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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XXI.] TORONTO, OCT., 1888. [No. 2.

Original Communications.

ADDRESS ON SOME OF THE RECENT ADVANCES IN SURGERY.*

BY FRANCIS J. SHEPHERD, M.D.

Mr. President and Gentleman,—When informed by our worthy President that I was appointed to deliver the address on Surgery before this Association, I felt that the duty might have devolved on one much more competent of treating this great subject satisfactorily; one who had the faculty of making his address interesting to every one of you. When writing me, Dr. Graham said that the address should be limited to a period of—well, say that of an ordinary sermon, and hinted that the members of the Association did not want to be lectured to. I shall endeavor to the best of my ability to carry out these instructions.

It is not so many years ago that Boyer, after the French war, said that "Surgery seems to have attained the highest degree of perfection of which it is capable." The history of surgery, which during the past fifty years has been one of continuous advance, has proved the falsity of Boyer's opinion. During the last decade this advance has been almost phenomenal, and now scarcely a month passes without the introduction of some new operative procedure, or some daring operation in cavities and organs, which have from time immemorial been regarded as sacred. The causes of this advance have been two in number, the discovery of anæsthesia and the introduction of aseptic surgery, with which the name of Lister will ever be associated. Formerly, surgery was regarded as a mere mechanical art, and practitioners of medicine looked down upon the surgeon

as one who practised a trade. How different is the relationship now. Surgery now takes the lead, and the surgeon has wrested from the physician many regions which he thought to be essentially his own. The abdomen, for a long time the hunting ground of the physician, has been almost completely surrendered to the surgeon, and with what brilliant results you all know. Certain diseases of the kidney, liver, ovaries, lungs, brain, etc., which were formerly purely medical, have become chiefly surgical; and owing to modern methods of operative treatment, many lives have been saved which heretofore the physicians let slip through their fingers as being beyond their skill to cure, though they endeavored by a copious, and it is to be hoped, judicious use of the various preparations in the pharmacopœia to alleviate the sufferings of their unfortunate patients. The brain, within the last few years, has yielded not a few results to surgery, which medicine has striven for in vain. The victorious advance of surgery has been positive, and the success which follows its onward course stimulates to further exertions. Still medicine and surgery are not opposed to one another, and should go hand in hand. Without the aid of the physician, many cases would escape the beneficent treatment of the surgeon; and one cannot afford to do without the other. In an address given by Prof. Bergmann before the German Scientific Medical Association in 1887, he says, "There is more or less rivalry between medicine and surgery in the cure of disease, but further progress in surgery can only take place through an increased knowledge of internal medicine. Surgeons must now avail themselves more of the accurate means of investigation which we owe to physicians; auscultation and percussion, thermometry, chemical, microscopical, and electrical investigation. As long as internal medicine remains the guardian of scientific methods and scientific principles, so long will it remain the parent tree of which surgery is only a branch." Again, "It follows from what has been said, that surgery owes all its recent development to clinical medicine, and just as antiseptic treatment is the product of careful observation in etiology, so the energetic procedures of internal surgery will have successful results only when firmly established by the methods of clinical medicine; otherwise surgery will sink, in the hands of

* Read before the Surgical Section of the Canadian Medical Association, at Ottawa, September 12th, 1888.

expert specialists, to a mere display of manual dexterity." Such are the opinions of one of Germany's greatest surgeons. His warning note that surgery may degenerate into a mere display of manual dexterity is timely, for what strikes me most in reading the surgical literature of the day, is that it treats almost entirely of surgery in its operative aspects, and those departments of surgery which are not operative seem to be treated with but scant consideration. There is great danger of the surgeon becoming too limited; already there are men who profess to perform but one or two operations; they certainly do them well, but such limitation must induce a narrowness of mind which is detrimental to surgery in general, and will in the end have a dwarfing effect on the more scientific branches of surgery. It is to be hoped that this is merely a temporary condition which is induced by the novelty of invading territories hitherto but little known to the surgical traveller.

However, even if it must be admitted that surgery to-day is chiefly operative, still it is more conservative than formerly, as witness the great advance made in the surgery of the joints. Where formerly a limb was amputated, now the joint is excised and the diseased matter removed with scissors and a sharp spoon. How rarely is the foot now amputated for disease of the articulations. I have only once amputated a foot for tuberculous disease of the joints, and have always regretted it. Who would now amputate an arm for disease of the elbow, or a hand for wrist joint disease?

But, gentlemen, I fear I am tiring you with my platitudes and generalizations, so I shall pass on and give in as brief a manner as possible, an account of the recent advances in some of the more important departments of surgery. At the Toronto meeting of the Association in 1882, it was my privilege to read the report on surgery. At that time, among other subjects, I discussed the modern treatment of wounds; since then, not much progress has been made in the treatment of wounds. The same principles laid down then are still in force—cleanliness, rest and asepticity. The dressings applied to wounds have become much simpler, and the antiseptics most relied on are soap, water, and a good nail brush. Not only should the hands of the operator be cleansed with

soap and water, but the parts operated on and their vicinity should also be similarly treated. Faith in germicides is being lost, and although irrigation has supplanted the spray, the solutions used have become weaker and weaker, until some surgeons use water only, especially in operations on the abdomen and thorax, where antiseptics have been proved to be absolutely injurious and often dangerous. (a) Sponges have become objects of suspicion, their place is now taken by the irrigator, linen, or pieces of washed gauze. The spray, which formerly was a trusted friend, a valued ally, and with some the sheet-anchor of antiseptic surgery, has been all but abandoned, and is now seen as a mere survival of a past condition. Whilst in Germany last summer, I saw in every surgical klinik the magnificent ruins of the spray-producer, looking like some old castle which marked the customs and conditions of other days. Lister, himself, was one of the first to give it up, and last summer at King's College Hospital he spent some time in explaining to me how especially useless the spray was in those operations on the thorax and abdomen, where it is still retained in a sort of superstitious way by some enthusiastic men. Whilst on the subject of the treatment of wounds, I might allude to one point where it seems to me practitioners in reporting cases might be more explicit. We read of a successful case of abdominal or other operation where the result was, of course, a brilliant success (how few unsuccessful cases do we read of), and the author states that the operation was performed with full antiseptic precautions. Now, what does this mean? "Full antiseptic precautions," with one surgeon may mean an elaborate ritual, and with another simple cleanliness. It would be a great improvement if, when reporting cases of remarkable recoveries from astonishing operations, the reporter would state exactly the method of treatment employed to which he attributes his great success. The patient gets but little credit for the part he plays in bringing about a favorable result, and nature gets still less.

