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# THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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TORONTO, DECEMBER, 1882.

## Original Communications.

### REPORT ON OPHTHALMOLOGY AND OTOLOGY.

BY A. M. ROSEBRUGH, M.D.

(Read before the Ontario Medical Assoc., June, 1882.)

The ophthalmoscope was invented in 1851. Von Græfe commenced his brilliant career the same year, or the year previous. In 1854 Von Græfe and Donders established the "Archives für Ophthalmologie," and in 1860 Prof. Donders published his great work on "Accommodation and Refraction." About the same time Snellen constructed his "Test Types." In 1865 Von Græfe discovered that iridectomy will relieve intraocular pressure in glaucoma; and in 1867 he gave the world the modern operation for hard cataract.

The invention of the ophthalmoscope, then, may be said to mark the commencement of a new era in ophthalmic medicine and surgery. We may not pause to even enumerate the pathological conditions that may be observed with the eye mirror. Ophthalmoscopic literature has already reached large proportions. We may say in general terms, however, that, with the exception of the ciliary processes, and a narrow zone of the anterior expanse of the retina, all the structures of the inner eye, with the aid of the ophthalmoscope, are brought under the eye of the observer.

Except in a few cases where the disease has no ocular expression, the ophthalmoscope enables us to find a cause for all the forms of blindness formerly called amaurosis and amblyopia. The ophthalmoscope is also a valuable

aid in diagnosing diseases of the nervous centres, as, for instance, coarse disease at the base of the brain; and quite recently the ophthalmoscope has been recommended as a means of diagnosing diseases of the inner ear.

The treatise of Prof. Donders, of Utrecht on the optical defects of the eye, which appeared in Holland in 1860, and which was afterwards translated and published by the New Sydenham Society, is still a standard text-book. In the choice of spectacles, Donders' great work is the foundation of our therapeutics.

Donders was enabled to eliminate the variable from the fixed refraction of the eye, and discovered, *first*, that presbyopia is not a refractive error, but is simply a gradual lessening of the focal adjusting power, or accommodation of the eye, and usually commences as early as at the age of 15 years; secondly, that in the original structure of the globe, the antero-posterior diameter of the eye may be elongated or shortened, causing excessive or deficient refraction, and called respectively myopia and hyperopia; thirdly, that the refraction of the different meridians of the eye may be unequal. Thus, in the vertical meridian, for instance, the refraction may be normal, while the horizontal meridian may be either myopic or hyperopic, and that this condition, called astigmatism, may be simple, or it may be complicated with myopia or hyperopia. For paralyzing the accommodation, Donders dropped into the conjunctival sac a few drops of a solution of atropine, 4 grs. to the ounce.

Donders also demonstrated that errors of refraction are important factors in the causation of strabismus—that fully 75

cases of convergent strabismus are caused by hyperopia, that a large number of cases of divergent strabismus are due to myopia, and that the development of the strabismus may be arrested by the early correction of the optical defect by the use of suitable spectacles, and also that after a tenotomy has been performed, the wearing of spectacles is often necessary to prevent a relapse of the deformity.

More recently, it has been satisfactorily demonstrated that the irritation arising from uncorrected errors of refraction may cause various eye troubles, such as phlyctenular inflammation of the cornea, or conjunctiva, blepharitis marginalis, neuro-retinal congestion, &c.

Ophthalmology has been wonderfully advanced by the adoption of Standard Test Types. The average acuteness of vision in the visual line—that is, at the *fovea centralis retinae* is taken as  $\frac{1}{5}$  of a degree. Capital letters, varying in size from  $\frac{1}{4}$  to 4 inches in length, printed on a large card, are so constructed that the diameter of the perpendicular stroke of each series of letters shall equal exactly  $\frac{1}{5}$  of a degree, when viewed from a fixed distance designated: thus, No. 15 should be seen distinctly at 15 feet, No. 20 at 20 feet, No. 100 at 100 feet, and so on. When a patient can distinguish, say No. 20 at 20 feet, his vision is considered normal, and is indicated by the fraction  $\frac{20}{20}$ , or unity. If, however, he can only distinguish No. 100 at 20 feet, his vision would be expressed by the fraction  $\frac{20}{100}$ ,—that is, the distance at which the letters are actually seen is divided by the distance at which the letters might be seen with normal vision.

In modern ophthalmology, in addition to making a careful record of the acuteness of vision in the visual line, note is also made of the field of vision. This may be clouded, or completely obliterated in certain directions, and may be caused by detachment of the retina, hæmorrhagic effusions, tumours, &c

Before giving a favourable prognosis in cataract cases, the extent of the visual field is carefully examined.

In certain cases colour tests are also used, as it has of late been demonstrated that colour blindness may be an acquired lesion. In to-

bacco amaurosis, for instance, a seaman or a railroad man may be able to attend to his ordinary duties, but fail to distinguish between a red or a green signal. Hence such persons should be examined periodically for colour blindness.

We are indebted to Von Græfé for the modern treatment of glaucoma. He had noted the fact that iridectomy reduces the normal tension of the eye. When, therefore, it was subsequently discovered, by the combined aid of the ophthalmoscope and pathological examination, that glaucoma is caused by excessive intraocular pressure, Von Græfé immediately tried the effect of iridectomy in relieving the intraocular pressure, and gave to the world a cure for an hitherto incurable disease.

During the last 15 or 20 years, a complete revolution has taken place in the treatment of cataract. By the combined use of the ophthalmoscope and oblique illumination, the different varieties of cataract can be differentiated, and the state of the development of the opacity accurately ascertained. With facilities for making an accurate diagnosis, improved operative procedures, and with the judicious adaptation of the operation to each case, the results of treatment are at least as satisfactory as in any other class of surgical cases.

Statistics have been collected of 11,000 cases of hard cataract treated by the old "flap" operation previous to 1868; and of 11,000 cases treated by the modern operation,—showing that with the former there was a total loss of sight in 16.7 per cent. of the cases, and that with the latter operation the total loss was 6.5 per cent.; still further, that of 1,000 cases of hard cataract operated upon by Von Græfé between 1865 and 1869, the total loss was less than 3 per cent. In the modern operation, for which we are indebted to Von Græfé, the triangular Beer's Knife and the semicircular corneal flap are discarded, and a narrow knife and a straighter and more peripheral cut substituted. The cut is made more nearly in the direction of a great circle of the globe, and a sector of the iris is removed, so as to facilitate the extension of the lens, and prevent prolapse of the iris.

It is, perhaps, almost unnecessary to state,

that the old operation of "couching," or pushing the lens back into the vitreous, has been completely abandoned, as it was found that fully 50 per cent. of the cases thus treated were ultimately lost from destructive inflammation.

The treatment of strabismus and paralysis of ocular muscles in late years has been modified and improved. By the operation called "layering forward," the insertion of a weakened muscle is advanced nearer the cornea. Tenotomy of a contracted muscle is performed sub-conjunctivally. A conjunctival suture is used to modify the effect of an operation, and prismatic spectacles are used to relieve diplopia and muscular strain.

With the modern improved methods of preparing tissue for the microscope, there has been an advance in our knowledge of the normal and pathological histology of the eye, but we can not stop to particularize.

Quite recently the extraordinary discovery has been made that in the living retina there is secreted a photo-chemical matter, called the "visual purple," which is bleached in a bright light, and re-secreted in the dark. It is said to be an albuminoid secretion, confined to the layer of rods, and is believed to be a conservative element which enables the eye, in conjunction with the iris, to adapt itself to variations in the intensity of the light.

An advance has been made in our knowledge of the etiology of glaucoma. The prominent symptom in glaucoma is excessive intraocular tension. The eye is hard and unyielding. Until recently, this condition was supposed to depend upon hyper-secretion of the choroid. It is now known that this is not necessarily the case, and that the loss of equilibrium of intraocular pressure may be caused by any interference with exosmosis or filtration from the eye, that pressure of the peripheral part of the iris against Fontana's spaces and Schlemm's canal—at the so-called "iritic angle," causes glaucoma, not from any increase in the secretion from the iris or choroid, it is claimed, but by mechanically interfering with exosmosis or filtration through the trabeculæ of the anterior scleral ring.

Iridectomy, or the removal of about  $\frac{1}{2}$  of the

iris, was supposed to relieve the intraocular pressure by removing a large secreting surface, but its action is now believed to depend partly upon the removal of pressure at the iritic angle, and partly upon filtration being favoured by the cicatrix, in the anterior scleral ring.

The construction of the ophthalmoscope has been greatly improved of late years. The form now in general use is Knapp's and Loring's. A disc is secured behind the mirror which can be rotated, and which carries a series of very small convex and concave lenses behind the central aperture of the mirror. By this convenient arrangement, any optical defect either in the eye of the observer, or in the eye under observation, is counterbalanced. By suspending the accommodation and rotating the lenses behind the mirror, the latter being brought close to the eye under observation, the refraction can be, at least approximately, determined; and it is possible to prescribe the proper correcting spectacles by this method alone. In prescribing spectacles, however, this method of examination is rather resorted to for the purpose of confirming the result of the examination made with the test types and trial glasses, —with or without paralyzing the accommodation.

Among the operative procedures which may be said to be on trial may be mentioned opticociliary neurotomy as a substitute for enucleation; sclerotomy as a substitute for iridectomy in certain forms of glaucoma, and Loring's dissection of the iris for closed pupil after cataract operations.

Eserine is being substituted for atropine in connection with cataract operations, and in the after treatment of extraction, the eye is now less interfered with than formerly. If there is no œdema of, or discharge from between the eyelids, it is now advised to keep the eye closed for about 7 days after the operation. For the removal of chips of iron or steel from the interior of the eye, the permanent magnet is giving place to the more powerful electro-magnet.

Antisepsis, which has proved a boon in general surgery, has been tried in ophthalmic surgery, but not with encouraging results; and, moreover, the practical difficulties in the way

of carrying out strictly antiseptic treatment in ordinary eye operations, seem to be almost insurmountable. The eye is, however, sponged with antiseptic solutions before and after operations, and caution is used to prevent the infection of wounds from blenorrhœa of the lachrymal sac, the discharges from trachoma, &c., and where atropine or eserine is used continuously for some time, it is considered advisable that these salts (which, by-the-way, should be quite neutral) should be dissolved in a two or three per cent. solution of boracic acid. Boracic acid solutions are also used in cases where there is purulent discharge.

Among the new remedies recently introduced into ophthalmic practice, duboisia and homatropine dilate the pupil, while eserine and pilocarpine contract it. Duboisia can be substituted for atropine in the exceptional cases where the latter is found to irritate the conjunctiva. Atropine is the most reliable for dilating the pupil in plastic iritis. It also acts as an anodyne to the sensitive nerves of the iris and cornea. But it is contra-indicated where there is a tendency to glaucomatous complications,—or in serous iritis, on account of its tendency to increase intraocular tension; in the latter case, homatropine is substituted for the atropine.

In cases where it is simply desirable to dilate the pupil temporarily, as, for instance, for an ophthalmoscopic examination, homatropine, used in a weak solution, will dilate the pupil without paralyzing the accommodation, and its effect upon the pupil is more transitory than that of atropine. Used in stronger solutions, say 5 or 6 grains to the ounce, homatropine will paralyze the accommodation, and the paralysis is not nearly so persistent as it is after using atropine solutions. This is an advantage in favour of homatropine in treating anomalies of refraction.

Eserine is used both for contracting the pupil and relieving intraocular tension. It is a valuable adjunct in the treatment of glaucoma, and in some cases may alone ward off an inflammatory attack. By relieving intraocular pressure, it is a valuable remedy in suppurative and ulcerative diseases of the cornea.

Pilocarpine is not so powerful a myotic as

eserine, and is not much used as a local application. Used hypodermically, however, in  $\frac{1}{4}$  or  $\frac{1}{3}$  grain doses, it acts beneficially upon scleral and episcleral disease, and is recommended for sub-retinal effusion and opacities of the vitreous.

Pagenstecher thinks massage occupies a very important place in ocular therapeutics. He uses either circular or radial friction of the eye with the finger against the closed lid, making very light and rapid motion. It is recommended in old corneal opacities, in pustular conjunctivitis, in scleritis and episcleritis. Pagenstecher prefers combining the massage with the use of the oxide of mercury ointment, but claims very satisfactory results from the massage alone.

The interest now taken in ophthalmology is quite remarkable. An International Ophthalmological Association, which meets every four years, was established about 12 years ago, and many vigorous local societies are now in operation. The American Ophthalmological Society numbers over 75 active members, and quite a large volume of transactions is published annually. There are now over one dozen journals devoted either exclusively or very specially to the advancement of this department of medical science. But, as we sometimes say, "It never rains but it pours." During the past 12 months four treatises on diseases of the eye were issued by the American press alone—one written by Dr. Noyes, of New York, one by Dr. Williams, of Boston, one by Dr. Schell, of Philadelphia, and one by Dr. Mittendorf, of New York.

## FRACTURES OF PELVIS AND SPINE.

REPORTED BY MR. C. M. FOSTER.

(Under the care of Dr. A. H. Wright, Toronto General Hospital.)

Susan K——, æt 20, a domestic.

August 30th, '82.—While washing a window in an upper story fell 15 feet to ground, lighting on feet, and then falling on back. Was unable to move.

August 31st.—Was brought into hospital 24 hours after receiving the injury; lay on back; disliked to be moved; countenance anxious;

bowels tympanitic; gas passing involuntarily per anum; paralysis of bladder; was able to move right leg slightly, but not the left; left leg apparently  $\frac{1}{2}$  inch short; crepitus on moving this limb, but difficult to locate it; nothing abnormal discovered at upper extremity of femur or in hip joint; crepitus detected on pushing crest of ilium inwards about middle of crest; per rectum nothing discovered; per vaginam fracture evident about junction of ascending ramus of ilium with descending of pubis; slight bloody discharge from vagina.

