not anxious to see general practitioners endorse this view too heartily; but if they do we hope they will as a rule send their patients to those who have made abdominal surgery a special study.

We are not quite prepared to accept the views of Dr. Walker that Birmingham is the "fountain head of Gynæcology." Gynæcology in Birmingham means, of course, Lawson Tait. For many reasons we would dislike to think that this wonderful surgeon was the only living gynæcologist whose opinion was worth anything. It has not yet been finally settled that Birmingham is, in a medical sense, the "hub of the universe." What about Toronto?

DROPSY OF PREGNANCY.

No condition in the pregnant woman is more serious than that of general dropsy, and yet our ideas as to its pathology and treatment must be characterized as rather vague. To the general practitioner, it is frequently very perplexing to decide on a definite plan of treatment. One of the most serious questions to decide is:—when should we induce premature labor? It is quite likely that we sometimes delay this procedure too long, and as a consequence, both mother and child perish. It is well to remember that there is considerable risk to the child as well as to the mother in deferring the operation.

It has been well pointed out by Dr. Griffiths, of London, Eng., in the *British Medical Journal*, that the danger to the foetus is a very grave one, and the mortality in such cases is very high. Under such circumstances, he objects strongly to the method of leaving the woman for days and weeks hopelessly waterlogged, while the dangers connected with the labor that is to follow must of necessity increase from day to day, and week to week. Thomas says in such cases, that when the urine is thoroughly loaded with albumen, and there is extensive anasarca

with serious nervous symptoms and tendency to coma, premature delivery is indicated.

Barker believes that this procedure should be limited to those cases where treatment has been thoroughly tried without any success, and there is a probability that the continuance of the grave condition will cause death. This is correct enough, as all will probably admit, but so vague and indefinite as to be entirely worthless as a reliable, practical guide. The rule recommended by Griffith is so precise and definite, that we give it in his own words:—"In the case of considerable dropsy of pregnancy, treat the patient as a case of acute nephritis. If there is no distinct improvement within a reasonable period (from two to four weeks), and with less delay if the dropsy increases, empty the uterus. The best method of doing this is by the introduction of a clean bougie, leaving it until labor is established, a couple of five-grain doses of quinine being given at the end of twenty-four hours, if the uterus needs further stimulation."

"THE PRACTITIONER" AND "THE DAILY WORLD."

IN the December number of the *PRACTITIONER* there appeared the reports of two meetings of the Toronto Medical Society, including an account of the removal of a cockroach from a boy's ear by Dr. Reeve. This was copied by the *Toronto Daily World*, and Dr. Reeve, fearing that it might be considered an advertisement for him, wrote to the *World* about the matter. A discussion of the occurrence took place at a subsequent meeting of the Society, and regrets were expressed by some of the members. One of the Editors of the *PRACTITIONER* who was present, could throw no light on the subject.

We have since learned from the publishers that this journal has such a large circulation, and is so generally read, that it is very difficult to guard against such occurrences. It is well that this fact should be known, in order that Doctors who wish to hide their lights as far as possible, may take steps to prevent their names from appearing in the *PRACTITIONER*. We hope, however, that the Toronto Medical Society

will not decide to withhold their reports from us.

We may state that medical journals holding similarly representative positions in other countries, such as the *British Medical Journal* and the *London Lancet* in Great Britain, are treated in a similar fashion by the lay press. The *Toronto World* is an energetic, ambitious, and "newsy" paper, and will insist in culling much from us, and as a general thing shows good judgment in making selections. We will not complain of this in a general way, but at the same time will do our best to prevent the publication of what might appear like "puffs" for physicians or surgeons in the daily papers.

NARROW STREETS.

We are threatened with the growth of a nuisance which has been a source of much trouble and perplexity to many older cities, in the over-crowding of certain portions of our city. Land has lately risen considerably in value, and advantage has been taken of this by speculators to crowd in buildings in the rear of others, and on lanes on which sanitary conditions cannot be enforced. The system of local improvement has unintentionally aided the movement; sewers have very properly been put down on lanes, on sanitary grounds, and from the want of proper building restrictions, houses for the "poor working man" have been crowded on lanes.