In the *surgery of the abdomen* much progress has been made. In ovariectomies and extirpations of the uterus the mortality after the operation is being steadily diminished, chiefly by the simplifi-

(a) See Senger's paper read at a recent meeting of the Berliner Medicinischer Gesellschaft.

cation of the methods of performing the operation. Rapidity of operation and a not too elaborate "toilette of the peritoneum," with drainage if there be bleeding, have been most successful in reducing the mortality in these operations. Following the lead of such men as Tait, Bantock, etc., antiseptic solutions are being discarded for plain water.

In cases of *acute intestinal obstruction* it is now becoming a recognized custom for the physician to call a surgeon in consultation, and the result has been that many lives have been saved. In my opinion these cases should be placed in the hands of the surgeon from the first, as in the great majority of cases there is little hope of relief being afforded by medical means alone. Not a few cases of *intussusception* have been cured by early operations, and also many cases of strangulation due to bands, twists, etc. It is now an axiom of surgery not to let any case of acute intestinal obstruction die without at least an exploratory incision. Some patients will be as anxious for operations in these cases as they are now in cases of strangulated hernia. Physicians still procrastinate in cases of intestinal obstruction. They often do not advise operation until all hope of recovery has been abandoned, and operation is looked upon as a *dernier ressort*. The treatment by rest, starvation and opium has still charms for most practitioners, who are always hoping that "something will turn up." Cases of operation are reported where no cause could be found for the obstruction, and where an opening was made in the distended bowel, with the best results. The artificial anus which ensued being, after some time, spontaneously closed. This affection, in spite of operation, will always be a very fatal one until some better means of diagnosis are available before collapse sets in. On many occasions the gravity of the case is overlooked until the patient is almost moribund.

In *inflammations of the cæcum and appendix*, surgical interference has been attended in numbers of cases by remarkable success. It is now held by many surgeons that all cases of so-called typhlitis ending in suppuration, are due to perforation of the cæcum (rare) or appendix, and that early operation in this most fatal affection is the proper procedure. In some cases the perforated bowel has been closed with sutures or the diseased appendix has been excised. The results

have been most satisfactory. It has been attempted to close by operation perforations due to the ulcers in typhoid fever, with but little result; the condition of the patient and the state of the bowel itself, renders it improbable that much progress will be made in this direction. The operation has been performed by Kussmaul, of Strassburg, Bartleet, of Birmingham, and Morton, of Philadelphia, with fatal result in each case.

In *tubercular peritonitis*, most brilliant results have been effected by operation. The early operations were chiefly cases of mistaken diagnosis for ovarian disease, or were doubtful cases in which an exploratory operation was called for; the good results following these mistakes led to the adoption of incision and drainage as a recognized treatment for this affection. Many remarkable cures are reported, but in the majority of cases this treatment is only palliative.

In *suppurative peritonitis*, the treatment by incision and drainage has also afforded some remarkable results, and in all cases this method should be adopted even if the cause, which is usually perforation of the intestines or appendix, cannot be discovered.

In *perforating gunshot wounds of the abdomen*, good results have been obtained by immediate operation. W. T. Ball and J. F. S. Dennis, of New York, on this side of the Atlantic, have led the way in showing the profession what excellent results may be obtained by immediate operation. Prof. Nicholas Senn, of Milwaukee, at the International Congress held last year in Washington, read a remarkable paper on "Intestinal Surgery." His experiments were made on dogs and he showed how gunshot wounds of the intestines could be healed by omental grafting, with or without scarification of the serous surfaces (a). Dr. Senn has also quite recently devised a method for the detection of perforating wounds of the intestines, by means of hydrogen gas insufflated per rectum, the escape of the gas from the abdominal wound can be recognized by its inflammability, and this, of course is proof positive that the intestine has been perforated.

At the meeting of the British Medical Association held in Dublin last year, some admirable papers on the *radical cure of hernia* were read by

(a) Meeting of American Medical Association, 1888.

such surgeons as MacEwan, of Glasgow, Mitchell Banks, of Liverpool, Ball, of Dublin, Barker, of London, etc. The results of operations by excision of sac and stitching up the wound, were most encouraging. MacEwan reported sixty-five cases operated on by his method, without a death, and only one failure. Banks, who was one of the first advocates of this method of operation, reported 106 cases. Ball, twenty-two cases without a death, and Barker thirty-five. MacEwan does not excise the sac, but after reducing the hernia makes use of the sac as a pad, by drawing it up through the internal ring and fixing it there. Banks, Barker, and others advise excision of the sac and fixing the stump at the internal ring, whilst Ball's method consists in torsion of the sac before excising. The open method has been advocated on this continent by McBurney, of New York. French surgeons, after ligature and excision of the sac, do not advocate closing the inguinal canal by sutures, as is done by English and German surgeons. My experience in this operation has been small, but some months ago I operated on a very formidable case, the details of which I shall venture to mention. A blacksmith, aged 52, had an enormous, irreducible, scrotal hernia of the left side, from which he had suffered for many years. The tumor had become so large that he could not wear trousers or follow his occupation. He was, besides, a rather corpulent man and a hard drinker. I performed the operation for radical cure of the hernia, on the 25th of April last. The sac was dissected out and opened, and the contents reduced with the greatest difficulty. The sac contained all the small intestines, the transverse and descending colon, and the sigmoid flexure, together with a large mass of omentum. Several pounds of the latter was excised, and it was only by suspending the patient by his heels (a suggestion of Dr. Bell's), that I was enabled to reduce the protruded bowel. The intestines had not been in the abdomen for some years, and that cavity now seemed too small to contain them; and when, after an hour and a half's exertion, the intestines were all returned, the abdomen was as tense as a drum. The sac was excised and the stump fixed to the internal ring according to Barker's method, and the canal closed by suturing the conjoined tendons to Poupart's ligament. The patient made an excellent and uninterrupted recovery, and is now pursuing his

occupation as a blacksmith with comfort. I saw him a week ago, and there was not the slightest tendency to a return of the hernia.

In the victorious advance of surgery the *liver* has not escaped. Langenbeck, of Berlin, has successfully resected the greater part of the left lobe, and Dr. Dalton, of St. Louis, and Prof. Postempki, of Italy, have successfully sutured the liver for gunshot wound and stab wound respectively. Hydatid cysts have been frequently and successfully evacuated.