On turning her on face, which caused much pain, there was noticed slight deflection to the right of spinous processes of 11th and 12th dorsal vertebræ; also slight curvature in same region, including 4 or 5 vertebræ with concavity to left. This, however, was suspected to be ordinary condition, and compensatory to another curve in upper dorsal region.

*Treatment.*—Bandage applied round pelvis; thighs slightly flexed and kept so by pillow under knees; urine withdrawn by catheter; opiates at bedtime; vagina washed out morning and evening with carbolized water.

September 3rd.—During 4 days since admission, paralysis of lower limbs increased gradually; now unable to move more than feet very slightly; sensibility but slightly impaired; discharge continues from vagina; is now purulent, but still small in quantity; remains on back; there is now incontinence of urine; bowels constipated; patient placed on water bed.

September 13th.—No evacuation from bowels since injury (2 weeks): castor oil, calomel, enemata tried without effect. Constant current ordered to be applied night and morning over abdomen.

September 15th.—Copious evacuation from bowels. After this there was incontinence of feces as well as urine; bed sores appeared, notwithstanding water bed and great care on the part of the nurses.

She vomited a good deal at times; complained occasionally of pain in back; always dreaded being moved. She sank gradually until September 26th, when she died 28 days after the accident.

*Post-mortem* examination 15 hours after death.—Body much emaciated; deflection (but

no prominence) of spinous processes in lower dorsal region apparent, also curvature. In exposing the spine, considerable extravasation of blood into the soft parts in this region was found. The cord when laid bare, was found to be swollen for about 2 inches in lower dorsal region, much softened, and in places quite disorganized; some congestion of meninges at this spot. On removing last 3 dorsal and 1st. lumbar vertebræ, fractures were discovered. One transverse extending through body of 11th; another transverse extending through upper part of body of 12th; the right pedicle of this vertebra was also fractured at root. On looking at posterior surfaces, a longitudinal fracture was found extending upwards through 12th and half 11th, thence extending obliquely upwards and to the right, detaching a triangular piece of the latter, (11th dorsal vertebra), which projected slightly backwards into canal, and caused some pressure on cord. This was the only marked displacement, and corresponded with degeneration of cord.

The left innominate bone was extensively fractured; one fracture,  $3\frac{1}{2}$  inches long, extended from juncture of anterior, and middle thirds of crest of ilium to the middle of greater sciatic notch; another extended from a point just above the posterior inferior spinous process to meet the former 2 inches below crest. A piece of bone, 1 inch  $\times$   $\frac{1}{2}$  inch, was separated at the centre of acetabulum; from this three fractures extended through and beyond acetabulum, one ending just above spine of ischium, the second passing through ilio-pectineal eminence, the third passing directly downwards into back part of obturator foramen. There was fracture through lower part of ramus of pubes, and another an inch below this through ascending ramus of ischium.

The Dr. considered it remarkable that a slight person, such as the patient was (probably weighing about 100 pounds when she received the injury), should have received such severe and extensive injuries from a fall of 15 feet; that so many and extended fractures should have occurred in both os innominatum and spinal vertebræ without more pronounced signs at first. There was comparatively little displacement, and therefore the functions of the

cord were not completely destroyed by the slight pressure, and the pelvic viscera were not very seriously injured. On examination of fragments of os innominatum, one would suppose that a rectal examination would have enabled him to discover clearly the nature of the fracture, but on account of the condition of the patient, the examination was not so thorough as it would otherwise have been. It is probable that many fractures of the pelvic bones are not clearly diagnosed (or in some cases not recognized at all), as there is often so little displacement, and, in consequence, the signs are rather obscure. In this case, although the innominate bone was broken into 7 distinct pieces, there was practically no displacement, and no injury to viscera excepting a slight laceration of vagina. It is probable that the patient would have made a good recovery if there had been no injury to spine.

#### DISLOCATION OF THE SHOULDER.

##### A Contribution in Support of Kelley's Method of Reduction.

Mrs. —, widow, charwoman, aged about 40, presented herself at the out-patient department, Toronto General Hospital, saying that some thirteen days previously, while returning from work in the evening, she had slipped and fallen and hurt her shoulder. At the time of examination there was no swelling nor bruising, but marked flattening of the left shoulder existed, with some prominence and marked tenderness beneath the coracoid process. The underhand motions of the arm were pretty free, and her hand could be placed on the opposite shoulder, and even on the top of the head with considerable facility. The surgeon's fingers could be readily made to explore the glenoid cavity, as the patient was thin, and the lower portion of the head could be felt in the axilla upon elevation and rotation of the arm. The free movement of the arm and the capacity to place the hand on the opposite shoulder and on the head were certainly unusual, but Dugas's test and the other evidences of luxation mentioned were too positive to be mistaken. There was no shortening of the limb. Reduction was first attempted by the method recommended by

Kocher, at the late meeting of the International Medical Congress in London. Kocher's method is as follows:—The patient is seated, with the surgeon on his left hand. The elbowjoint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest, then, while holding the elbow in contact with the body, the arm is to be slowly, gently, and steadily rotated out until firm resistance is encountered; then, maintaining this rotation, the arm is to be raised forwards and a little in, and lastly to be rotated in, and the hand brought towards the opposite shoulder. No anæsthetic is needed, and Ceppi says the method is especially valuable in old dislocations.

This was repeated a second time without avail. Kelley's method (which consists in placing the patient on a firm table of convenient height, lying upon the back so as to fix the scapula by the weight of the body, with the side of the luxation drawn well to the edge, while the surgeon extends the arm to a right angle with the body, and then places one of his hips against the patient's side well up in the axilla, and draws the extended arm around his pelvis, holding the hand firmly fixed upon his ilium, after which position is secured, he suddenly or slowly rotates his body on its vertical axis until his back lies parallel with the patient's side), was then tried, and with a minimum of effort was at once crowned with complete success, some tearing of tissue being plainly heard, and the head of the bone returning to its socket with an audible and sensible snap.

#### CLINICAL LECTURE

GIVEN BY DR. J. E. GRAHAM, IN TORONTO GEN'L HOSP.

*Tinea Kerion.*—The vegetable parasites which grow on the skin are:—1. *Tricophyton Tonsurans* of *Tinea Tonsurans*. 2. *Achorion Schönleini* of *Favus*. 3. *Microsporon Furfur* of *Pityriasis Versicolor*.

The first variety, the parasite of ordinary ring-worm, grows on any part of the body, and when examined under the microscope is found to be made up of small round spores, often arranged in the filaments of a mycelium.

On the smooth surface of the body the disease produced is of a mild character, and one easily removed. When, however, it occurs on the scalp, it runs a different and much more obstinate course. In this situation the parasite grows downward into the hair follicles, destroying to a greater or less extent the nutrition of the hair. The latter is on this account short and brittle over the diseased patches. Often, the parts affected become quite devoid of hair. In somewhat rare cases the parasite produces by its presence even greater alterations than those mentioned. In scrofulous children and those in whom suppuration readily supervenes on inflammatory action, a condition of the scalp is produced which is termed *Tinea Kerion*. Kerion was first described by Celsus, but it was only about the middle of the present century that it was found to be connected with the parasite of ring-worm. I present to you to-day a boy about seven years of age, of a delicate constitution, in whom this condition is shown in a very typical form. Both he and his younger brother were affected with ring-worm of the scalp. In the latter, a healthy boy, you see the disease has pursued its ordinary course. You see round and oval patches partly devoid of hair. That which remains is short and brittle. In the elder, the more delicate boy, the *tinea kerion* is at once recognized. The scalp presents several nodular elevations, on the surface of which are seen small pores. On pressure, a clear transparent fluid exudes through some, and pure pus through others. You see that the patches vary in size and shape, and are exceedingly tender to the touch. Now in nodules, where supuration does not exist, you could easily, by means of the microscope, find the parasite at the roots of the hairs. The latter come out very readily. The disease has been for some months in existence, but now, after two weeks' treatment, shows evident signs of improvement. The treatment adopted has been (1) removal of scabs and scales, by olive oil and occasional poultices, (2) epilation, (3) the application of sulphurous acid and the ointment of the iodide of sulphur. (The affected parts are first bathed, then sulphurous acid applied by means of a sponge,

and afterwards the ointment well rubbed in.) Other parasiticide remedies may be used, viz., citrine ointment, solution of the hyposulphite of sodium, or a weak solution of hydrarg perchlor. The latter must be applied very carefully.

*Aortic Valvular Disease.*—In my last clinical lecture I brought before you a well-marked case of mitral disease, in which a systolic bruit at the apex could be easily and distinctly heard. To-day I present to you a case in which a systolic and a diastolic bruit can be heard at the base, the former extending along the course of the great vessels, and the latter down the sternum. The history is as follows:—

W. J.—, æt. 53. A pensioner. He has been a soldier and sailor, having lived in various parts of the world. He has never had any severe attack of illness. Once had gonorrhœa, but no other venereal disease. In 1861 he had a mild attack of rheumatism, and in 1870 he had a recurrence of the same disease. He was not obliged to remain in bed during either attack. Since 1870 he has been examined by the army surgeon and pronounced healthy, and six months ago he underwent a very careful examination for life insurance. He was passed as a first-class risk. About five weeks ago he was exposed to wet and cold, since which time he has not felt quite well, being troubled with want of appetite, sleeplessness, and rheumatic pains, especially in the left shoulder. About three weeks ago he noticed shortness of breath and a feeling of distress in the cardiac region. These were much aggravated on even slight exertion. He came to me two weeks ago. I was at once struck by the peculiarity of the pulse, which presented the ball-like character in a very marked degree. This led to an examination of the heart, when an obstructive and a regurgitant aortic murmur were heard. He was ordered to keep quiet, and a mixture containing spts. æth. sulph. co. and small doses of aconite, was prescribed. The aconite was given because, in my opinion, the systole of the heart was too strong, so to speak, for the requirements of the system. He has since very much improved. He sleeps well, and does not experience distress on slight exertion. There are three or four points I would like you to notice:—



(1) The pulse. I took sphygmo-graphic tracings about ten days ago, and again yesterday. The latter you see presents the peculiar characteristic of aortic regurgitation. You notice the great and rapid ascent of the primary wave, and its sudden decline. You will notice the same peculiarities on examination with the finger. The sudden decline is caused by the partial removal of the *vis a tergo* from non-closure of the aortic valves.

(2) You will hear on examination two abnormal sounds, both in their greatest intensity at the base of the heart. One, the systolic bruit, you will also hear along the great vessels. It is produced by the blood passing over the rough surfaces of the valves. The second, the diastolic bruit, is the louder of the two, and can be traced down the sternum. It is produced by a regurgitation of blood from the aorta into the left ventricle.

(3) By examination you will find that the apex beat of the heart is in the normal position, and that the area of cardiac dulness is not increased. If the valvular disease had been long in existence, the heart would be so enlarged as to make this condition quite evident on physical examination.

We have then a case of aortic valvular disease which, from both the clinical history and the physical examination, we would conclude must be of recent date. It is probable that the mild attack of rheumatism from which he has suffered since his exposure to wet and cold, was accompanied by the much more serious disease, endo-carditis. At the present time there are most probably vegetations on the margins of the valves, which prevent their functions from being properly performed. One might almost call this a case of primary endo-carditis, as the rheumatic symptoms have been of so unimportant a character.

He is now taking potass. iod., and is kept very quiet. There is no indication in this case for digitalis. Judging from the pulse, the left ventricle appears to be acting too strongly as it is, and giving digitalis would only add fuel to the fire. Rest and quiet are the main therapeutic agents.

Wohler of Göttingen, the well-known chemist, is dead at the age of 82.

## MALIGNANT DISEASE OF LOWER PART OF COLON, UPPER PART OF RECTUM, AND LEFT SUPRA-RENAL CAPSULE.

BY R. ZIMMERMAN, M. D.

Reported to Toronto Medical Society, Oct. 19th, 1882.

A. B., æt 25, compositor. *Family history.* Grandfather said to have died of cancer. No other evidence of family predisposition could be obtained. Father and mother living, aged. *Previous history.*—Has suffered during the past six years from frequent attacks of nausea, vomiting and acute pains in the stomach and bowels, and violent headaches. Four years ago had an attack of ague, and two years ago one of diphtheria (?). On Dec. 23rd, 1881, went to Winnipeg, and it is stated that, while there, again suffered from diphtheria. The attacks of nausea, vomiting, pains in the stomach, bowels, and head increased in severity and frequency, and he returned to Toronto about February 1st, 1882. He now consulted Dr. Graham, who treated him till April 19th, when Dr. G., on leaving for Europe, transferred him to Dr. Burns. At this time he was suffering from symptoms of lead poisoning, colic, wrist drop, blue line on the gums, and constipation, alternating with diarrhœa. About the middle of May he became an opium eater, his mother having, unfortunately, taught him the habit, in order to ease his frequent pains in the abdomen. The preparation used was gum opium in variable doses which, according to his wife, were never large. He desired earnestly, and struggled hard to abandon this pernicious habit, but failed, and continued using opium up to the time I was called hurriedly to see him, on account of profuse hæmorrhage from the bowels. This was on August 18th, when I found him almost pulseless, having lost, as nearly as I could judge between 25 and 30 ounces at least, of what appeared to be arterial blood. Ergot hypodermically, ice passed into the rectum, and turpentine, gallic acid, and tinct. cinnamomi internally, and the injunction of perfect rest were followed by a cessation of the hæmorrhage, but a trifling amount passing on two or three occasions afterwards. The nausea, and the pain and vomiting prevented medication by the mouth, (with

the exception of bismuth, pepsin, and pulv. cret. co. c. opio powders occasionally). Reliance had to be placed on morphia hypodermically, and this had to be given in rapidly-increasing doses up to the time of his death, which occurred on Oct. 15th. During this time he was seen frequently by Dr. Diamond and myself. Dr. Strange saw him once in consultation and agreed in the diagnosis of malignant tumour of the bowel—an opinion formed by Drs. Graham and Burns in the spring. No tumour could at any time be felt, either by rectal examination or abdominal palpation, though he was so emaciated that the latter was easy. Heart and lungs were normal. The patient remained exceedingly weak, the facies became cachectic and sallow, and he suffered acutely when not under the morphia. Stimulants could not be retained. Food had to be administered in very small quantities. The constipation and diarrhoea alternated, but the stools at no time presented evidence of rectal stricture. The urine was normal—no œdema—no rise of temperature. During the last nine days of his life he had 117 grains of morphia hypodermically, in one twenty-four hours getting as much as 20 grains. He died quietly, being semi-conscious for six hours.