The civil effects of this are two-fold: they tend to increase disease; these crowded habitations do not permit of proper air circulation round them, and it needs no argument to show how they can easily become breeding places for disease; nor does it require much thought to show that they soon become abodes of the lower grades, abodes of the criminal class, and centres of crime.

The movement to regulate the yard area or air space, round all buildings, has made a good beginning. We are glad to see this subject forms a clause in the new bill the Council is seeking to obtain from the Legislature. The subject is not one to be handled by the municipal authority alone; the health question is of

vital importance to the city's prosperity, and on this ground we urge the profession to watch the course of this legislation now, and when it comes before the Council to be framed into a by-law.

NOTES.

THE annual examination of the University of Toronto in the Medical Department, will commence on Monday, March 25th.

THE commission appointed by the Belgian Academy of Medicine have come to the conclusion that saccharin cannot be considered a substitute for sugar in aliments.

AGARICIN is of great value as a remedy in night-sweats, especially those of phthisis; the usual dose for an adult is from one-eighth to one-fourth of a grain.

INFANTILE SYPHILIS IN PARIS.—Some idea of the prevalence of syphilis in Paris may be formed, says the *Medical Press Circular*, from a paper recently published by Dr. Le Pileur. Of the 64,679 annual births for that city, 9,051 infants have syphilitic mothers, and of that number 8,418 succumb either *in utero* or soon after birth; only 633 survive the first few months of existence. Looking at the figures as a whole, thirteen per cent. of the children born at Paris die from the effects of parental syphilis.

DR. TEMPLE'S PRIVATE HOSPITAL.—We have been informed and with pleasure announce to the profession the intention, which has already taken practical form, of opening in this city a private hospital for the treatment of the surgical diseases of women. Dr. Temple has procured a large dwelling on Oxford street, as nearly perfect as possible in all matters pertaining to sanitation. It has been carefully inspected by a capable sanitary engineer. A specially trained matron from New York and an experienced nurse have been secured. The fact that Dr. Temple has paid attention to all the details is in itself a sufficient guarantee that everything about the institution will be conducted in a thoroughly professional as well as in a strictly scientific manner.

In an article on Puns in *Temple Bar*, we find the following, taken from the "Life and Letters of the Rev. R. H. Barham," "On the Prince Regent's Illness."

The Regent, sir, is taken ill,
And all depends on Halford's skill.
Pray what, inquired the sage physician,
Has brought him to this sad condition?
When Bloomfield ventured to pronounce
A little too much Cherry Bounce,
The Regent, hearing what was said,
Raised from the couch his aching head,
And cried, No Halford, 'tis not so!
Cure us, O Doctor,—Curaçoa.

Correspondence.

To The Editors of THE CANADIAN PRACTITIONER.

DEAR SIRS,

At the regular meeting of Medical Association of South Waterloo, held in Galt, January 5th, the following officers were elected for the ensuing year:—President, Dr. Lovett, Ayr; Vice-President, Dr. Vardon, Galt; Treasurer, Dr. Sylvester, Galt; Corresponding Secretary, Dr. Hawk, Galt; Recording Secretary, Dr. Thompson, Galt.

At this meeting the following resolution was passed unanimously:

That this Association cannot adjourn without expressing its sincere regrets at the departure of Dr. J. Price Brown, who has taken such an active part in the formation of this Society, and who has so largely contributed by his culture and ability to promote its usefulness; and while the members of this Association cherish the strongest fraternal feelings toward him, they are but exercising those principles of the Golden Rule which have been his invariable practice toward every member during his long residence in Galt. We one and all wish him the largest measure of success in that new and ample field of labor where his attainments so well fit him for extended usefulness.

GALT CORRESPONDENT.

GALT, January, 14th.

GOSSIP.