The *surgery of the gall bladder* has been making steady and uninterrupted progress. Lawson Tait has reported no less than thirty cases of operation on the gall bladder, with one death. He differs from Langenbeck, of Berlin, who prefers excision of the gall bladder to incision and drainage. Mr. Tait says, (b) "The more experience I have in dealing with these cases the less necessity, it seems to me, arises for anything more than the simple process of cholecystotomy, and the extremely favorable results obtained from it put it in the first rank of modern operative procedures." Diseases of the gall bladder are among those affections which should be looked upon as surgical, and which the judicious practitioner should treat as such. In some cases of obstruction from gall-stones, the gall bladder is shrunken and can be with difficulty brought to the surface. It is often difficult to say whether a case of obstruction of the common duct is due to impacted calculus or malignant disease; when the cystic duct alone is obstructed there is no jaundice. In doubtful cases an exploratory incision is now considered justifiable.

When the gall-stone has escaped from the common duct it may still prove a source of danger. Obstruction of the intestine due to gall stone is more common than is supposed, a small stone may cause symptoms of complete obstruction and consequent death. Such cases should be treated by early laparotomy. It is not necessary to incise the bowel to free the stone, for it may be passed in through the ileo-cæcal valve by external manipulation, as has been done by Mr. Clutton, of London, or broken up *in situ* with a needle, as recommended by Mr. Tait.

The *stomach* has been frequently successfully opened for the removal of foreign bodies, or the

(b) *Lancet*, April 14th, 1888.

performance of Toreta's operation of dilating a contracted pylorus; operations of excision of malignant growths of the stomach are not growing in favor, the game, as a rule, is not worth the candle. The *pancreas* has been successfully operated on for cystic disease, and the *spleen* has been so frequently successfully excised that the subject is no longer a matter for wonderment.

We come now to the *surgery of the kidney*. Since Simon first extirpated a kidney in 1869, great advances have been made. The surgery of no other abdominal organ has been so rapidly developed and perfected. No doubt many kidneys have been removed unnecessarily, and too often, unfortunately, with a fatal result; but surgeons are now beginning to see their way more clearly in this, until recently, little known branch of surgery. It is now a well established rule that no kidney should be removed without a previous nephrotomy, or exploratory incision. Again, no kidney should be removed until the condition of its fellow is ascertained. Several cases are on record where the surgeon has removed the only kidney in the patient's possession. A preliminary nephrotomy enables the surgeon to avoid this fatal mistake. The most brilliant results have been obtained in the operation of *nephro-lithotomy*. During the past year, Mr. Jordan Lloyd, (a) of Leeds, Eng., has introduced a method of exploration of the kidney which is a great improvement on the old needle puncture. He advises puncture of the lower end of the kidney with a long-bladed tenotome, in a direction upwards and inwards till the lowest of the calyces is reached; a small short-beaked child's bladder sound is then introduced, and the calyces and pelvis explored. In June last I had an opportunity of putting Mr. Lloyd's method into practice, and find it a simple and admirable one. The patient had been subject for several years to attacks of renal colic, latterly the pain had been continuous and was located in the left lumbar region and down the course of the ureter; great pain was felt on pressing over the left kidney. He had never had any blood or pus in his urine. Knowing the comparative harmlessness of the operation of nephrotomy, and having had experience in several other cases, I determined to cut down on the painful kidney and examine it. When the kidney was reached the exploration was made with the greatest

facility and with but little disturbance of the parts. After incising the lower end of the kidney with a bistoury, the short-beaked sound was introduced and the pelvis and calyces of the kidney thoroughly explored, but without result; no stone was found. The hemorrhage from the kidney, which was free was easily controlled by pressure. The wound was closed and a drainage tube placed at its lower end. Urine ceased to come from the wound after the second day. In ten days the patient was out on the gallery and in two weeks the wound had soundly healed. The pain which previously had been most intense was much relieved, and has since almost entirely disappeared. When last seen the patient was attending to his work and looked strong and healthy. I might mention that a woman from whom I removed a kidney in September, 1884, for calculous pyelitis, is still alive and in good health, and since the operation has given birth to three healthy children. Another operation which is finding favor in the eyes of surgeons is nephrorraphy or fixation of a floating kidney. Removal of the kidney was formerly practised for the relief of the pain and inconvenience of a floating kidney, the substitution of nephrorraphy for nephrectomy in these cases is a decided advance, for the former operation is a much safer as well as a more scientific one.

In the *surgery of the bladder* progress has also been made, though not to the same extent as in that of other abdominal organs. Tumors of the bladder are now successfully removed, and Guyon, of Paris, and Thompson, of London, have done excellent work in this direction. The introduction of the electro-endoscope has much facilitated diagnosis. The old supra-pubic operation is now the fashionable one for the removal of stone from the bladder, and it is being practised largely everywhere. The operation has been much improved by the introduction of Petersen's rectal bags and the practice of moderately distending the bladder before operation with an antiseptic solution. The operation is suitable for cases of large and hard stones, and for the removal of tumors and foreign bodies, but it will no more supplant the old operation of lateral lithotomy than did lithotrity. In some cases of stone in the bladder, Mr. Reginald Harrison, (d) of Liverpool, justly remarks, "it is necessary to do something more than merely re-

(a) *Practitioner*; Sept. 1887.

(d) Lettsonian Lectures, 1888.

move the stone. In cases of cystitis with enlarged prostate where stone has formed, removal of the stone is necessary, but it is also necessary to prevent further formation, by getting the bladder into better condition." The bladder, says Mr. Harrison, is like a chronic abscess with a stone in it, and it is quite as necessary to drain the one as the other.' These cases are unfit either for supra-pubic lithotomy or lithotripsy; but the lateral operation provides an excellent means not only for the removal of the stone but of after-drainage of the bladder. Ruptured bladders have recently been *successfully treated by abdominal section*, and suture of the bladder rent. An early diagnosis is of course important in these cases.