The autopsy, 26 hours after death, was necessarily partial and hurried, the abdominal and pelvic viscera being the only parts examined. A scirrhus tumour was found involving the termination of the sigmoid flexure and upper part of the rectum. It chiefly affected the posterior part of the bowel, and had dense adhesions to the posterior wall of the pelvis. There was but slight narrowing of the gut. The peritoneum around was injected, and the abdominal and pelvic glands enlarged. Liver, spleen, stomach, and small intestines normal. The right kidney was congested, small, and cortical portion much atrophied, surface smooth. Left kidney congested and enlarged. The right supra-renal capsule normal. Left supra-renal capsule much enlarged, and, though softer, similar in gross appearance to the tumour of the bowel. Microscopical examination showed the tumours to be of a carcinomatous nature, the one in the bowel having much more of the fibrous element than that of the supra-renal capsule, which

was softer and much richer in cells. From the rather meagre literature of cancer, of the supra-renal capsule, I have learned, that it is rarely found primary, one-sided, or occurring in young subjects. Also in all diseases confined to these structures, the body is usually not emaciated. These facts, together with the microscopic appearances and relative sizes of the growths, point to the pelvis as the primary seat of the disease. It is worthy of note, that many of the symptoms present, in this case, while under my observation occur in both lead poisoning and supra-renal disease. Of course the wrist drop, and blue line on gums observed last spring were distinctive. They were not present latterly, and, save the cachectic look of malignant disease, nothing like the bronzed skin of Addison was noticed. The lead poisoning was, I think, neither a primary nor concomitant cause, though it undoubtedly, by increasing the anæmia, may have hastened the fatal issue. Pathologists who adopt the view that cancer is exclusively local in its origin would look upon the constipation of lead poisoning as liable to cause cancer of the rectum; but I am not aware that constipation has been noted as frequently preceding the development of malignant disease there.

### RUPTURE OF STOMACH.

BY JOHN H. M'COLLUM, M.B., TORONTO.

A. E. F. B.—, at 45. Received a powerful blow from above downwards and backwards from a heavy piece of wood which was thrown back from a circular saw to which he was feeding it. This occurred at 2.30 p.m. of the 2nd of November. He was rendered unconscious for a short time, but soon recovered and was conveyed to his house in a waggon at 3.30. He was able to walk, being supported on either side from the waggon to the house and was assisted to bed.

He complained of a severe pain over the seat of injury, which was about in the nipple line over the cartilages of the false ribs of the right side. There was a slight discolouration, but no abrasion of the skin. The pain was localized in this spot. There had been no vomiting; full respiration caused an exacerbation of the

pain; there was no crepitus, and but slight evidence of shock; no faintness, pallor, or coldness, and except for the pain there was no alarming symptom. He was ordered opium. At about 4.30 or 5 p.m. the first dose of opium was given, this he vomited. At 7 p.m. was seen again; the pain was increasing, but still localized; as he had vomited the first dose of medicine, his friends had neglected to give him any more. A hypodermic of morph. sulph. gr.  $\frac{1}{2}$  was given, and he had half an hour's rest. Hot fomentations were also applied over the seat of pain. At 10 p.m., as he desired to pass water, but was unable, a catheter was passed and about a pint of normal-looking urine withdrawn. The pain was now becoming general, extending over the abdomen which was more or less distended. The pain was aggravated on pressure. At 11 p.m. the pain increased, and the face began to assume the pinched and anxious appearance indicative of peritoneal trouble; the pulse became frequent and thready. He had since 7 p.m. swallowed a  $\frac{1}{4}$  gr. granule of morph. sulph. every hour in a little water without relief; also some brandy. His mind was clear up to the last moment, when he sat up in bed to take a drink of water and fell over immediately, dead, at 8 a.m. of the 3rd.

*Post-mortem* four hours after death; abdomen distended; no abrasion of skin noticeable.

Immediately on opening the peritoneum a gush of intestinal gas escaped, and the belly flattened. The intestines were in appearance slightly injected, and a little sticky under the stomach. The abdominal cavity contained a quantity of thin brownish fluid, and bits of undigested food were floating about; some particles were found as low down as the cæcum. The stomach was lying under the diaphragm, its cardiac extremity concealed, but the body distended and round; the pyloric orifice being to the right side of the spine, and under the left lobe of the liver. Over the vertebral column and beginning an inch and a half from the pyloric orifice was a rent on the anterior wall of the stomach, and extending to the pylorus; the rent was about an inch and a half in length, the edges strongly everted, the gastric mucous membrane projecting and everted; a mass of cabbage was protruding from this orifice. There was some blood effused under

the serous covering of the stomach, and this extended under the serous covering of the duodenum for some three or four inches. The posterior wall of the stomach immediately opposite to the rent was much ecchymosed for a space about the size of a silver dollar, and an abrasion of the outer coat of the stomach reaching to the muscular layer was noted at this point.

The liver presented upon the upper and back portion of the right lobe several ecchymoses; and the colour of its capsule was a peculiar livid blueish gray. Spleen healthy.

There was no blood free in the abdominal cavity, nor were the abdominal and mesenteric veins enlarged or dilated. The heart was not examined. The kidneys were healthy.

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### CONGENITAL MALFORMATION OF RECTUM AND ANUS.

BY GEORGE SHAW, M.D., HAMILTON.

Mrs. O—, on 24th August, was delivered of a large healthy child, well developed excepting the anus, which was absent. During the second and following days, meconium was passed with urine in small quantities, sufficient to stain the napkin. No rectal pouch was noticeable, nor could any sensation be detected in that region. An operation was proposed but not consented to until late the evening of third day. The following morning the infant was chloroformed and a tentative incision to the depth of an inch made through the perinæum, between bladder and coccyx, with negative results. Colotomy was then easily performed by Dr. Malloch. Meconium freely escaped after opening colon. The child was under chloroform one hour and forty-five minutes; recovered well from the operation; nursed freely several times and seemed doing well, until the next morning when unfavourable symptoms appeared, the child dying the same evening, the fifth after birth. A *post mortem* made the next day revealed the fact that death resulted from peritonitis. No meconium was found in the abdomen. The colon terminated in a large dilatation running well into the hollow of the sacrum, its fibres interlacing with those of the bladder. The rectum and bladder were re-

moved, and on closer examination it was noticed that the rectum communicated with the bladder at the trigone vesicale by a small opening not more than one-sixteenth of an inch in diameter. It might be stated that the sister of Mrs. O—, was delivered of a still-born child with no anus, besides having had another child with congenital deformities.

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### Selections: Medicine.

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#### MEYER ON PAINFUL PRESSURE-POINTS.

Dr. Moritz Meyer (*Berlin. Klin. Woch.*, No. 31, 1881 has already called attention (*ibid.*, No. 51, 1875) to the indications for galvanic treatment obtained from the presence of painful pressure-spots along the spine. In the present paper, he re-states and illustrates this point, and extends his statement to pressure-spots discoverable along the whole course of the trunks and branches of nerves.

The first case adduced is that of no less a patient than Professor Westphal himself, who, in May, 1880, had an attack of neuralgia in the right arm and shoulder. Dr Meyer discovered a painful pressure-point at the upper part of the brachial plexus. An anode of ten cells was applied to it, and within five minutes the pain had considerably subsided. The repetition of the operation four times during the ensuing week was sufficient to effect a complete cure. In the next two cases, the result of the treatment is the more striking, that previously the patients had been subjected to galvanic treatment on the usual system.

A girl, aged fourteen, had for the last nine months suffered from severe pains in the fourth interosseous space of the right hand, extending upwards along the radial nerve, to the posterior edge of the deltoid. Most movements of the arm had become impossible. The galvanic current had been applied to the hand and forearm during several weeks. Dr. Meyer discovered a limited tender spot in the brachial plexus. The anode was applied over it, with the immediate result of enabling the patient to write a few words. Every successive application determined further progress; and, after the

seventeenth, the patient was considered well. Subsequently, after excessive writing, there was a slight relapse, which rapidly gave way to the same treatment.

Another patient aged nineteen, in consequence of an injury to the head of the ulna, for which she had worn a plaster bandage for six weeks, had, during two years, suffered from neuralgia in the ulnar nerve, which deprived her of the use of the arm. Every kind of treatment, including galvanism locally applied, had failed to give any relief. A tender spot was found at the lower part of the brachial plexus; and the treatment was accordingly conducted as in the previous case. Very soon the pain diminished, and the patient began to be able to extend and abduct the little finger. After twenty applications, she was able to paint, play the piano, etc. Writing was still difficult, and the treatment was persevered in for another series of thirty applications, when she had practically recovered.

The following cases illustrate the indicative importance of pressure-points for galvanic treatment in other neuroses.

A patient aged twenty-seven, had suffered for nine years, from sick headache. The attacks were very frequent, chiefly in the left side. There was tenderness over the upper cervical transverse processes. The positive pole, of six elements, was applied to the corresponding side, for three minutes. Thirty-five such applications, spread over three months, relieved her completely. A slight relapse, after undue excitement and exertion, was overcome by a repetition of the treatment. There has been no relapse for the last four years.

A banker, aged thirty, became affected with twitching on the right side of the face. Pressure on the third and fourth cervical transverse processes was painful, and arrested the twitching. Two courses of anodal galvanisation of the spots, successfully relieved the patient, who has been free from any symptom for the last twelve months.

In a third patient a fall downstairs, two years previously, produced injury to the right scapular region; this was followed by a neuralgic condition of the shoulder and arm, with difficulty of breathing. Dr. Meyer found the

motor points of the rhomboid (which was in a state of contraction) and the serratus magnus painful. Rapid recovery took place under galvanisation of these points.

Dr. W., aged forty, after a strain six years ago, lost power in the left arm, and experienced a sense of tightness in the left side of the thorax. He had been through a number of methods of treatment, external and internal, but without benefit. Two painful points were found: one over the seventh cervical spinous process, pressure upon which caused violent hiccoughing; the other over the origin of the left phrenic nerve, from the third to the fifth left transverse processes. A short galvanic treatment of nine sittings of these spots brought about a marked improvement. Nothing remained, on the patient's compulsory departure from Berlin, beyond a vague sense of discomfort. Later news from the patient showed the improvement to be lasting.

On the strength of these and many other cases, the author insists on the necessity of carefully searching in all cases of obstinate neuroses for painful spots. Weak currents are indicated especially at first.—*London Medical Record.*

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## MALARIAL FEVERS AND SULPHUROUS EMANATIONS.

(Translated from *Le Journal D'Hygiene*, by Dr. P. H. BRYCE, M.A.)

M. d'Abbadie, the learned traveller, has given an account to the Academy of Science of an enquiry carefully made for determining "whether the sulphurous emanations involuntarily received in those places where malaria reigns are of a nature to preserve the health of their inhabitants?"

From statements which have been transmitted to him by M. le Pr. Silvestri of Catania, it appears "that the great portion of the *soufrières* (sulphur works) of Sicily are situated in mountainous localities where the influence of malaria is not felt. However, some *soufrières* are found in a region but slightly elevated in places where intermittent fevers prevail. In these districts, while the population of neighbouring villages are attacked by

the fever, in the proportion of 90 per cent., the workers in the sulphur mines, without being perfectly exempt from the scourge, only suffer from it in the proportion of 8 or 9 per cent.

These figures confirm the opinion so generally admitted in Ethiopia of the efficacy of sulphurous fumigations.

On the other hand, M. le Dr. Fonquè, who has related the fortunes of the great city of Zephyria (40,000 souls), situated at the base of the road of Milo, a city completely decimated by paludal fevers, attributes this decadence and ruin to the removal of the sulphur works. This removal of the *soufrières* has varied in former times. Until the end of the last century the sulphur was principally mined at Kalamo, since this time it has mostly been on the eastern side of the island.

"In a word," writes M. Fonquè, "Zephyria and the surrounding plain have become deserted since they are no longer subjected to sulphurous emanations. This coincidence is in all cases worthy of attention."

Another example: The marshy plain of Catania is traversed by the Simeto, and is infested with fevers. On the west side of this plain is a *soufrière*, and beyond it is still seen a village which was abandoned at the commencement of our century, on account of intermittent fevers. It is proper to note that the district of the sulphur works is peopled by a colony of workers, while the village is deserted, although it occupies a more elevated position. The sulphurous emanations would then seem to exercise a favorable influence.

It has appeared to me necessary to give this communication of M. d'Abbadie great publicity in order to call for the examination of these facts, and their clinical control by our learned *confrères* in Sicily. Dr. J. M. C.

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CONVALLARIA MAJALIS.—Further testimony in favour of the value of the Lily of the Valley (infusion of seeds, stem, and roots—eight oz. bruised, to the pound of boiling water—of which a dose is two oz. every two hours), as a cardice tonic and sedative, and valuable succedaneum of digitalis, are contributed by Dr. H. C. Wood to the *Phila. Med. Times*.