To the EDITORS OF THE CANADIAN PRACTITIONER

DEAR SIRS,

THE discourtesy shown to many of the English surgeons by Tom, Dick and Harry from

"away back" in America, who are wanting in modesty, who think they can diagnose an abdominal tumor with absolute certainty, or perform operations with a skill and elegance far surpassing operations which they are courteously invited to see performed by men renowned for their abilities, is bringing about a reserve among members of the profession on this side of the water towards strangers that is anything but desirable. When a surgeon of eminence invites a brother from a foreign land to dine with him, he feels that he is endeavoring to keep up a cordial feeling among members of the profession. He does not do so from any selfish motive, because courtesy or discourtesy cannot affect his personal comforts. But when the man who eats your meal and occasionally bores you with his manners, goes home and writes in a journal all about family matters—how your wife dressed, the color of her hair, the furnishings of your house, the indifferent or great amount of patronage the public bestows on you—you naturally feel like kicking him for his bad taste. The fault also lies with the journals; they should not sink to the level of society papers. If the journals, instead of encouraging such gossipy items of a personal nature, would refuse to publish bits of scandal only fit for modern society or the *Pall Mall Gazette*, the reception of the large mass of intelligent, intellectual and polished American practitioners would be one of increasing cordiality. It is to be hoped that a few salutary lessons will be given to these unintroduced brethren who are about equal in professional attainments to second or third year students on this side of the Atlantic. Let those who call come with a card of introduction, and let those who give cards of introduction use some judgment in the matter. Smith comes over with a card from Jones, but Jones has never been heard of by the physician to whom he has ventured to introduce Smith. A card from a man of eminence to another of eminence, even though personal strangers, could be tolerated or politely appealed against. But when Montana Jones, Physician, Surgeon, Accoucheur and Gynæcologist, who happened to see Sir Astley Cooper perform an operation, sends his old friend, Rocky Mountain Smith, specialist, who is going to Europe, a letter of introduction

to Sir Astley Cooper, with whom he thinks he is acquainted, the matter becomes intolerable.

MODESTY.

ENGLAND, Jan. 2nd.

Book Notices.

Annual Report of the Local Board of Health, showing the sanitary work performed during the year, in the City of Toronto, including the Annual Report of the Medical Health Officer.—Toronto, 1888.

The Medical Bulletin Visiting List, or Physician's Call Record.

This convenient visiting list is arranged upon an original and convenient monthly and weekly plan, for the daily recording of professional visits. Everything about it is easily and quickly understood. It contains:—

Table of Signs to be used in keeping Accounts; Table of Fees; Dr. Ely's Obstetrical Table; Tables for calculating the number of doses in a given R, etc., etc.; for converting Apothecaries' Weights and Measures into Grammes; Metrical Avoirdupois and Apothecaries' Weights; Number of Drops in a Fluidrachm; Graduated Doses for Children; Graduated Table for Administering Laudanum; Periods of Eruption of the Teeth; The Average Frequency of the Pulse at differ ages in Health; Formulæ and Doses of Hypodermic Medication; Use of the Hypodermic Syringe; Formulæ and Doses of Medicines for Inhalation; Formulæ for Suppositories for the Rectum; The Use of the Thermometer in Disease; Poisons and their Antidotes; Treatment of Asphyxia; Anti-emetic Remedies; Nasal Douches; Eye-Washes.

F. A. Davis, medical publisher and bookseller, 1,231 Filbert Street, Philadelphia, Pa.

Wood's Medical and Surgical Monographs. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly. Price, \$10.00 a year. Single copies, \$1.00. Wm. Wood & Co., medical publishers, 56 and 58 Lafayette Place, New York City.

As in 1879 the undersigned originated the publication of medical books at comparatively nominal prices, which, under the general title of

"Wood's Library of Standard Medical Authors," have done much to provide the profession of America with libraries of valuable and practical books, they now have the pleasure of announcing another new and original plan for furnishing the most recent, the most advanced, and the most authoritative writings of prominent instructors and practitioners throughout the world.

This series of Monographs is intended to furnish the busy practitioner with full and complete essays upon the prominent topics of the times in the medical world. While "Abstracts" and "Progress of Medical Science" in the weekly periodicals serve to direct the attention of the profession to what is being done in the way of discoveries and in practice, these Monographs will inform him fully regarding the details of the experiments and methods which have led up to the successes attained.