I fear I have already exceeded my allotted time, and although many other subjects of intense interest to the surgeon might be touched upon, yet I feel constrained, for the remainder of my address, to confine myself to giving a short account of the remarkable advance which has been made during the past two or three years in the treatment of various *diseases and injuries of the brain and spinal cord* by surgical operation. Brilliant results have been obtained in this department of surgery, results which, a few years ago, would have been looked upon as Utopian. The operation of trephining the skull is a very old one, and was frequently and often unnecessarily performed by surgeons in the early part of this century. I have heard, that it was quite the fashion for Dublin surgeons to have their pockets full of buttons of bone which had been removed with the trephine from the skulls of pugnacious Irishmen. However, the surgeons at that time only trephined for injury, and their explorations did not extend further than the dura mater; it was considered injudicious and dangerous to interfere with the brain itself, not, as in earlier times, for superstitious motives, but owing to such interference being followed by fatal inflammation. It is only with the introduction of antiseptic surgery, and a more accurate knowledge of the localization of brain functions that the brain itself has been interfered with. Our knowledge of the functions of the brain has been greatly extended by the researches of such men as Broca, Hughlings Jackson, Fritsch and Hitzig, Goltz, David Ferrier, Yeo and others. The observations of these investigators chiefly go to prove that many areas in the brain are connected with sepa-

rate and distinct functions. It was found that if these areas in the surface of the convolutions were stimulated electrically, distinct movements were excited in certain groups of muscles on the opposite side of the body. These facts were not discovered all at once, but were the result of prolonged clinical observation and careful experiments on the brains of animals. Many cases of severe injury to the brain have been saved in the past by early trephining. Abscesses of the brain following injury have been frequently opened successfully. Again, many cases of epilepsy, due to injury, have been cured by trephining over the spot injured; but it is only quite recently, in fact only since the truth of the theory of Broca's localization has been established on a firm basis, that operations have been undertaken where there was no external indication of injury or disease. The lesions have not only been successfully diagnosed, but the brain and its membranes have been incised without resulting in fatal inflammation. It has been clearly shown that inflammatory conditions following operations are due to sepsis. If the wound be kept aseptic the case does well. Dr. MacEwen, of Glasgow, an old pupil and house-surgeon of Lister's, noticed that cases of severe injury to the skull with extensive loss of cerebral substance, were quite amenable to treatment, and exhibited no tendency to inflammatory action as long as the tissues were kept aseptic; hence, he said, if such injuries can be recovered from, how much more likely is recovery from a carefully planned operation. His first case was in 1876 for abscess, which he diagnosed to be in the vicinity of Broca's convolution; operation having been refused during life, he was permitted to trephine over Broca's convolution after death; the abscess was found as diagnosed and easily evacuated. In 1879 Dr. MacEwen successfully evacuated from beneath the dura mater of a boy, who had previously received an injury of the head, some fluid which had collected there and had given rise to convulsive seizure of arm and leg. In the same year a tumour of the brain was diagnosed and successfully removed from the frontal lobe of a woman, who lived for eight years after and then died of Bright's disease of the kidneys. Up to 1884 MacEwen had operated on seven brain cases, with one death, a case of abscess of the temporo-sphenoidal lobe. In December, 1884, the first case of tumour of the

brain was operated on in London, having been previously diagnosed by Dr. Hughes Bennet, and removed successfully by Mr. Rickman Godlee; the patient lived four weeks relieved of his previous symptoms, and then died from septic complications. The report of this case, at a meeting of the London Medico-Chirurgical Society in May, 1885, gave rise to a most interesting and important discussion, in which Drs. MacEwen and Ferrier took part. Dr. MacEwen related several cases in which he had successfully operated, and mentioned his method of re-implanting the removed disc of bone. Up to this time MacEwen had operated on seventeen cases for the relief of cerebral pressure and other brain lesions. At the Brighton meeting of the British Association, in 1886, Mr. Victor Horsley excited the admiration of the meeting by his remarkable paper on the *Advances in the surgery of the central nervous system*. In this paper he minutely detailed his method of operating, and showed how, if performed carefully, the brain might be incised and tumors removed without any great risk to the patient. His experience was chiefly derived from operations on monkeys. He also showed three patients on whom he had successfully operated—one for tumour, and two others for scarring of the convolutions, causing epileptiform fits. Since this time operations on the brain have become comparatively frequent for epilepsy following injury, for abscess of the brain (especially that form connected with suppurative disease of the ear), and for tumours. On this side of the Atlantic, Drs. Keen and Roberts, of Philadelphia, and Drs. Weir and Seguin, of New York, have done good work. Dr. Keen has recently successfully re-implanted, in one piece, the bone removed by the trephine.

At the second meeting of the British Medical Association, in Glasgow, Dr. MacEwen read an epoch-marking paper, in the surgery of the "Brain and Spinal Cord." He related, how for years, he had been working at this subject—and with what great results. His paper is certainly a wonderful contribution to surgical science. He says: "Of twenty-one cerebral cases (exclusive of fractures of the skull and other immediate effects of injury), in which operations have been performed by me, there have been three deaths and eighteen recoveries. Of those who died all were *in extremis* when operated upon. Two were for abscess of the

brain, in one of which pus had already burst into the lateral ventricles; in the other suppurative thrombosis of the lateral sinus had previously led to pyæmia and septic pneumonia. The third case was one in which, besides a subdural cyst over one of the hemispheres, there was extensive softening at the seat of the cerebral contusion in the opposite hemisphere, accompanied by œdema of the brain. Of the eighteen who recovered, sixteen are still alive, in good health, and most are at work; leaving two, who have since died, one eight years after the operation, from Bright's disease, the other forty-seven days after operation from tubercular enteritis."

These results are certainly remarkable and very encouraging, as to the future of the surgery of the brain. I had the pleasure, last year, while in Glasgow, of seeing some of Dr. MacEwen's cases, and some were most interesting. In one case the diagnosis of the lesion was made from sensory phenomena alone, and successfully operated upon. Notwithstanding the success of such men as MacEwen, and Victor Horsley, operations on the brain should not be rashly undertaken. Each case should be studied on its own merits, and the surgeons who attempt these operations, need not only experience of general surgery, but an accurate knowledge of motor and sensory phenomena in connection with the localization of the functions of the brain.

Dr. MacEwen's name is also associated with the surgery of the spinal cord, he has operated on no less than six cases. In all, the posterior arches of the vertebræ were removed; four to relieve paraplegia, caused by pressure from connective tissue, neoplasms and displacement of the vertebræ, due to caries or traumatism. Out of the six cases operated on four were successful and two died. The first case was operated upon as early as 1882. Mr. Victor Horsley successfully removed a tumor, diagnosed by Dr. Gowers, from the posterior end of nerve opposite the third dorsal vertebra. The patient suffered from paraplegia. He completely recovered and was shown to the London Medico-Chirurgical Society, January 24th, 1888. I have frequently trephined the spine in the dead subject, and I can say that the operation itself presents no great difficulties. The cases which call for this operation are, however, rarely met with.

There are many other interesting subjects on

which it might be profitable to dwell, such as: intubations of the larynx, re-implantation of bone, transplantation of the eyeball and conjunctiva, new theories as to the cause of inflammation, tetanus, etc., surgery of bronchocele, surgery of lungs, joints and many others, but time will not allow me to more than mention them.

RARE CARDIAC MALFORMATION.