## NEW TESTS FOR ALBUMEN IN URINE.

Dr. Wm. Roberts, of Manchester—one of the highest living authorities on the subject—lately recommended the following in the *London Lancet*: “In preparing the test with our common English measures, the readiest plan is to mix a fluid ounce of dilute hydrochloric acid with a pint of water, and to saturate this with common salt, and filter.” (An equal quantity of dilute nitric, sulphuric or phosphoric acid may be used instead of the hydrochloric.) The method of applying the brine test is similar to that followed with nitric acid. A portion of the suspected urine is placed in a test tube, the test-tube is then held very much aslant, and the salt solution is allowed to trickle along the side of the tube to the bottom, so that it may form a distinct layer at the bottom. If albumen be present, a white cloudy zone appears at the junction of the two fluids.” The precipitation is not due to a true coagulation, hence it is re-dissolved by the free addition of water or even of the urine itself. In point of delicacy, the brine test stands on a par with nitric acid. In high-coloured urines it is superior, causing neither a deepening of the tint nor the disengagement of gas, as does nitric acid. Acidulated brine also precipitates peptones in urine, giving rise to a slight cloudiness sometimes where nitric acid and heat produce no reaction. This test for peptones may prove of clinical value in the future. The brine does not precipitate the urates as does nitric acid in dense urines. The cloudiness produced by nitric acid in resinous urines in the cold, also occurs with the brine whether hot or cold. Cloudiness occurring with the salt solution, if due to albumen, disappears on the addition of a large excess of the urine, but not so if due to the presence of resins. One advantage of the salt solution is its being incorrosive and hence safe in carriage. Another is that it does not interfere with the test for sugar. The same specimen after being thus tested for albumen, may by the addition of Fehling’s solution, or one of Cooper’s pellets of the solid Fehling’s test be examined for sugar.

Dr. Geo. Johnson, of King’s College, in a

more recent communication, suggests a saturated solution of picric acid, or a few crystals of that acid, as an extremely delicate and satisfactory test for albumen in urine.

DEWAR ON ERGOT IN PERTUSSIS.—Dr. John Dewar, in the *Practitioner*, May 1882, p. 358, draws attention to the great value of the liquid extract of ergot in whooping cough, in which disease he believes it to be the best and safest, of all remedies. [In the *Edinburgh Med. Jour.*, 1863, Dr. Griefenkel reported the case of a lad, six years old, who was cured of whooping cough in eight days. (*Vide Med. Digest*, sec. 715, 4.) During the last week, in the reporter’s practice, a child of eighteen months, not progressing well under the belladonna treatment, was vastly relieved after a few 5-minim doses of Battley’s liquid extract of ergot.—*Rep.*—*London Medical Record*.

TUBERCLE ANTIDOTE—M. de Korab asserts that he has found the employment of helenine to be inimical to the development of the bacilli of tuberculosis.

## Surgery.

### GOSSYPIUM MEDICATUM.

*Gossypium Hæmostaticum*:—Solution of chloride of iron, 2 parts; distilled water, 12; potash alum, 1; purified cotton, q. s. Dissolve the alum in the water, add the chloride of iron, and soak a sufficient quantity of purified cotton in the mixture. Dry it at a temperature below 60° C. (140° Fah.). Pick, and preserve in a well-stopped bottle with a wide mouth.

*Gossypium Hæmostaticum et Antisepticum*:—Tannic acid, 5; carbolic acid, 4; alcohol, 50; purified cotton, q. s. Dissolve the acids in the alcohol and treat as before.—*New Remedies*.

*Gossypium Boracicum*:—Boracic acid, 10 parts; water, 90; purified cotton, q. s. Saturate, press, and dry as before.

*Gossypium Salicylicum*:—Salicylic acid, 10 parts; strong spirits, 100; glycerine 1; purified cotton, 100. Dissolve the acid in the alcohol. Saturate, press, and dry, and keep as before.

*Gossypium Iodoformum*:—Iodoform, 2 parts;

ether, 10; strong alcohol, 20; glycerine, 10; purified cotton wool, 30. Dissolve the iodoform in the ether and alcohol mixed; add the glycerine and then saturate the cotton wool; dry by exposure to the open air, and keep in a glass-stoppered bottle.

*Gossypium Purificatum*.—Macerate the commercial cotton wool for the space of ten minutes in benzol, press out the liquid, and allow the wool to dry by exposure to the air.—*Monthly Magazine*.

### IODOFORM IN EYE DISEASES.

Lieber uses iodoform in vaseline 1 to 10, and finds it very useful in strumous inflammations. In acute inflammations most eyes bear only a very small quantity of iodoform; in other cases it is generally well borne. Iodoform shows its superior action in fresh wounds of the globe of the eye, alike from accident or operation. In scleritis and episcleritis it is of no use; whilst in ulcer corneae serpens it is almost a specific.

Grossman finds that iodoform is specially useful in the abundant purulent discharge of gonorrhoeal ophthalmia, and in ophthalmia neonatorum.

Fischer remarks: 1. That it is well borne by most diseased eyes. 2. It is the most successful remedy in pannus scrofulosus and trachomatousus. 3. As an antiseptic, it is of service in operations. 4. It hastens the formation of healthy granulations, and the regeneration of corneal epithelium. 5. It is of considerable worth in dacryocystitis.—(*Wien. Med. Woch.*)

THE TEMPORARY TREATMENT OF DENTAL CARIES.—It often happens that physicians are called upon to put an end to the intense suffering occasioned by diseased teeth, the services of a dental practitioner not being at command. Failing to allay the pain, or perhaps declining to undertake what seems the hopeless task, the physician is apt to yield to the patient's importunities, and extract the offending tooth; thus many teeth that might be reclaimed are sacrificed. How to avoid this loss, and yet give relief, is set forth by Dr. Shirley Deakin in the July number of the *Indian Medical Gazette*.

Suppose a patient to be suffering from caries of a tooth, connected with abscess of the gum, capable of opening his mouth only a short distance, on account of swelling of the side of the face; and to have passed sleepless nights, in spite of having applied creasote, carbolic acid, chloroform, etc., without much effect, beyond cauterizing his gums. The tooth being found to have a strong shell, the patient is directed to rinse his mouth well with tepid water (water of the temperature he finds most agreeable). After drying the mouth, absorbent cotton, either in pledgets or twisted into a rope, is introduced around the tooth, so as to separate it from the tongue and the cheek. The cavity is then to be cleaned and dried out, as thoroughly as the tenderness will allow of, by means of a bent probe with some absorbent cotton twisted round its end. In this part of the procedure the great point is to keep the tooth cavity free from saliva, and thoroughly dry. The cavity is now to be filled with a cotton pellet saturated with the following mixture:—

R Pure phenol (carbolic acid No. 1)...f ʒ ss.  
Glycerin ..... ℥ xx.  
Tannic acid ..... ʒ ij.

M.

Instead of this precise quantity of tannic acid, as much of it may be used as the carbolic-acid solution will take up, adding it slowly, forming a molasses-like liquid, the action of which, the author says, is quite different from that of either of the chief ingredients used separately. The application is painless, and it quickly desiccates the pulp, rendering it perfectly insensible, without appearing to permeate the surrounding healthy dentine to any great extent. A piece of cotton soaked in a solution of mastich or gum benzoin in ether is applied over the pheno-tannic pellet, to protect it from the action of the saliva. The pledgets of cotton are now removed from about the tooth, and the mouth is well rinsed with water. Should there be any subsequent tenderness, the plug may be changed, two or three times a day at first, and then once in two or three days, until the inflammatory action has subsided. Often but one application is needed. As soon as the patient can bear the necessary manipula-

tion the cavity is to be cleaned out thoroughly and stopped with oxychloride of zinc (*os artificiel*). The author has known this filling to remain servicable for three or four years.—*N. Y. Med. Jour.*

**TREATMENT OF SEQUELÆ OF FROSTBITES.**—The editor of the *Philadelphia Medical and Surgical Reporter*, after referring to a remedy, recommended by Dr. Lapatin, of Tiflis, consisting in the application, by a glass brush, of a mixture of equal parts of dilute nitric acid and aqua menthæ (Rust's Frozing-Wash contained aq. cinnamomi instead of menthæ) says:—We know, from our own experience, however, a far better, quicker, and still more reliable remedy, which we have never known to fail, no matter how much the parts may have been inflamed, if only mortification had not set in, and this is copaiba balsam. The same is thickly spread on a piece of linen or muslin, and the affected parts covered with it during the night, and a stocking put over the whole. In daytime simply some of the balsam is spread over the parts. After one, or at most two applications, the redness and all pains cease, and a few more applications do not only remove every residue of it, but they seem to impart a remarkably increased vital resistance to the parts against frostbite, if only common precautions are used.

**CIRCUMCISION.**—Dr Skillern, of Philadelphia, has invented a new forceps which has many advantages in circumcision, and the use of it is so simple that the operation can be performed rapidly and without assistance. The forceps are cross branched, opening by pressure and self-closing. The blades are fenestrated through their entire length. The prepuce having been drawn well forward, the forceps are applied. A threaded needle is then passed through the fenestra and included prepuce making as many stitches as are necessary, but leaving the thread long and loose. The prepuce is then cut off close up to the forceps. The thread is divided both between each stitch and between the two edges of the prepuce, thus giving as many threads as may be desired. By drawing each of these together the mucous and skin surface can be accurately approximated.—*Chicago Medical Journal.*

**ENTROPION.**—Böckman, in the *Wien Med. Woch.* gives the following operation for entropion: A thread is passed through two needles—these are put into a needle-holder about 1 or 2  $\text{mm}$ . apart. The needles are entered on the conjunctival side of the lid, beyond the edge of the cartilage, carried along between the tarsal cartilage and skin, and made to emerge near the free edge of the lid. The ends of the thread are then firmly tied and the skin drawn so as to make the lid slightly ectropic. Two or more such sutures may be put in. The operation is very simple, and spoken of as quite successful. The threads are separated by ulceration, and the lid is fixed in its proper position by the adhesive inflammation set up.

**FISSURA ANI.**—Demure, in *Wien Med. Woch.*, records the case of a child, eight days old, with a very long and deep fissure of the anus. It caused great pain, and bled freely each time the bowels were moved. The irritation from the fissure produced chorea. The sore was dried carefully and painted freely with a mixture of 1 part iodoform, 4 parts balsam of tolu, and 20 parts ether. The ether evaporates and leaves the tolu as an insoluble varnish containing the iodoform. Complete recovery took place in eleven days.

Prof. Kaposi has used naphthol with great success in many varieties of skin diseases. For animal and vegetable parasites he recommends the following ointment:

Axungia .....	100
Sapon. viridis .....	50
Naphthol .....	15
Cretæ Alb. pulv. ....	10

In the inflammatory affections of the skin he prefers a solution varying from 1 to 15 per cent in alcohol. He has used naphthol in 710 cases, of which 71 were eczema; 33 prurigo; 37 psoriasis. The remainder were principally parasitical.—(*Wien. Med. Woch.*)

Dr. E. L. Duer, (*Phila. Med. Times*) recommends erigeron or fleabane, used internally, to stop hemorrhage. The oil may be given in ten drop doses every ten minutes till bleeding is checked. Continued afterwards at longer intervals.



## Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE  
"ROUGH ON RATS."

DEAR SIR,—Lately there occurred in this city two cases of poisoning by the use of the substance sold under the title of "Rough on Rats." One of these cases proved fatal. As the deadly nature of this substance is not generally known, I enclose a report of the analysis of the contents of the box used in one case. It is not right that arsenic should be so easily procurable by unknown parties.

Although I cannot think that my patient swallowed much of the poison, notwithstanding statements by herself and others to the contrary, I was unable to obtain any information at three drug stores as to its composition. Fortunately the almost immediate use of emetics *ad lib.* was followed by results satisfactory to myself if not to the patient.

R. ZIMMERMAN, M.D.

LABORATORY, 116 King West,  
November, 8th, 1882.

I have made an examination of the powder called "Rough on Rats," and find it consists of white arsenic ( $As_2O_3$ ) coloured with a little charcoal. The amount of arsenic is over 99 per cent. This is a convenient preparation by which anyone can obtain a powerful poison.

Yours truly, THOS. HEYS, *An. Ch.*

THE BOARD OF HEALTH MAP AND THE "LANCET."—Several persons have spoken to us about the unjust criticisms of the *Lancet* on this subject. The *N. Y. Medical Record* said the map was the best thing of the kind that had been issued. Disinterested persons to whom we have shown it and the slips issued by the Michigan Board, such as the *Lancet* recommends, uniformly declare in favor of the map, as attracting more attention, and better serving to fix the information in the mind. As to cost, we learn, on enquiry, that the map plan costs between \$50 and \$75 more per annum than the other. We certainly believe in paying the Reporters of Statistics, but of what use would this sum be divided among the many? The *Lancet's* spleen is seemingly not yet frothed out.

## THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,  
and News.

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, DECEMBER, 1882.

### THE UNION OF THE TORONTO SCHOOLS.

The old question of the Consolidation of the two Schools in this city has been revived by the reading of Mr. Carlton's paper on the subject at a recent meeting of the Toronto School of Medicine Medical Society. Since that time the question has been rather extensively discussed, both in the lay press and at the Toronto School of Medicine dinner, but, as a rule, in such a vague and unsatisfactory way that nothing definite or tangible has yet come to the surface.

In considering the subject, two questions naturally arise: 1. Is such a union advisable? 2. Is it feasible? The answer to the first depends largely upon the connection which such an institution would have with the General Hospital. If nearly the same relations should exist as now, we say decidedly the union would not be beneficial to either the profession or the public. There can be no doubt that the rivalry which now exists between the schools does stimulate them both, and, as a consequence, they are more successful, have larger classes, do more work in nearly all the departments, and give better satisfaction than we have ever before seen in Toronto. In fact, the "signs of the times" are, that Toronto is going to be the leading city in the Dominion in things medical, as she long has been in all the other professions, (and among the professions we include the teaching in all our colleges and schools).

On the other hand, if a union could result in a hospital school properly managed, we can say just as decidedly that such a consummation would be vastly beneficial on account of the

great increase in the advantages for clinical teaching which would accrue.