The undersigned, in their extensive connections with foreign publishers, have long been familiar with the fact that in this class of literature there is a large fund of valuable material continually appearing, the separate reproduction of which is not practicable; nevertheless in a collated form, as now proposed, its publication would be a means of supplying the profession with material which otherwise would never come to their attention, or be available only to those able to read it in its original form.

Volume I. Number I. January, 1889. Contents: The Pedigree of Disease, by Jonathan Hutchinson, F.R.S. Common Diseases of the Skin, by Robert M. Simon, M.D. Varieties and Treatment of Bronchitis, by Dr. Ferrand.

Volume I. Number II. February, 1889. Contents: Gonorrhœal Infection in Women, by Wm. Japp Sinclair, M.A., M.D. On Giddiness, by Thos. Grainger Stewart, M.D. Albuminuria in Bright's Disease, by Dr. Pierre Jaenton.

ANNOUNCEMENT.—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a *resumé* in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the Medical Profession throughout the world during 1888. The editorial staff of the forthcoming volume will include

articles or departments edited by Sir Morrell Mackenzie, M. D., (Laryngology), London; Jonathan Hutchinson, Jr., M.D., (Genito-Urinary Diseases), London; J. W. Taylor, M.D., (Gynaecology), Birmingham; William Lang, M. D., (Ophthalmologist), of London; James R. Leaming, M.D., (Heart and Lungs), New York; Charles L. Dana, M.D. (Neurologist), New York; H. D. Chapin, M. D., (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at \$2.75, under copyright protection, and issued simultaneously in London and New York.

Personal.

DR. A. L. LOOMIS has been elected President of the New York Academy of Medicine.

DR. THEOPHILUS PARVIN has been elected President of the Obstetrical Society of Philadelphia.

DR. HOWLAND, of Huntsville, has been elected Reeve of the village of Huntsville by a large majority.

S. WEIR MITCHELL, M.D., L.L.D., has been elected Professor of Diseases of the Mind and Nervous System, in the Philadelphia Polyclinic and College for Graduates in Medicine, an additional chair upon that subject being created.

DR. PRICE BROWN has removed from Galt to Toronto to practice exclusively as a specialty, diseases of the throat, nose and lungs. Dr. Brown received two gold medals from the University of Toronto some twenty years ago, and recently concluded a season with Dr. Shurly, of Detroit.

Miscellaneous,

THE firm of F. ALFRED REICHARDT & CO., instrument makers, New York, has been dissolved. MR. REICHARDT will hereafter conduct the business at 6 Gold Street.

CITIZEN: "What are you doing with that man?" Policeman: "I have just arrested him." Citizen: "But he is as deaf as a post." Policeman: "He'll get his hearing before the magistrate."—*Harper's Bazar*.

MINISTERIAL RISK.—"I'm very glad to have been of any comfort to your poor husband, my good woman. But what made you send for me, instead of your own minister?" "Well, sir, it's 'typhus' my poor husband's got, and we dinna think it just reet for our ain minister to run the risk!"—*Punch*.

THERE are few medical men who are accustomed to have their medical evidence reported in the lay press, who have not at some time or other found amusement in the egregious blunders made by reporters. From a Sheffield contemporary we gather that, in a report of the prosecution of a woman who was sent to prison for neglecting her children at Rotherdam, Dr. Cobban is made to say that "he should think *the epidermis of the skin* was very likely caused through the children falling off the table.—*Ex*.

We would call attention to the *compressed tablet triturates* advertised by the Davis and Lawrence Co., and would recommend for them a thorough trial by the profession. It is claimed that they are absolutely exact in their proportions, and will keep indefinitely with little or no danger of loss. The list embraces almost every drug in popular demand, and the doses are carefully graduated.

By "triturates" are meant the preparations made not only by carrying the subdivisions to the utmost extent, but by varying the doses to the lowest limits of physiological power. They have been found to be very efficient.

Births, Marriages & Deaths

BIRTH.

FREEBORN.—At Lion's Head, on December 27th, 1888, the wife of Jas. S. Freeborn, M.D., of a son.