BY G. A. BINGHAM, M. D.,

Pathologist to Toronto General Hospital.

Albert C., æt. 4 years 11 months, convalescing from measles and running about the room, dropped in a fit and died after a few minutes, on the evening of June 30th.

About one week prior to this I had been called to see him and found an unusually stout lad distinctly cyanosed, breathing in an asthmatic manner, and whose rapid and violent heart-beats I was able to count *by sight*, even when he stood some distance away. Following was the history obtained: "Ever since he was three years old has been troubled with 'fits,' sometimes two in three weeks and sometimes once a fortnight. Before this time was a healthy boy, with no cyanosis and no heart trouble suspected.

No apparent cause for the attacks; they would come on even when he was perfectly quiet. He would cry out that he felt ill and would then fall suddenly; would remain sensible during the attack; would scream and fight for breath. The fits lasted from ten minutes to one hour.

Seven weeks ago had a fit during which he was perfectly insensible and stiff, with eyes open and foaming at the mouth, since that time he has appeared worse. Has only been in Canada three weeks. While in England (Birmingham), the hospital physicians had used him frequently as the subject of a clinic, and they had said that a certain opening in the heart had not closed as it should have done."

On examining the heart I found a perfect babel of sounds, but among them all I detected a systolic sound which I thought to be aortic obstructive.

His finger-nails and lips were blue-black and face and extremities mottled of the same color.

Dr. Richardson, jr., and myself were only allowed to make a very imperfect post-mortem exam-

ination, and on the morning of July 1st we hurriedly ligated the cardiac vessels and removed the heart, which was all we were permitted to examine.

The heart as a whole was hypertrophied, especially the right ventricle.

On opening the right auricle the foramen ovale was found to be closed, except a small valvular opening on one side. In the right ventricle the columnæ carneæ were enormously hypertrophied and there was no apparent opening into the pulmonary artery. On passing a probe down into the distal end of the pulmonary artery (which was normally patent) it was made to pass with some difficulty beneath the network of columnæ carneæ between which it was seen. There was then a decidedly limited pulmonary circulation from the right heart.

How then did the venous blood escape from the right ventricle? On examining the ventricle more closely, we were surprised to find up behind one of the semi-lunar valves, a large direct opening into the aorta; indeed the aorta appeared to take its origin equally from the right and left ventricles. On looking into the aorta from the distal end, the inter-ventricular wall was seen as a line forming the diameter of the cardiac orifice of the vessel.

Several questions naturally suggest themselves in connection with this case:

1. How was sufficient blood aeration carried on, to prolong life for nearly five years? Certainly not through the insignificant and almost imperceptible crevice between the columnæ carneæ in the right ventricle.

2. Why the hypertrophied right ventricle?

3. What was the cause of the systolic sound heard?

4. What is the pathology of the "fits"?

5. Why did the "fits" only begin about two years ago?

6. What was the cause of the cyanosis?

(1) Unfortunately we had not secured the aortic arch in our post-mortem excision of the heart, but there can be little doubt that the following was the condition present. A ductus arteriosus was given off as usual, from the pulmonary artery to the aorta; and this had remained patent; now when the venous blood from the right

heart passed into the aorta, a portion of it was forced into the d. arteriosus and from thence through the pulmonary artery into the lungs. Thus, by a reversed current, the work of aeration was carried on.

(2) The amount of extra work thrown upon the right ventricle, in forcing the current through the abnormal aortic opening and attempting to force it into the normal passage, would account for its hypertrophy.

(3) The systolic sound heard was undoubtedly pulmonary, obstructive at least in part.

(4) The attacks (in which he fought for breath) were probably due to a pulmonary stasis, caused by the temporary arrest of heart action, which always accompanied these attacks. The attack seven weeks before death was evidently epileptoid in character and due in part to the excess of venous blood in the brain and the action of this impure blood on the nervous system.

(5) Why the child remained free from the attacks early in life I am not prepared to say. I believe that at an earlier period the pulmonary orifice in the right ventricle was very much more patent than at present. The orifice as now seen is occluded by hypertrophied columnæ carneæ and ventricular walls, and it may be readily understood, that if this hypertrophy were absent (as in earlier life) we would have a more patent artery. This may probably account for the non-appearance of the attacks before the third year of the child's age.

(6) Morgagni has said that in these cases the cyanosis is probably due to the general congestion which is present. Hunter, on the other hand, has claimed it to be the result of the admixture of venous with arterial blood, which is constantly going on. Probably both of these factors enter into the maintenance of that condition of peculiar discoloration, known as cyanosis.

A CASE OF THROMBOSIS OF THE UTERO-VULVAR CAVAL RUPTURED DURING LABOUR.*

BY WM. S. MUIR, MD., L.R.C.P. AND S.ED., TRURO, N.S.

On the 22nd of March last, I was called to attend Mary C., aged 17 years, primipara, a short, stout, full-blooded girl. She had been in labour for four or five hours, as it was not the intention of her friends to have a doctor, her grandmother being a local midwife. I was told that her pains had been very hard and constant, that the waters had broken, but there had been no discharge of blood. Upon examination, I found things about as stated. The head was at the brim, and had been in the first or second position. I waited about for over an hour, and, as things did not appear to be any farther along, I decided to deliver her with forceps. I may say that during my wait I could not decide what was the cause of the delay, as the parts were natural and good-sized, and the head did not give one the idea that it was unusually large. I chloroformed her, and had great difficulty in getting the left blade of the forceps introduced and in position. However, after some time, I got the forceps (Simpson's medium) locked. After giving a little more chloroform, I waited until I felt the uterus contract, then made gradual traction, using very little force. All at once came a gush of blood, which appeared to come from the upper part of the canal; it fairly poured out. My first thought was a ruptured uterus; then a ruptured vagina; but that could not be. The blood was not dark and in clots, but as thick as ordinary venous blood, and it coagulated at once in the vessel I put below the edge of the bed to catch it. I put my hand on the uterus above, and found it contracting from time to time. The hemorrhage still continued; not in gushes, but slowly and steadily. My patient's face and pulse now began to tell a tale, so I decided to send for my friend, Dr. Page, who lived near at hand. Dr. Page came at once, bringing stimulants with him. Before this I had removed my forceps and discontinued the chloroform. We decided to deliver her at once. I gave a small quantity of chloroform, and Dr. Page delivered her with his own forceps with very little difficulty.

CREOLIN AS AN ANTISEPTIC.—If creolin be as sure a germicide as the authorities now state, it must soon supersede the bichloride. It is harmless to the human organism; is cheap, and does not corrode instruments. It is used in one half to 3 per cent. solutions.