The second question—is it feasible?—is more difficult to answer, and so far as we have seen or heard, no one has given a very definite reply. And yet we hope the difficulties in the way are not so great as many imagine. It may simplify matters to propose a scheme which can be discussed, and we subjoin the outlines of one which would be quite practicable. Let a new Hospital Medical School be established. Let the Government appoint a Governing Board for it, composed of a certain number of laymen selected from the Senate of Toronto University, the Council of University College, the Hospital Trust, and an equal number of physicians. Let chairs in Physiology, Anatomy, and Jurisprudence, as purely scientific subjects, be established in University College. Physiology and Anatomy might be combined and taught by one Professor, or Physiology might be included under Biology. We could thus get from University College and the School of Practical Science instruction in Anatomy, Physiology, Toxicology, Botany, and Chemistry. Let the lectures on purely medical subjects be given in a school attached to the Hospital, or in one of the present buildings, and let there be only one course of didactic lectures given on each subject. Let the students pay in addition to their present hospital fees what they now pay for the second courses in Medicine, Surgery, Midwifery, Materia Medica, and Jurisprudence. By this regulation they would pay \$98 each to the Hospital, instead of \$44, which they now give for perpetual ticket and two courses of hospital clinics. Supposing there be an average attendance of 100 new students each year, which is considerably less than the two schools have together had during each of the last two years, there would be a revenue of about ten thousand dollars a year from this source alone. This, after deducting a reasonable amount for expenses, would leave a large sum to be expended in paying a competent staff of clinical teachers.

Let there be in the hospital a regular staff of say ten attending Physicians, with an equal number of assistants, arranged in a manner somewhat as follows: 3 attached to Medicine, 3 to Surgery, 3 to Midwifery, Gynecology and

Diseases of Children, 1 to Eye and Ear. Let each have an assistant, or, to accommodate the present arrangement, let the two Ophthalmologists and Aurists be coadjutors. The present arrangement of two Pathologists might also answer. It should be the duty of the assistants to attend to the out-patients. Let the members of the regular staff be paid three or four times as much for their work as the assistants receive.

Such a scheme presents no great obstacles, and at the same time gives ample room for all the good men in both schools, whose claims we are sure no one would desire to overlook; and we promulgate it without any firm faith in a present prospect of its adoption, but merely as a forecast of the lines in which the scientific teaching of medicine in this city in the future will surely run.

#### DIRECTORY FOR NURSES.

In the *CANADIAN JOUR. OF MEDICAL SCIENCE* for February, 1882, appeared an article urging the advisability and the propriety of establishing a Directory for Nurses, and a plan was shadowed forth, by which this might be effected. After a lengthened period of incubation the seed then sown has germinated, mainly owing to the indefatigable efforts of one man and his farseeing sagacity, and has blossomed into the Directory for Nurses, which, under the fostering care of the Toronto Medical Society, will doubtless bear fruit worthy of its forebears.

The profession and the good people of Toronto already owe a large debt of gratitude to Dr. Workman for his many and beneficent deeds performed in their behalf, and not the least of these is his latest in urging the establishment of the Directory for Nurses.

The plan of the Directory is modeled after that now for some years in successful operation in Boston. It consists in gathering information regarding the personal and professional qualifications of nurses, and in imparting this information to those in need of it. The information is gathered from three sources: from the nurse and from the physicians and families to whom reference is made. As a check to this, information is elicited by a system of enquiry directed to the family supplied with a nurse from

the Directory, and to the physician in charge of the case. The names and addresses of properly recommended nurses are placed in a suitable register, and the confidential information elicited from the physicians and families referred to is recorded in convenient books provided for this purpose.

The affairs of the Directory are in the hands of a committee appointed by the Toronto Medical Society, to whom the committee is solely responsible. The books are kept and the information imparted to the public by a registrar appointed by the committee. And here Toronto necessarily labours at a disadvantage, for she has no Central Medical Institution with resident officers, upon whose duties could be engrafted those of the registrar. Two courses were then open to the committee, either to find a Medical Practitioner suitably qualified, who would be willing to assume the duties of the office, and thus keep the management of the Directory entirely within the profession; or to go beyond the professional circle, and find some layman possessing the necessary requirements of accessibility, aptitude, and responsibility. The Society deemed the first course advisable, and the society, the profession, and the public, are to be congratulated that the committee have succeeded in prevailing upon Dr. McPhedran to assume the duties of this position. His name is a guarantee that this portion of the work of the Directory, will be executed with well directed zeal and painstaking ability.

Although the committee require that nurses shall be well recommended by competent physicians, and that their references shall be satisfactory; still, nurses of average or inferior ability will probably creep into the register. This drawback however will be largely obviated by the system of check information explained above, which, coming from sources unsolicited by the nurse, is more likely to be truthfully impartial.

Thus the objects of the Directory will be fulfilled. Accurate information of the personal characteristics and professional qualifications of nurses, will always be at hand. Patients will be supplied quickly, with trained nurses. Physicians will have the satisfaction of knowing that their difficult cases will be nursed by

skilled and competent hands, and precious time saved, and tiresome and vexatious delays avoided. And as the best nurses will always have the greatest demand it will serve as an incentive for the others to attain as high a degree of excellence as the best, and for these to attain a higher.

The plan is well worthy of the patronage of the profession, as it surely will obtain that of the public. It behoves the Profession generally to give it their hearty countenance and support now at its inception, in order that it may the more quickly attain its highest sphere of usefulness. Without that support its present advance will be checked and its future existence endangered.

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#### ANNUAL DINNER OF THE TORONTO SCHOOL OF MEDICINE.

The Students of the Toronto School of Medicine held their 9th Annual Dinner on the evening of the 14th ult., in the Pavilion of the Horticultural Gardens. The concert room was prettily decorated with flags, and the galleries were graced with a pressing throng of the fair sex and their escorts. According to the report of the daily papers, about two hundred guests sat down to dinner, the chair being occupied by Mr. H. S. Clerke, of the Fourth Year. The first vice-chair was filled by Mr. S. Stewart, B.A., of the 3rd year; the second by Mr. H. Martin, of the 2nd year; and the third longitudinal table was presided over by Mr. Robinson, the Secretary of the Committee. Amongst the distinguished guests seated at the cross-table were, Hon. Edward Blake, Chancellor of the University of Toronto; Mr. Wm. Mulock, M.P., Vice-Chancellor, Mr. James Beaty, M.P., Principal Caven, Professor McVicar, Principal Buchan, Mr. Pernet, Revs. Dr. King, S. J. Hunter, Dr. Dewart, J. Pearson, Mr. Arch. McMurchy, M.A., Hon. W. C. Howells, U. S. Consul, Mr. Alfred Baker, M.A., Dr. O'Reilly, Dr. Fulton, Dr. Clark, of the Asylum, Mr. Henry Pellatt, and Mr. Davidson, of Trinity Medical School. The Faculty of the School turned out in full force. In accordance with the usual custom tea, coffee, and water were the only beverages. The Chairman, in an able

speech, welcomed the guests, thanked his fellows for the proof of their confidence in electing him to that position of honour, explained the innovation of having ladies in the gallery, and hoped next year to have them participate more closely in the annual festivities, by the institution of a *conversazione*. The usual loyal and patriotic toasts were drunk; Mr. Mulock, responding for the Dominion Parliament. In proposing the "Universities, Colleges, and Sister Institutions," the Vice-chairman, Mr. Stewart, spoke strongly in favour of the unification of the Degree conferring powers in general, and warmly advocated the amalgamation of the teaching forces of the two medical schools in this city. The toast was eloquently responded to by Mr. Blake, Dr. Dewart, Prof. McVicar, Principal Caven, Dr. Fulton, and Mr. Davidson. It must have been a source of much gratification to the Chancellor and Vice-Chancellor of the University to observe the terms of respect and affectionate regard in which "that godless institution" was, on all hands referred to. "The Sister Professions," brought the Rev. Mr. Pearson, Principal Buchan, and Mr. James Beaty, M.P., to their feet. "Our Faculty" was responded to by Dr. Aikins, who, in the course of his speech, threw out the excellent suggestion that the examiners of the Medical Council should be paid by government, and that the students should not be taxed to support an examination instituted solely in the public interest. Dr. Richardson being loudly called for also replied, and urged the institution, in University College, of a Chair of Anatomy and Physiology. This would not contravene the statute, these subjects being purely scientific,—an integral part of the science course, and also of a liberal education. "Graduates and Graduating Class," was responded to by Dr. McLaughlin, M.P.P., and Mr. J. G. Wild; "Toronto General Hospital," by Dr. O'Reilly; "The Freshmen," by Mr. Greig, B.A.; and the "Ladies," by Mr. Ellis. During the evening the Students' Glee Club enlivened the proceedings with songs and choruses. On the part of the students the speeches were excellent; indeed, we do not remember ever to have met such uniform excellence in after dinner speaking in a gathering

of young men as was here manifested. Whether in consequence of the presence of the ladies or a combination of circumstances, we cannot pretend to say, but all present declared this Ninth Annual Dinner to be the most successful gathering of the kind yet witnessed.

#### A SUMMER SESSION.

We were pleased to hear Dr. Fulton announce, in his speech at the Trinity School Dinner, that he intended shortly to advocate, in the *Canada Lancet*, the establishment of a summer course of lectures for the better treatment of certain subjects, and the relief of the overcrowded and too brief winter session. Dr. Grasett's advocacy of such a course in his introductory lecture at Trinity, this year, further shows that that faculty is being awakened to the necessity for such an institution; and from conversations which we have had at various times with members of the Toronto School we are convinced that they have long recognised the importance and desirability of thus utilizing the spring and summer months. We are gratified to find, therefore, that a course which we have long advocated, at length gives promise of blossoming into fruit.

In the issue of this JOURNAL for the month of June, 1878, will be found a leading article on the subject of Medical Education, to which we can, with satisfaction, refer those interested for what we believe to be sound doctrine upon more points than one. The language we then held on the present subject we repeat now without apology for the iteration, since the want is there plainly stated, and the means of securing it briefly suggested. "It is high time that a short summer course should be adopted. It cannot be worked successfully unless made compulsory by the Council; and there is no reason why Botany, Microscopy, part of *Materia Medica*, Practical Chemistry, and Toxicology, and even Medical Jurisprudence and Sanitary Science, should not, some few or all of them, be taught in a summer session, and thus lighten the amount of lecturing in the winter. With the plenary powers with which our Council has been endowed, with so many teachers among its members, it is aston-

ishing that some of these reforms have not been more strongly advocated during the past eight (now twelve) years." Students being detained in the city so many more months in the year, the opportunities for the most useful part of their instruction, viz., bedside experience in the wards and out-patient department would be greatly increased. We do not know whether the proposition made by Dr. Fulton, at the dinner of the Toronto School of Medicine the other night, to initiate the much-talked of amalgamation of the schools by a conjunction of their junior members for the formation of a summer course be feasible or not. But we do know that a conjunction of the representatives of the schools in pressing the matter upon the attention of the Medical Council, could not fail to result in the inscription of a much-needed and beneficent enactment on the statute-book of that body.

#### ANNUAL DINNER OF TRINITY MEDICAL SCHOOL.

The Sixth Annual Banquet of the students of Trinity Medical School was held in the Rossin House, on the evening of the 8th of November, when a large gathering of students, their friends and well-wishers, sat down to an excellent repast presented in Mr. Irish's best style. The chair and vice chairs were occupied respectively by Messrs. W. F. Dickson, Spragge, and Lynch, while Mr. E. M. Hoople filled the arduous post of honorary secretary to the committee. Among the guests occupying places of distinction we observed the Hon. G. W. Allan, (Chancellor of Trinity); Prof. Goldwin Smith; Mr. Wm. Mulock, M.P. (Vice-Chancellor of Toronto); Mr. James Beaty, M.P.; Rev. Dr. Castle, (McMaster Hall); Principal Caven, (Knox College); Principal Buchan. (U.C. Coll.) Dr. Daniel Clark, (Asylum); Mayor McMurrich; Dr. O'Reilly, (Hospital); Rev. John Langtry; Dr. Canniff; Dr. Mullin, (Hamilton); Dr. Burritt, (Med. Council); Dr. Allison, (Med. Council); the Faculty of the School, and numerous graduates. After doing ample justice to the excellent viands, the list of toasts was attacked with vigour, on temperance principles. In responding for the Army and Navy, Capt. Drayton directed attention to the numer-

ous points of novelty in military and naval warfare illustrated by the late Egyptian campaign, and pronounced the result as an ample vindication of the short term of service system. Mr. Beaty and Mr. Mulock replied for the Dominion Legislature, the one facetiously, the other jocosely. The Mayor was happy in answering to (or for) the City's Health. He prophesied that we should soon have a Medical Officer of Health, though if all his schemes were carried out perhaps we would not need one. The Press was accorded an unusually honourable position, being the next toast on the list. It was responded to by Dr. Fulton, (*Lancet*); Mr. Pirrie, (*Telegram*); Mr. McLean, (*World*); Mr. Ritchie, (*Rouge et Noir*); and Dr. Cameron, (CAN. JOUR. MED. SC.) Dr. Fulton advocated the establishment of a summer course. The toast of the Universities and Sister Institutions was warmly received and ably responded to by Chancellor Allan (Trinity) Vice-Chancellor Mulock, (Toronto); Principal Buchan, (U. C. Coll.); Dr. Castle, (McMaster Hall); Principal Caven, (Knox College); and Mr. Burke, representing the students of the Toronto School of Medicine. Mr. Burke's eloquence was especially worthy of admiration and mention. He warmly advocated the fostering of a unity of spirit and the strengthening of the bonds of friendship between the students of the different Schools, and evidently adopted "Peace, Progress, Knowledge, and Brotherhood" for his text. Prof. Goldwin Smith and others replied for the Learned Professions, Dr. Burritt for the Medical Council, Dr. Geikie for the Faculty, and Dr. Tesky for The Ladies. In the course of his remarks Dr. Geikie referred to the surprising success and progress of the School, and quoted figures to show that in point of attendance its course *ab initio* had been one of uninterrupted and gratifying advance. A number of well-rendered glees by the Students' Club were interspered throughout the proceedings; and their song descriptive of the characteristics of members of the Faculty occasioned much merriment, especially among its subjects. On the whole a most enjoyable evening was spent; and all connected with the arrangements are to be warmly congratulated on the complete success attained.

## TUBERCULOSIS—FORMAD vs. KOCH.

Some few weeks ago the *Chicago Medical Journal and Examiner* announced that Schmidt, of New Orleans, had a rod in pickle for Koch's *Bacillus Tuberculosis*, and that he shortly intended to demonstrate that the so-called bacillus was nothing more than a fat crystal. More probable, however, and more important, as not being solely negative, are the investigations announced more recently (18th November) by Formad, in the *Philadelphia Medical Times*. In this communication the author states it broadly as a fact that there is a special anatomical peculiarity in every tubercular or scrofulous subject—man or animals—whether the diathesis be inherited or acquired. His statement is based upon and verified by hundreds of dissections (1000 of animals alone) of men and animals, normal and pathological; and the anatomical peculiarity observed is this: the organs supposed to be concerned in the production of white blood corpuscles are disproportionately large relatively to the size of the animal, and there exists a narrowness of the lymph spaces (connective tissue) and their partial obliteration by cellular elements. Only beings possessing such anomalous structure of the connective tissue have primary tuberculosis; and such invariably become tubercular from any injury resulting in inflammation (damage). This condition may be acquired by malnutrition and confinement. Inflammation (damage) is a necessary starting point of tuberculosis even in those predisposed. No inflammation, no tuberculosis. Non-scrofulous animals may acquire tubercular disease through injuries of serous membranes, peritoneum, pleura, &c. The presence of the bacilli is secondary, and the tubercular tissue is a suitable nidus for their growth. As soon as the tubercular tissue undergoes complete change, degeneration and softening, the bacilli, as Koch admits, disappear. Koch's view of giant cells being mere special capsules of the bacilli is an unwarrantable mistake. His claim that the *Bacillus Tuberculosis* differs from other bacilli morphologically and in its behaviour to staining fluids, Formad and Bodamer have failed to confirm. Wood and Formad, in their numerous experiments, have observed that bacteria may

acquire special morphological and physiological features in culture. In making his experiments, Koch injected his culture fluids into any part indiscriminately in scrofulous animals (rabbits and guinea pigs), but in non-scrofulous animals (dogs, rats, and cats), he injected them only into the peritoneum or anterior chamber of the eye, where we know, from old experience, that any irritation may create tuberculosis. The presence of the bacilli may, however, play an important role in phthisis, and even condition the fatal issue of the disease. Their effect complete destruction of diseased tissue which, in their absence, might possibly recover. They may thus prove a true *causa mortis*, though not the veritable *causa* or *materies morbi*.

## THE UNIFICATION OF THE SCHOOLS.

During the recent discussion in the lay press and elsewhere of the subject of School fusion, it has not been at all unusual to hear it said (by Schoolmen) that the sole requisite for securing perfection to both Schools is the existence of an exclusive hospital for each. That our material wealth on the one hand, or extent of population on the other, is sufficient to provide either the material or the men for two fully equipped Schools of Medicine, is an hypothesis which the irony of experience and circumstances daily negatives. And drawing an argument for analogy or those "odious comparisons," which, though distasteful, are sometimes beneficial, we may, perhaps, ponder profitably the following remarks. Speaking of the competition between the Metropolitan and Provincial Schools of Medicine, the *London Lancet* says:—"One of the advantages of this competition of the Provinces may be to induce some *concentration and combination of Metropolitan Schools*. Birmingham has set a good example in this respect. Its Medical School began in 1828 as the Birmingham Royal School of Medicine and Surgery. Local medical energy led to the formation of a second School in 1851—Sydenham College. The two institutions in 1858 were wisely merged into one—Queen's College; and in 1873, for the purposes of clinical teaching, the practices of the General and Queen's Hospital were amal-

gamated, and students were required to attend each hospital alternately for six months. A similar consolidation has taken place in Newcastle-upon-Tyne, very much to the strengthening of the School." If such remarks are applicable to the great Schools of the motherland, how much more pertinent are they to the conditions which obtain with us? The *Lancet* goes on to say: "The time may come when a reduction in the number of the licensing bodies will set the Medical Council at liberty to ascertain the efficiency of the Medical Schools and the supply of the means of teaching and of capable teachers; meantime the competition of Schools is the only fact to rely on for ensuring better medical education." With us, on the other hand, where we have but one licensing body, the time has already come when a General Medical Council of Education and Registration might reasonably be expected to fulfil this obvious function of its existence, and where consequently the rivalry of Schools is no longer necessary to secure a high degree of proficiency in educating (mark the derivation) the *mens medica*.

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#### THE REPRESENTATION OF THE SCHOOLS AND OF THE PRO- FESSION ON THE HOSPI- TAL STAFF.

The *Mail* reporter in his interview with Dr. Aikin anent amalgamation of the Schools reports him to have said "that the medical attendants at the Hospital should be supplied entirely by the teaching staff of the Schools," and that the present system was "fair enough as far as the profession were concerned, but by no means so beneficial for the Schools." Allowing the last part of the quotation to pass without demurrer, let us see what would be a fair representation of each; and since we know the Doctor to be a consistent advocate of *representation by population*, and the Schools are but private Institutions existing for their individual benefit, let us assume the numerical strength as a basis of comparison. The Schools together number some 31 members of the profession, and they have ten of their number on the staff; the profession of the city—non-

Schoolmen—number some 120, and their representatives are four. Truly an equitable allotment to an impartial vision! In England the School and the Hospital are one. The Hospital supports the School, or the School supports the Hospital, as the case may be; and if a man by influence or worth succeeds in being appointed to a Hospital, they can generally make a place for him in the School. But they are not supported out of public funds. Only three of the Metropolitan Hospitals are endowed; the rest lead a from hand-to-mouth existence, and scrape along, generally with some of their wards closed, until some rich man dies and leaves them the wherewithal to open them again. Only five of the Metropolitan Hospitals are larger than our own; and some of them have no Schools connected with them; and yet, in many instances, the *personnel* of their staff is by no means to be despised. Good Schoolmen will probably make a good hospital staff; but it does not follow that non-Schoolmen will not. The educational benefits of a hospital are not confined to teachers and pupils; there is a large though humbler class of workers in the profession who are quite capable and very desirous of learning from hospital experience; and if it be true that connection with a hospital confers a certain degree of prestige, and opens the way to consultations, why should not the hard-working private man aspire thereto?

In Edinburgh certain duly accredited gentlemen are, on application, allowed to deliver lectures to classes on certain subjects, as extramural lecturers, and certificates of attendance on such classes are recognized for University and other purposes. Why should we not have something similar instituted here, and thus cut the Gordian knot of this perplexity by all becoming *quasi* Schoolmen?

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MALARIA IN SKIN DISEASES—(A correction). Dr. Lunsford, P Yandell, of Louisville, desires us to correct the statement which has been widely circulated in the medical press, that "he attributes all skin eruptions to malaria." His views are that "malaria is the *chief* (not sole) source of acute skin disease; and scrofula is the *chief* source of chronic skin disease."

THE ONTARIO MEDICAL REGISTER  
AND REGISTRABLE QUALI-  
FICATIONS.

Dr. Pyne, the able and indefatigable Registrar of the Medical Council, has been at infinite pains to secure the utmost certitude and exactness in the newly-issued edition of the Register. Since the book is in the hands of the great majority of our readers, we need not refer to its contents further than to allude to the gross impropriety on the part of the Council of allowing the registration of such titles or qualifications (save the mark!) as "Proprietor of the Pulmonary Institute, Toronto," "Proprietor of the Throat and Lung Institute, Detroit," "M.A., of the American University of Philadelphia," which never had any existence, &c. The 54th paragraph of the late Report of the Royal Commissioners on the Medical Acts, says:—"We do not propose to interfere with the present powers of Universities as corporations to confer their titles, with or without examination. We think, however, that in the case of persons entitled to be registered, a discretion should be given to the Medical Council to permit these titles to be registered or not, as they think fit." And again, in paragraph 81: "We think that a column should be set apart in the Register for the registration of higher titles recognized by the Medical Council as indicating *substantially higher medical qualifications than are required for a license.*" Under such an interpretation of the duties of the Council in the matter, it might of course, become a question if "Fellow of Trinity Medical School," or "Fellow of the Royal College of Surgeons of Edinburgh," would be registrable titles, as being more or less honorary, and not indicating a *substantially higher medical qualification* than the degree or license. But to the registration of honorary degrees from reputable Institutions we have not so much objection. It is against the registration of additions such as first named above that we revolt; and it pains us to find the degree of our Provincial University entered in the same column therewith. If the Council have not now the authority to refuse admission to such blemishes, the immediate procurement of that power is imperatively demanded. In case of failure, let the day of free-trade in medicine dawn again in this benighted Province.

THE BIRMINGHAM *MEDICAL RE-  
VIEW*, AND THE ONTARIO COLLEGE  
OF PHYSICIANS AND SURGEONS.

The *Review* in its November issue says, "We have heard a good deal about the course taken by the New York Medical Society in sanctioning consultations by its members with duly qualified homœopaths, but it seems that in Canada they go a good deal further, for the College of Physicians and Surgeons of Toronto, (*sic.*) has a homœopathic member of the Examining Board. \* \* \* This is rather weak-kneed of the Toronto (*sic.*) college; it might at least confine its examinations to well ascertained scientific facts, and leave all speculative questions alone." This citation only serves to show the ignorance of the writer of the topic on which he wrote. It can scarcely, therefore, have come from Dr. Saundby's pen. For the information of the writer we may mention that the College of Physicians and Surgeons of Ontario, to which alone his remarks could apply, is an institution erected by statute for the examination and registration of all practitioners of medicine in the province, of whatever school, sect, or pathy; that it is the sole licensing power in the province; and that the number and character of its members and examiners is also fixed by statute. We fear that our old world contemporary is better acquainted with the views of the *Canada Lancet* on the Homœopathic question than with our own. But if he will take the trouble to refer to our comments, in several issues of this year, upon the action of the New York State Society, he will find that the profession of Ontario, *for whom we profess to speak*, is not so weak-kneed on this particular question. For the soundness of the Ontario, or any other, legislature in matters medical we are not prepared to answer.

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Sir Thos. Watson has had symptoms of thrombosis of the smaller cerebral arteries of the right side, probably near the parieto-occipital fissure. Some bladder irritation supervened, and there has been a gradual but continuous loss of strength. This venerable physician is now 91 years of age.



CANADIAN AND AMERICAN HOTELS.—The *London Lancet*, in a recent annotation, directs the attention of the travelling public to “the dangers attending a lengthened stay in an American or a Canadian hotel.” The *Lancet* derives its information from a correspondent, who reports himself as being made seriously ill by sleeping one night “in a bedroom where there was a fixed basin, which communicated directly with the sewer without any intervening trap.” He alleges that an examination of many of these arrangements revealed “the fact that they are frequently untrapped, and that when traps are used they are of a bad pattern.” If this is so—and its truth we are neither prepared to affirm nor deny—it is, of course, a serious matter to the travelling public, and it becomes them to take what precautions they can to guard against the ill effects of the escape of mephitic emanations from the sewers. To the proprietors of hotels we would suggest the propriety of procuring and posting in a prominent place a certificate, from a competent and recognized authority, that their plumbing arrangements have been inspected, and are in a safe and sound condition. This they owe to the comfort of their guests; and a certitude of safety they owe to themselves, for being amenable to insalubrious influences, they, in the presence of such, like other mortals, “must die and not live.” Let them, therefore, see to it that they “put their house in order.”

FIRST AID IN RAILWAY ACCIDENTS.—A couple of cases of railway smash lately admitted to the Hospital suggest anew the propriety and advisability of our Canadian railways following the example set them in the Old World, and more recently in the New, by the Pennsylvania Railroad Company. According to the *Medical Record* this Company has purchased two thousand tin boxes containing some surgical materials likely to be of service in cases of accident, and kept in the locomotive constantly in a fit state for immediate and effective use. Each box contains 1 rubber compress, 1 package of absorbent cotton, 6 rolls of bandages, and 1 pyramid of pins; and accompanying these a few simple directions for their

utilization in an emergency. The immediate arrest of blood-loss, and the prompt application of an occlusive dressing in cases of serious accident so often decide the issue between life and death that we deem it sufficient merely to make mention of the matter, and we trust we shall ere long realize the truth of the ancient utterance, *verbum sapientibus sat*.

COURSE OF ORTHOPÆDIC LECTURES.—We have received an announcement of a course of lectures on Orthopædic Surgery, to be delivered by Dr. Newton M. Shaffer, under the auspices of the Trustees of the N. Y. Orthopædic Dispensary and Hospital, at their Institution, No. 126 East 59th-street, New York. The lectures are to be delivered on Thursday afternoons, at half-past four o'clock, from November 16th, 1882, to February 15th, 1883, inclusive. The Course is free to the medical profession and students. We would advise all Canadians who happen to be in New York this winter by no means to miss hearing some of these lectures.

JONATHAN HUTCHINSON'S ADVICE TO MEDICAL STUDENTS.—(Peroration to introductory at London Hospital).—“If now I were to sum up in one sentence what I have been enforcing it would be this: The secret of all noble life lies in belief, and the characteristic of all noble minds is the vigour with which they believe that which is true. Try to attain belief in the reality of all things, so shall you never want for motives, so shall you be able to live and work without hurry and without sloth. Finally permit me to commend to you this formula: prize strength, love the beautiful, practise self-denial, and be patient.”

*The Archives of Dermatology*, the Quarterly Journal of Skin and Venereal Diseases, so ably conducted for the last eight years by Dr. L. Duncan Bulkley, the distinguished Dermatologist of New York, has ceased to appear, owing to the pressure of other demands on the editor's time. We shall miss our old friend very much.