* Read at the Annual Meeting of the N.S. Medical Society, 1888.

Following the delivery of the child, came a large quantity of mixed blood. We decided to deliver the placenta as quickly as possible, and this was done by Credé's method. After the delivery of the placenta, the hemorrhage ceased. Effusion took place into the tissues, and the right side of the vagina, and right labia filled up as if a thrombus had occurred there. My patient hovered between life and death for some hours, but by the free use of stimulants, reaction set in, and after that she made a good recovery. I may say that I syringed her myself with carbolic acid, 1 to 70 for four or five days, and would advise all who have cases that require careful syringing to see it done, or what is better, do it themselves. Do not trust to a nurse, at any rate, not to a self-constituted country nurse, as in some cases it will only be half done. In other cases, too much force will be used, and shock probably produced. I have found one nurse who lied to me once every day for ten days, and my patient was never syringed at all, although she had been delivered of a putrid child.

That this was a case of thrombosis of the vagina, and that very high up, if not at the cervix itself, I have not the slightest doubt. This was also the opinion of Dr. Page.

Parvin calls it an accident, or injury, and gives as the causes, mental emotion, violent vomiting, and coughing. He also gives as a sure cause, a prolonged stay of the head in the pelvic cavity, as was the case in my patient; also that the walls of the vessels are thinned by the great pressure of the fœtus, and when the pressure ceases, a new wave of blood distending them, they give way. In most of the cases recorded, the thrombus was post-partum. Perrot gives it as such in 35 out of 43 cases. Dewees has given an instance when the thrombus formed ten minutes after the birth of the first of twins, and was ruptured by the descent of the second child. Parvin reports that Madam Sasanoff, of the Maternity of Kolonna, St. Petersburg, reported five cases, of which four were fatal. A thrombus may occur at the cervix uteri, the anterior lip being the most common seat for it, next to the orifice of the vulva. The dangers after obstruction to labour are, first, hemorrhage after rupture; second, which might be called a secondary danger, that of gangrene, or suppuration. There appears to be a great difference of opinion among authors as to the predisposition; Verrier

giving as a fact that women having varicose veins and tumors are more frequently subject to thrombosis, whilst from Perrot's statistics, in forty-three cases, only two had any enlargement of the veins, and Barker states that no such condition precedes thrombosis. It is not a frequent accident, injury, or disease, as Deneux in 40 years saw but three cases. Dubois reports but three cases in 14,000 cases of confinement. Winckle gives the proportion as 1 to 1,600. The death rate in these cases appears to be large. Blot gives it as 5 in 19 cases, but, according to most authorities, it must be much greater. In conclusion, let me say that my case was one of thrombosis of the vagina, very high up, and at the right side; that I did not produce it by the introduction of the forceps, and that the cause was, as Parvin gives it, viz., the head being so long in the pelvic cavity.

Correspondence.

OUR NEW YORK LETTER.

From our Own Correspondent

NEW YORK, Sept. 26th.

The colleges are beginning to open for the fall sessions, and by the first of October about two thousand medical students will be at work in this city, preparing themselves to supply the demand for more doctors. Professional men who have been out of the city during the summer are mostly all returned, and things in the medical line are beginning to take on a lively appearance again. During this week the Congress of American Physicians and Surgeons is being held at Washington, and, judging from the papers to be read and the men who are present, it is expected to prove a success. The Congress is at present composed of eleven societies. These societies, which hold their meetings every year, meet every third year at Washington; this meeting of all the societies forming the Congress. Each member is a member of his own society, and of course has the interests of that society at heart primarily, and of the whole Congress secondarily. This is the first meeting of the Congress, and it remains to be seen if it prove to be more successful than the American Medical Association, whose organization is just the opposite, i.e., the Association first, and the different sections second.

Dr. Fordyce Barker gave a dinner the other evening to several distinguished British surgeons, Sir Wm. McCormack, Mr. Arthur Durham, of St. Thomas' Hospital, and Mr. Reginald Harrison, of Liverpool, who are here as delegates to the Washington Congress. Another distinguished surgeon who has been here during the past few weeks is Dr. Esmarch.

Up to the present time there has been but one case of yellow fever reported in New York, that of Prof. Proctor, who came here from Florida and was taken sick on the day of his arrival—on a Saturday. On Tuesday he was removed to the Willard Parker Hospital for Contagious Diseases, where he died the following day. Yesterday afternoon I went through this hospital. It is under the control of the Board of Health, and is just recently built, being intended for diphtheria and scarlet fever. It is isolated from buildings around, and is a model hospital for contagious diseases. On the fourth storey is the laundry, etc. On the third are two wards for diphtheria, and on the second storey two scarlet fever wards. Off the wards are bath-rooms, nurses' rooms, etc. The diphtheria cases are taken to the ward by an elevator, and the scarlet fever up the stairs, so that the danger of contagion is reduced as much as possible. In fact, there is as complete isolation of the diphtheria cases from the scarlet fever, as if they were in separate buildings. Solid brick partitions throughout the building. There are twenty-seven beds for adults and sixty cots for children. The treatment for diphtheria is the old one of pot. chlor., iron, stimulants, whiskey, musk, camphor, etc. Locally, the nasal, post-nasal and faucial cavities are sprayed every half-hour with a 1-2000 to 1-4000 bichloride solution, according to age of child. Some of this is absorbed, so that they get some advantage of the bichloride internally, but it is the only way it is administered. In laryngeal diphtheria, or croup, practically the same treatment, with the addition that the steam spray is kept going. When there are signs of marked stenosis, retraction of the ribs and sternum, cyanosis, etc., and after having first tried emetics, steam inhalations, etc., and if the membrane be not coughed up, or the stenosis not relieved, intubation is done. Dr. Priest, the resident physician, has had forty-two cases in which he did intubation, and of this number twenty-six per cent recovered.

A surgical operation which is becoming more popular here, is that of supra-pubic cystotomy. During the past two months, the visiting surgeons to Mount Sinai Hospital have done—mostly private cases—fifteen of these operations, without a death. Dr. J. A. Wyeth has done the operation four times this summer, once for stone, once for foreign body, and twice for tumors; all recovered. Ages, from 32 to 68 years. His method of operating is: a Barnes' dilator introduced into the rectum and $\bar{3}$ viij—to x water injected. The bladder is distended with $\bar{3}$ xvj boracic acid solution (gr. x ad $\bar{3}$,j). The bladder is distended to above the symphysis and the peritoneum pushed up above the bladder. An incision is made, three inches long, in the median line and just above the symphysis, and cutting down behind the symphysis into the bladder. The whole of the interior of the bladder is exposed, and the stone, or growth is readily removed. A T-shaped drainage tube, with the cross-piece in the bladder, and the other coming out of the wound and attached to a longer piece of tubing which empties into a basin, permits a free drainage or escape of the urine as it escapes into the bladder, without infiltrating into the wound. The bladder and external wound are not sewed up. Iodoform gauze is packed around the tubing outside the bladder, and the wound otherwise dressed as in a laparotomy case. The patient lies on his side, the tube remaining in place for from seven to ten days, and the wounds entirely healing in from ten days to three weeks, not longer than two weeks in any of Dr. Wyeth's cases.