Our old friend, the *New York Medical Journal and Obstetrical Review*, formerly edited by James B. Hunter, but now by Frank P. Foster, has announced its intention of appearing weekly after the beginning of the coming year. We wish it every success in its new venture.

The *American Journal of Obstetrics*, published by Wm. Wood & Co., and edited by Paul F. Munde, (who by the way has just succeeded Noeggerath as Gynaecologist to the Mt. Sinai Hospital), will henceforth appear monthly.

It is announced that the Medical School in connection with the Johns Hopkins' Hospital, of Baltimore, will be opened in the Fall of '83.

#### PERSONAL.

Dr. Ames has removed from Martintown to Arkona.

Dr. Harrison, of Toronto, has removed to Cambray.

Dr. W. H. Aikins, of this city, now in Vienna, has just recovered from diphtheria.

Prof. Virchow has been seriously ill. The latest accounts, however, are reassuring.

Dr. Casgrain has been appointed one of the internes at the Hospital.

Dr. W. J. Wilson has returned from Pittsfield, Mass., and is now practising at Richmond Hill.

Dr. Nasmith, Toronto School of Medicine, has been admitted L. R. C. P., Edin., and L. F. P. S. Glasgow.

The late Mr. F. M. Balfour, Prof. of Morphology, at Cambridge, bequeathed £1000 to Michael Foster, to foster the study of Physiology.

J. F. W. Howitt, (of the Toronto School) passed the primary examination of the Royal Coll. of Surgeons, in the beginning of November.

Dr. I. T. Small, of this city, was unlucky enough to fall a couple of weeks ago, and sustain a fracture of the left humerus about its middle.

We regret very much to learn that Dr. Robert Howard, of Montreal, has had the great misfortune to lose his son, aged  $4\frac{1}{2}$  years, from diphtheria.

We are glad to hear that Dr. J. R. Jones, of Winnipeg, who was thrown from his carriage by a runaway horse, has recovered completely from the shock.

#### OBITUARIES.

Davaine, the discoverer of the Bacillus Anthraxis, has paid the debt of nature, aged 71.

Another distinguished chemist, and the inventor of an electric battery, George Leclanché, is also dead, aged 43.

Dr. Henwood, one of Hamilton's oldest and most respected physicians, succumbed last month to pulmonary abscess together with some cardiac affection. He was resident physician in our Toronto Hospital from 1842 to 1848, and in the Hamilton Hospital from 1848 to 1868, since which time he was engaged in private practice.

Bhola Nath Bose, M.D., M.R.C.S., the first East Indian to hold the degree of the University of London, which he took in 1847, died from carbuncle, on the 1st of October last. The whole of his professional life was spent in India, with the exception of a two-year furlough in England during which he wrote his two works, "A new System of Medicine; Entitled Recognisant Medicine, or the State of the Sick," and "Principles of Rational Therapeutics."

Henry Draper, M.D., Prof. Chemistry, Univ. City of New York, died rather suddenly from pleurisy, on 20th November, aged 46. He published a Text Book on Chemistry, and was a frequent contributor to astronomical, electrical, and photographic literature. He was the discoverer of oxygen in the sun. The inscription on the medal struck for him by order of Congress, in consideration of his observation of the Transit of Venus in 1874, is his appropriate epitaph:—"He adds lustre to ancestral glory."

Geo. Critchett, F.R.C.S., the eminent surgeon and oculist, who for eight weeks previously had manifested symptoms of cystitis, enlarged prostate, and granular kidney, died rather suddenly on the 1st of November. He was born in 1817; being thus 65 years of age. He was successively Demonstrator of Anatomy, Assistant-surgeon, and Surgeon to the London Hos-

pital; but resigned there in 1863. In 1876, he succeeded Mr. Hulke as Ophthalmic Surgeon at the Middlesex, and he was connected with Moorfields nearly all his professional life. His operative skill was, perhaps, unsurpassed; and the plan of dividing the recti muscles subconjunctivally by hook and scissors, and the method of enucleation now usually practised, were peculiarly his own.

We regret to have to record the death of Dr. John R. Dickson, of Kingston, from paralysis. Dr. Dickson had been a resident in this country since 1837. In 1842 he took the M.D. of the University of New York and the Provincial License, and began practice in Kingston. He took an active part in the formation and success of the Royal College of Physicians and Surgeons of Kingston, in which he occupied the chair of surgery. He was a Licentiate of the Royal College of Physicians of London, and a Fellow of the Royal College of Surgeons, of Edinburgh; and had held the posts of surgeon to the Provincial Penitentiary and Medical Superintendent of the Asylum for the Insane in Kingston. He was the first president of the Medical Council of Ontario. For the last four years he was not engaged in active practice.

One of the old practitioners of Montreal, Dr. Aaron Hart David, has passed away in the 71st year of his age. He was born in that city in 1812, studied at McGill and the University of Edinburgh, where he graduated in 1835. In 1852 he edited, in conjunction with the late Dr. R. L. Macdonnell, the *Canada Medical Journal* which, however, did not survive the dangers of infancy. He was also instrumental in establishing the St. Lawrence School of Medicine which met a similar fate. In 1870 he participated in the formation of the medical faculty of Bishop's College in which he was Professor of Medicine and Dean. He was a member of a number of scientific societies, home, British, and foreign, and acted as General Secretary of the Canada Medical Association from its inception up to within a year of his death, which was occasioned by that most painful affection cancer of the rectum.—*Requiescat in pace.*

## Book Notices.

*Annual Report of the Surgeon-General, U. S. Army, 1882.*

*Brooklyn Homœopathic Hospital Annual Report for 1881.*

*On Causes of Consumption—An Etiological Statistical Report.* By EDWARD PLAYTER, M.D., Toronto.

*The Physical Basis of Moral Insanity Viewed in relation to Alcoholic Impressions.* By T. L. WRIGHT, M.D., Bellefontaine, Ohio. (Reprint from *Alienist and Neurologist.*)

*The Use of the Ecraseur for Curing Deep-seated Fistula in Ano.* By J. M. GASTON, M.D., of Campinas, Brazil. (From *Am. Journal of Med. Sc.*)

*Proposed Bill to Regulate the Practice of Medicine in Michigan.* By HENRY B. BAKER, M.D., Lansing, Mich. (Reprint from *Mich. Med. News.*)

*Weekly Bulletins of Health in Michigan; Weekly Meteorological Reports, and Monthly Reports of Deaths in Lansing, Mich.* By HENRY B. BAKER, M.D., Sec. Bd. Health.

*Fortieth Report to the Legislature of Massachusetts of Births, Marriages, and Deaths in the Commonwealth, for the year ending 31st Dec., 1881.*

*Weekly Health Bulletins, with Meteorological Reports, issued by the Provincial Board of Health of Ontario.* P. H. BRYCE, M.A., M.D., Secretary.

*An Hitherto Undescribed Fracture of the Astragalus.* By FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S. Eng., Demonstrator of Anatomy, McGill University. (Reprint from *Journal of Anatomy and Physiology.*)

*Report of Secretary* (Thos. F. Wood, M.D.), and an *Essay on Preventive Medicine*. By W. P. BEALL, M.D., of Greensborough. Read at Conjoint Session of the North Carolina Board of Health and the Medical Society of North Carolina, held in Concord, May 10th, 1882.

*A Handbook of Uterine Therapeutics and of Diseases of Women*. By EDWARD JOHN TILT, M.D., Past-president of the Obstetrical Society of London, etc. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This book is good enough in its way, but among the many excellent works that have appeared in this department during the last few years, it cannot occupy anything higher than a second-rate position.

*Questions on Human Anatomy*. By SAMUEL O. L. POTTER, M.A., M.D., with sixty-three illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. Toronto: N. Ure & Co.

This is the first of a series of quiz-compendes to be issued by the publisher at \$1.00 each, designed to assist students in their preparation for the quiz-class, and examinations. Properly employed, such books may be of much help to those for whom they are designed; but the temptation to misuse them is so great, that their very existence is fraught with danger to many. This is one of the best of its kind.

*Physicians' Visiting List for 1888*. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure & Co.

This popular Visiting List maintains its well-earned reputation. This year, as usual, such alterations and additions, as the wants of the profession seem to require have been made. Among the new and useful features we notice a "New Table of Poisons and their Antidotes," "The Metric System of Weights and Measures," "Posological Tables," (giving the doses both in Apothecaries' weights and measures, and those of the Metric System). We have seen no better Visiting List than this, which can be had for from 25 to 100 patients weekly, and is of a suitable size and shape for an ordinary pocket.

*The Incidental Effects of Drugs*. By DR. L. LEWIN, Assistant at the Pharmacological Institute of the University of Berlin: Translated by W. T. Alexander, M.D. New York: William Wood & Co. Toronto: Willing & Williamson.

This is an excellent and useful work on the important subject of unusual action of different medicines, whether depending on causes peculiar to the individual, the circumstances of the case, or the quality of the drugs. One is frequently puzzled in using ordinary medicines at unexpected results, and has considerable difficulty at times in getting satisfactory explanations in our ordinary text-books. To such, and indeed to all practitioners, we recommend the work.

*Walsh's Physicians' Combined Call Book and Tablet*. 7th edition. Published by RALPH WALSH, M.D., 332 C. Street, Washington, D.C.

This is again a candidate, along with the host of other Visiting Lists, for professional favor. In common with most other lists the useful part is preceeded by a lot of miscellaneous information which should be in the practitioner's head, rather than in his pocket; but we like the book on account of its convenient size, and shape, for carriage in the pocket, and because it is in a way perpetual, the names of the months, and dates of the days, being blank. Each page is ruled for 34 names, and columns are provided for the No. and street. It is well and handsomely issued in red leather, and closes merely with a stiff flap.

*Lectures on Diseases of Children. A Handbook for Physicians and Students*. By DR. EDWARD HENOCH, Director of the Clinic and Polyclinic for Diseases of Children, in the Royal Charité, and Professor in the University of Berlin. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The author of this book is evidently a careful observer, and has had a wide experience in the Charité. The style of writing is clear and concise, though not specially attractive. Brief reports of cases add to the interest in the description of diseases. Diagnosis, Prognosis, and Pathology are all that could be desired. Treat-

ment is sometimes rather meagre, but on the whole sound; and opinions are given in a decided way which we admire. The book will not supersede such as Lewis Smith's, but it will be found instructive.

*On Asthma: Its Pathology and Treatment.* By HENRY HYDE SALTER, M.A., F.R.S. First American from the last English edition. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

Subscribers to Wood's Library receive this work as the September No. of the series. Of the intrinsic merits of Salter on Asthma, it would be idle at this late day to speak. Having occupied so long a foremost place on English bookshelves as the authority on the subject, subscribers to the library cannot but be pleased to find it in the present series. Of course, since its appearance many new things have been written, many remedies suggested, and some theories promulgated, but we doubt if even Berkhart, our latest English textbook, is more deserving of professional acceptance than the old authority of Hyde Salter.

*Materia Medica and Therapeutics: Inorganic Substances.* By CHARLES D. F. PHILLIPS, M.D., M.R.C.P., &c., late Lecturer on Materia Medica and Therapeutics, Westminster Hospital Medical School. Edited by Lawrence Johnson, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is the sequel to Dr. Phillips' "Materia Medica and Therapeutics—the Vegetable Kingdom," edited by Dr. Piffard, and published in "Wood's Library," 79. The author's aim is to combine Pharmacology with Therapeutics, as he considers that sufficient attention is not paid to Pharmaceutical Chemistry. We think he has succeeded admirably, and the work is thoroughly scientific, while sufficiently practical to suit the requirements of either the student or the busy practitioner. His Therapeutics lacks the stamp of originality, as he culls from most of the best authorities, but he shows good judgment in his selections, and in consequence this portion will prove both interesting and instructive. The work is published in two volumes, and will rank well among the best books we have on this subject.

*Speech and its Defects Considered Physiologically, Pathologically, Historically, and Remedially.* By SAMUEL O. L. POTTER, M.A., M.D., (Lea Prize Thesis of Jefferson Medical College). Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1882. Price \$1.00, pp. 116.

A big title for a small book; but a good book, though perhaps not a good title. After a pleasing introduction, the subjects of phonation, articulation, and speech, are briefly, but clearly stated, after which follow the defects of speech under the titles alalia, paralalia, and dyslalia, or stammering, the last named being the *pièce de resistance* and *raison d'etre* of the book. It is very fairly, and fully discussed, and the various theories of etiology and modes of treatment judiciously presented. An excellent bibliography is appended. All interested and uninterested in the subject may read this *brochure* with profit not unmingled with pleasure.

*A System of Human Anatomy, including its Medical and Surgical Relations.* By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania, &c.

The aim of this work is to present the facts of human anatomy in a plain, practical way, which will be alike suitable for student, physician or surgeon. It will be divided into six sections, each of which will be enclosed in an individual port-folio. Price, per section, \$3.50.

The first treats of histology, and is rather brief for a work of such pretensions, but the style is clear, and the printing, paper, and plates are excellent. It is from the well-known and able pen of Dr. E. O. Shakespeare, of Philadelphia.

Section two deals with the bones and joints, and is contributed by the author; the drawings being made by Hermann Faber from the author's dissections. The plates are almost without exception very good, and the names of parts are clearly drawn upon the figures after the manner of Holden and Gray. On the advantage of this, there may, of course, be fairly two opinions. The letter-press is very clear, concise, and comprehensive, being at once lucidly descriptive, and at the same time throwing a flood of light on the applicability of anatomical facts to the

daily uses of clinical surgery and medicine. The work will certainly assume an unoccupied place in American Medical Literature, and rebound alike to the author's credit, and the benefit of those who may become its possessors.

*Diseases of the Rectum and Anus.* By CHARLES B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum. New York: Wm. Wood & Co. Toronto: Willing & Williamson, 1882.

The August No. of Wood's Library constitutes one of the best books of the series, and it bears the above title. Within its limits Dr. Kelsey has endeavoured, and successfully so, to compress the greater part of all contributions to our knowledge of the subjects which are of positive value from all sources, the labours of his fellow-townsmen, Van Buren, probably receiving less acknowledgment than they deserve. The work opens with some practical points in anatomy and physiology which are of much value; followed by an excellent chapter on congenital malformations of the rectum and anus. General rules regarding examination, diagnosis, and operation are then given. The author is a strong advocate of forcible dilatation of the anus, both for examination and operation, and his method of its accomplishment is somewhat different from most. Inflammation, abscess and fistula, and hæmorrhoids are then considered in different chapters, and in the last named we regret to notice omission of any mention of Pollock's crushing method, or Benham's, or Allingham's modifications. Like most of the authorities Kelsey prefers the ligature to all other methods. In the chapter on prolapse the author extends the use of interstitial injections of carbolic acid, found so useful in piles, to the relief of this condition also. Non-malignant growths, non-malignant ulceration, and non-malignant stricture are ably discussed in the next three chapters. In the last named affection the author is an able and consistent advocate with the French authorities of linear proctotomy instead of colotomy as an ultimate resort. The chapter on cancer is a very good one, and the subject is discussed in all its bearings. Impacted fæces, and foreign bodies, pruritus ani, and spasm of the sphincter, neuralgia, wounds, and rectal alimentation in

three shorter chapters complete the volume. The addition of another good work on the rectum to those we already possess constitutes a veritable *embarras de richesses*.

*Slight Ailments—Their Nature and Treatment.*

By LIONEL S. BEALE, M.B., F.R.S. Second edition, enlarged and illustrated. Philadelphia: P. Blakiston, Son & Co. Toronto: N. Ure & Co.

Though we cannot say of this little book that it supplies that oft-mentioned desideratum, "a want long felt," we can say of it that it is useful in its place, and one that may be profitably read by students, young practitioners, and even old practitioners, both *licensed and unlicensed*. It deals chiefly with those so-called functional derangements, which are often brought before the notice of the doctor, and often, unfortunately for both physician and patient, regarded lightly, and even contemptuously by the former, and dosed and redosed repeatedly and ineffectually with patent medicines by the latter. Dr. Beale rightly urges that, the physician should, in dealing with what he may in the omnipotence of his scientific, anatomical, and pathological mind, regard as *slight ailments* unworthy of his notice, put himself in his patient's place, and condescend to descend to their level of knowledge and thought. By doing so, he will save his patients much useless expense, find that he can relieve much real suffering, and deprive the patentees, and vendors of quack remedies of much ill-gotten gain and repute. The book takes notice of many points, trifling in themselves, that conduce to a physician's success or failure, and his patient's comfort or dissatisfaction. There are some remarks on quackery and medical humbug, apropos to all times and countries that will strike every well-balanced mind as only too true. The following quotation is a fair sample of this:—"Men high among the most intelligent and most learned, nay, men who have been looked up to as men of the world, have often been humbugged in matters medical, and even profound lawyers have failed to distinguish medical nonsense from medical sense, and mere sham science from real scientific knowledge. Those who are always gauging the value of evidence and devoting themselves to the extraction of truth, seem to be specially

susceptible to medical and scientific imposition." We have not space to more than name the headings under which Dr. Beale deals with his subject. After the introduction, to which we have briefly referred, come chapters on (a) Tongue in Health and Slight Ailments. (b) Appetite, Nausea, Thirst, Hunger. (c) Indigestion. (d) Constipation. (e) Diarrhœa. (f) Worms. (g) Vertigo. (h) Biliousness, Sick Headache. (j) Neuralgia, Rheumatism. (k) Fever and Inflammation.—All written in such simple language, that, "he who runs may read," mark, learn, and profitably digest.

### Meetings of Medical Societies.

#### TORONTO MEDICAL SOCIETY.

REGULAR MEETING, AUGUST 31, 1882.

In the absence of the President and Vice-Presidents, Dr. Macdonald occupied the chair.

Dr. Machell showed an anencephalic monster with two rows of tubercles extending as low as the lower dorsal vertebræ, due either to spina bifida, or a double row of spinous processes.

Dr. McPhedran stated that microscopical examination of the ruptured uterus presented at the last meeting of the Society showed marked granular degeneration at seat of rupture.

Dr. Workman read a paper on Myxedema, or Pachydermic Cachexia, embracing a full resumé of the well-known views of Gull, Ord, Mahomed, Goodhart, Charcot, and Hadden. The paper was a translation from the *Rivista Sperimentale*.

REGULAR MEETING, SEPTEMBER 21, 1882.

The President, Dr. George Wright, in the chair.

Dr. McPhedran showed a boy, aged 6, with well marked summer prurigo. The eruption first showed itself early in the summer of last year, continuing till the cold weather came when it wholly disappeared and returned again with the warm weather this summer. It is much worse this year than last. The family history contains nothing of importance. The child is vigorous and healthy. The eruption consists of pinkish papules varying in size from a pin's head to three or four times that size ;

the apex capped with a thin whitish scale ; in many of the papules the scale is replaced by a scab. The papules appear on all parts except the scalp, upper part of face, axillæ, anal fissure, scrotum, and palms and soles. It is most abundant on the outer aspects of legs and arms where the skin is thickened, harsh, and dry, and scratch-marks and scabs very numerous. At night the itching is intense, but only slight during the day. Treatment has resulted in no benefit thus far. Sulphur and tar baths had been tried but the facilities for prolonged bathing were wanting. Arsenic, iron, and cod liver oil had been given internally.

Dr. Graham said the case was a most typical one of summer prurigo as described by Hutchinson. He had had two cases in his practice, but they were complicated by wheals and might be looked upon as lichen urticatus. He had recently seen a case of the inveterate prurigo of Hebra much benefitted by naphthone ointment.

Dr. Cameron said he had a similar case to the one exhibited, of three years standing in an adult, under his care. He was inclined to think that true prurigo was of more frequent occurrence than stated by the authorities. He saw a case some years ago.

Dr. Oldright showed a case of leucoderma in a man aged 28. Began two years ago, and occurred in small spots chiefly on right side of chin and neck.

Dr. Cameron said he had a similar but more marked case under his care at the General Hospital at present ; the hyperpigmentation around the leucodermic spots being very distinct. He advised liquor epispassicus locally and cod liver oil, phosphorus, phosphides, especially phosphide of silver, etc., internally.

Dr. Graham saw a case treated successfully temporarily at last by mustard plasters.

Dr. McPhedran next showed a case of tubercular and bullous eruption in a young woman, possibly due to the bites of the cimex lectularius.

Dr. Geo. Wright read a paper on Rôtheln. He gave a full description of the disease and its treatment, and traced its history from the time the first descriptions were given of it as a form of measles or scarlatina, or a hybrid of

both, one hundred or more years ago, to the present, when it is acknowledged an essential fever.

Dr. Cameron preferred the name Rubella, as suggested by the American Dermatological Association. He said there had been an outbreak of rubella at the House of Providence during the past summer, and continuous with it another of measles. There were no deaths in the former but a large number of cases had terminated fatally in the latter.

Dr. Graham said an outbreak of rubella occurred in Brampton in 1872, and was described in an article in the *Canada Lancet* by Dr. Heggie. This was a year before the first outbreak in New York, which Dr. J. Lewis Smith stated occurred in 1873, as given in the paper just read.

Dr. A. H. Wright said a wide-spread epidemic occurred in Colborne, Ont., during the second year he was in practice, and had given much concern to the practitioners in that district. He thought there was great difficulty in diagnosis owing to the varying character of the symptoms.

Dr. Oldright said outbreaks of what was called "hybrid" measles and scarlet fever by the leading physicians, occurred in Toronto during 1863-65.

Dr. Temple said an outbreak had occurred in one of the ladies' schools during the recent epidemic, and asked the opinion of the Society on the advisability of closing the school.

In reply, Dr. Cameron said he thought the school should not be closed but quarantined, as the poison being disseminated in the early stages of the fever would be carried home by the ladies if the school was closed.

Dr. McFarlane said he had some very severe cases during the recent epidemic, one child having died. In this case the rash came out quickly all over the body; was abundant, bright colored at first, but became darker in a few hours. The child died exhausted. He believed the disease was most likely confounded with scarlet fever.

Dr. Nevitt agreed with Dr. A. H. Wright as to the great difficulty in making the diagnosis in many cases.

The Society then adjourned.

(Regular Meeting, October 5th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Spencer showed a woman with an eruption, probably syphilitic, chiefly on the face, neck, and forearms. Treatment had not been followed by much benefit. Dr. Cameron advised giving iodide of potassium in much larger doses than had been given.

Dr. A. H. Wright showed fractured os innominatum and spine. (See report in this issue.)

Dr. Nevitt showed an exostosis removed from the unguis phalanx of the great toe of a young girl.

Dr. Macdonald reported a case of epithelioma of the uterus and vagina in a woman, a farmer's wife, aged 60. Symptoms first showed themselves last April in a bloody vaginal discharge, lasting for a day or two, and recurring from time to time. No pain or hydrorrhœa. He removed as much as possible of the growths, to mitigate symptoms and prolong life.

Dr. Nevitt said he had a similar case at present under his care. He was applying the fuming nitric acid, much to the relief of the patient. Both pain and hydrorrhœa were marked.

(Regular Meeting, October 9th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Holmes was elected a member of the Society.

Dr. Reeve exhibited a patient illustrating the treatment of Ectropion by transplantation of flap without pedicle, and gave an elaborate description of the various steps of the operation. The case was a marked example of cicatricial keloid resulting from a burn. The upper lid had been treated by transplantation two years ago with the most satisfactory result. The operation on the present occasion was for the restoration of the lower lid. The extent of raw surface made was 25 x 15 mm., and a flap 65 x 40 mm. was transplanted from the inner side of the arm. The operation was performed three weeks ago, and the flap had united perfectly. This was the fifth case operated on by Dr. Reeve, of which four were completely successful. In answer to Dr. Cameron, Dr. Reeve said he had not tried treatment



of keloid by friction with sand ; that the mode of operating by transplantation without pedicle was that developed by Wolfe, of Glasgow ; and that no keloid had formed on the arm as a result of the removal of the flap.

Dr. Zimmerman reported a case of malignant disease in a compositor. (Appears in this issue.) Dr. Zimmerman said the disease was rare in the supra-renal capsules, especially in one alone, and it would be interesting to know if the capsule had been primarily diseased in this case. In reply to Dr. Cameron, he said the frequency of malignant disease of the pelvic tissues in young people might be due to great activity of the sympathetic.

Dr. Graham reported a case of abscess of the tongue. It was the first case he had seen. Drs Workman and Machell had seen cases.

Dr. Graham reported a case of a child, aged three years, with symptoms resembling those of leucocythemia. Splenic dullness was increased ; the red corpuscles about  $\frac{2}{3}$  normal number ; and white corpuscles in proportion of 1 to 20 red ones. No history of ague. The case might be anæmia, with splenic and glandular enlargements.

Dr. Cameron said he saw one exactly similar two months ago.

Dr. Graham reported a case exhibiting symptoms of bulbar anæmia in a man aged 48. The man had for years devoted himself closely to business, and suffered from debility in consequence. He went to Europe last spring, and on the voyage was seized with an attack of dyspnœa ; another in London. On Oct. 5 Dr. Graham was called hurriedly at night to see him. He had awakened with another attack. In this there were a number of superficial respirations, followed by a deep one. No chest symptoms. Next day, while receiving an application to the throat, was again seized. No spasm of vocal cords during this seizure. Memory is failing ; he has become very emotional ; is very temperate ; no venereal history ; urine normal ; no optic neuritis.

Dr. Cameron inclined to the view that tumour of the brain was the cause. Such symptoms might arise from a form of epilepsy.

Dr. Reeve said the absence of optic neuritis did not exclude tumour of the brain, as tumour may exist for years and neuritis only develop a short time before death.

Dr. Graham exhibited pulse tracings from a case of aortic regurgitant disease in a fish pedlar. No symptoms till two weeks ago. He was passed a short time ago for life assurance. He believed the case one of idiopathic endocarditis. (See clinic in this issue.)

Dr. McPhedran reported a case of hemiplegia in a man aged 28, due apparently to embolism. The heart is normal ; no history of inflammatory rheumatism or syphilis.

Dr. Graham then read a paper on Lupus, giving the history of six cases, illustrating the different varieties. He believed *L. Erythematous* and *L. Vulgaris* to be similar in pathological character, the difference being due to the seat of the deposit. Prognosis always bad.

Dr. Cameron adopted the view of Friedländer that the two forms of Lupus are distinct pathologically. He advised treatment by oblique linear scarification or erosion, to cut off the blood supply, followed by application of iodoform and pressure.

Dr. Workman brought to the notice of the Society the desirability of establishing a registry of nurses for Toronto. Owing to the lateness of the hour the subject was deferred till next meeting. (See Editorial.)

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### Miscellaneous.

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#### CLOSURE OF SCHOOLS OWING TO PREVALENCE OF ZYMOTIC DISEASES.

The conclusions of a paper on this important subject, read at the last meeting of the British Medical Association, by Mr. H. Page, M.R.C.S., S.Sc.C. Camb., Ex-Med. Officer of Health, Redditch Urban Sanitary District, are as follows :—

1. Where there is no compulsory notification of infectious diseases, it is necessary to close schools, as soon as it is evident that they are acting as centres of infection ; but that

2. Where there is compulsory notification, and the knowledge so acquired is efficiently utilized, and its necessary adjunct—proper means for isolation of cases, that is, hospital accommodation—exists, the control of zymotic diseases is so complete, and the consequent protection of schools from the introduction of contagion so efficient, it is extremely seldom that it is necessary to require their closure.