The Polyclinic and Post-graduate schools open for the winter course next week. The Polyclinic has been overhauled this summer, a very valuable addition in the way of a hospital being added; the hospital is on the top floor of the building and will accommodate thirty patients. This will permit of all kinds of major operations being done in the building. One or two of the wards are to be devoted to obstetrics. The staff is the same as that last year, excepting that Drs. C. S. Bull and Heineman are made Professors of Ophthalmology and General Medicine respectively. CANUCK.

SIR MORELL MACKENZIE will publish his answer to the German physicians in a few weeks, simultaneously in German and English.

To the Editor of the CANADA LANCET.

SIR, — At a meeting of the Peterborough Medical Society, held in this town on the 20th inst., the usual business of the meeting was postponed out of respect to the memory of the late Dr. Collins, and the following resolution adopted :

“We, the members of the Peterborough Medical Society, having learned with sincere regret of the death of our late friend and brother practitioner, Dr. Collins, take this opportunity of conveying to his sorrowing family and friends our heartfelt sympathy in their sad bereavement.

“As a member of our Society, he was prominent in promoting its best interests, and from the diligence with which he applied himself to his professional duties, gave promise of a life of usefulness and success. In his intercourse with his professional brethren, he was always kind and courteous, and in his untimely death we sustain a severe blow, and our town loses a useful citizen.”

WM. CALDWELL, *Sec.*

Peterborough, 24th Sept., 1888.

Reports of Societies.

CANADIAN MEDICAL ASSOCIATION.

The twenty-first annual meeting of the Canadian Medical Association was held this year at Ottawa, and proved very successful. The attendance was large. Amongst those present were Drs. Sir James Grant, Ottawa ; Graham, Cameron, Workman, Sheard, Toronto ; Mullin, Hamilton ; Ross, Roddick, Girdwood, Shepherd, Gardner, Alloway, Trenholme, Campbell, Proudfoot, Smith, Bell, Buller, Rodger, Montreal ; Mackay, Woodstock ; Bray, Chatham ; Bunt, Paris ; Griffin, Hamilton ; Sweetland, Small, Powell, Hill, Ottawa ; Browne, Melbourne, Que. ; Pickup, Brockville ; Smith, Seaforth ; Machell, Toronto ; H. P. Wright, Cousens, Hurdman, Potter, S. Wright, Robillard, Ottawa ; Whiteman, Shakespeare ; Henderson, of Kingston, president of the Ontario Medical Society ; Milne, Victoria, B.C. ; G. H. Oliver, delegate from the Medical Society of the State of New York ; Wallis Clark, Utica, N.Y. ; Imrie, Detroit, Mich., and James Macfie, Fort Covington, N.Y.

FIRST DAY'S PROCEEDINGS.

Dr. Graham, Toronto, the retiring president, formally opened the meeting. He said that he thought they might congratulate themselves upon

the prospects of having a very pleasant and profitable meeting, and they could the more confidently do so, seeing that they had selected as president for this year, a gentleman in every way capable of fulfilling the duties of that office, one who was a leader of his profession in one of the largest cities of the Dominion, and whose reputation is not alone confined to that city, but to the Dominion at large. He took great pleasure in introducing Dr. George Ross, of Montreal, the president.

Dr. Ross took the presidential chair, and in appropriate terms returned thanks for the complimentary reference made to him by Dr. Graham.

Dr. Bell, Montreal, general secretary, read the minutes of the last meeting.

Drs. Sir James Grant, Ottawa ; Workman, Toronto ; Hill, Ottawa ; Mullin, Hamilton, and Graham, Toronto, past presidents, were invited by the president to seats upon the platform.

The following were appointed chairmen of sections : Medical—Dr. Bray, Chatham ; Surgical—Dr. Cameron, Toronto ; Obstetrical and Gynaecological—Dr. Trenholme, Montreal.

Dr. Graham, Toronto, pointed out that, last year, a committee was appointed to consider what methods should be adopted with the view of furthering the interests of the Association, and to report at the present meeting. It was felt that the Association was not in as flourishing a condition as it should be, and did not have the sympathy of the profession throughout the Dominion as it ought to. Some parts of the Dominion have never been represented in the Association. Then the by-laws were found to be very defective, and there was no proper list of members of the Association. Owing to the absence of Dr. Stewart, a member of the committee, in Europe this summer, nothing has been done by the committee, and he suggested that another committee might be appointed for this purpose, to bring up a report at the next annual meeting, that might be of benefit to the Association.

On the motion of Dr. Roddick, Montreal, seconded by Dr. Bray, Chatham, a committee for the above purpose was appointed, consisting of the president, ex-president, president-elect, and the secretary and treasurer.

The secretary, Dr. Bell, of Montreal, stated that at least a dozen members of the Association have written to him for lists of members, which he has

been unable to supply. The last list of membership was made up in 1877, and nearly half of the gentlemen whose names were on this list have since died. Consequently the list is now quite obsolete. Again, the by-laws since 1877 were by-laws compiled at that time, and are distributed through the minute book. A great deal of work would be required to put these by-laws into proper shape and to have a correct membership list.

Dr. Girdwood, of Montreal, drew attention to the question of registration in Great Britain. He said:—I happened to be over in the old country a short time ago, and while there enquired of the medical profession as to the terms upon which reciprocity of registration might take place between Great Britain and Canada. They told me we would have to wait until an Order-in-Council had been passed by the Queen, making the new law applicable to Canada, and until that step had been taken there could be no reciprocity of registration. On my return here, I was told that application had been made on behalf of McGill College for such registration with Great Britain, and that reply had been made that until Canada acted as a unit, and not as individual provinces, this Act could not be put into force. Now, reciprocity has taken place between Great Britain and her colonies in Australia, and I think we might fairly have reciprocity of registration between Great Britain and this country. The difficulty seems to be a want of harmony existing between the different provinces, that they will not admit one another to practise within their own precincts; and I thought that perhaps this difficulty might be overcome if the subject was brought up at this meeting. With that view, I propose that a committee be formed to make enquiries and ascertain the views of the different provincial societies in the matter. I see that there is a vast difference in the fee charged here. In Manitoba an Act has been passed compelling every medical man, no matter where his qualifications are from, to pay \$100, and to submit to an examination. You all know, of course, the fees charged in Ontario and Quebec. I would therefore suggest that a committee be appointed, composed of Drs. Wright, Campbell, Sullivan, Eccles, Milne and myself, to enquire into the matter, and report at the next meeting of the Association, upon what terms reciprocity of registration may be obtained between the different provinces and the mother country and other colonies.

Dr. Bray, Chatham, remarked that he could not see what good such a committee could do. Each province has its Board, and they are all apparently a little jealous of one another. He spoke more particularly of the Province of Ontario. Their Medical Council has an Act by which they are

guided—an Act passed by the Government of the province—and he thought that this matter would have to have real legislation in all the provinces before anything might be done. It is something that he had thought of, and, in the address to the Ontario Medical Society, on retiring from the presidential chair, he brought this matter before them, and thought it a great pity that, in this Dominion, there should be the difficulty, of a man practising in one province, not able to practise in another province without passing an examination. As far as they were concerned in Ontario, they could get over the difficulty, for provision is made in the Act dispensing with the necessity of examination, provided the other provinces have a standard of examination equal to their own. With regard to reciprocity of registration with Great Britain, he said that a great deal of correspondence has been going on between the Ontario Medical Council and that of Great Britain on the subject. A committee has been appointed by the Ontario Society to examine into the question, and to report at its next session. They are going into it fully. At present it seems impossible Great Britain will give us reciprocity, but you have to be a resident for five years there, if you are registered in Ontario. The great trouble in Ontario was, until the Medical Act was passed by Great Britain, that students here could go to some medical college in the neighboring republic, obtain a degree, and become recognized in Great Britain. They would ignore our Medical Council, come over here, and compel us to pass them in a short time. Until we can have an equal standard of examinations in all the provinces, he thought reciprocity of registration would be almost impossible. He thought it would be of advantage to have a member of each council in the different provinces meet the committee, so that they could consult together and see what might be done. We in Ontario look upon the Medical Council examination as a little more stringent than they have in Quebec. After graduating from a university in Quebec no further examination is necessary, and by paying a certain fee, they can be registered as members of the Medical Council of Quebec. Now, as you all know, in Ontario that is not the same. We have a very stringent examination, as can be seen by the last examination, where a great many students were plucked after having passed the Universities. So you see there is a great difference in this respect, and not until the other provinces come up to our standard of examination can we have reciprocity of registration between the provinces.

Dr. Campbell, Montreal, said, in the first place, that, as a University man, it did not follow in his mind that because 175 men were rejected in Ontario, the examination in Quebec was an inferior one. We know sometimes that the very best men are unfortunate in being rejected. He was strongly

in favor of reciprocity between every province of the Dominion. It was a well known fact, that Sir Charles Tupper stated in the House of Commons that no man was more mistaken than himself when he found that education was left to the provinces, instead of being left to the Federal Parliament.

In the Province of Quebec, within the last year, an attempt was made to adopt a system similar to that in Ontario, but the Bill for that purpose was rejected by the Quebec Legislature last session. It was strongly opposed by the profession, and the Universities. The latter felt that they possessed certain privileges under their Royal Charter which they were not disposed to give up. He thought that as far as the Province of Quebec was concerned, anything like a central board existing there was in the very far future. The University men felt, and, he thought rightly and strongly upon the point, that it was impossible in the province, without a very great amount of education, to get a class of men who could examine in the various subjects and that really it would be to submit men to an inferior examination than what is now submitted to them by a University that has a reputation, and whose existence is not of yesterday.

Dr. Mullin did not think Dr. Bray had reference to the standard of examinations at all, but to the system in force in Ontario. They looked upon their Ontario system as a superior system to others, and their Universities have not objected to allowing their graduates pass before this Board. They have been obliged to do so, but the Ontario Act, he thought, will admit students from other provinces, provided that those provinces have a system similar and corresponding to our own. It would be an unjust discrimination against our own Universities in Ontario if we compelled their graduates to pass before the Central Board, and allow graduates of other Universities to come in and practise on their licences. He thought that that would be the only condition on which the Ontario Act would admit of reciprocity. The Act had no reference to the standard of examinations. We all know that the examinations in McGill College University must be just as good, perhaps some will say a little better than our own, but they are all of the same degree of excellence, and yet graduates of the University of Toronto have to pass an examination before the Central Board. He looked upon it that they are not likely, so far as Ontario is concerned, to have reciprocity so long as the licentiates of every province are licensed as they are at present.

Dr. Bray said that Dr. Mullin was quite right, and that he was sorry if he was misunderstood. He did not mean to insinuate for one moment that the examinations in Quebec were not equal to those in Ontario.

Dr. Cousens, Ottawa, thought that the discussion which arose might as well not have arisen.

The object of the mover of the resolution was to bring before the medical faculty the fact that we are living in the Dominion of Canada, and not merely in a province, and that it would be advisable to have one licence to practise in any part of the Dominion.

Dr. Girdwood said that his object was not to stir up any question as to which examination might be better. That is a matter which they had nothing to do with. What is wanted is reciprocity of registration.

THE PRESIDENT'S ADDRESS.

The president then delivered a masterly address. He first commented upon the extraordinary progress of the Dominion, and pointed out the activity in all branches of science and learning. There had been during these years of progress an almost entire revolution in the science of medicine and in the methods adopted for teaching the same. Preventive medicine had occupied a place to which its importance justly entitled it, and sanitary laws and regulations were attracting the attention and occupying the minds of statesmen. Never was there a time when more attention was being given to the enforcement of sanitary laws and the diffusion of sound sanitary knowledge. In regard to medical tuition, instead of the old fashion of walking the hospitals, a systematic attendance at the wards was being insisted upon. He approved of the development in regard to specialists, and held that the whole profession had been a gainer by the work of such medicos, and the good done counterbalanced to a great extent the objections urged, that specialists were being overdone or were being cultivated by unworthy members. He advocated the establishment of a Dominion annual register at Ottawa, so that on entering therein, it might be possible to practise medicine throughout the whole Dominion without prejudice to the official bodies in the different provinces. He claimed for the Dominion Medical Association a share in bringing about the improved state of things in the present day. Although they failed to carry through such comprehensive measures as were advocated at first, they had been occupied in considering matters of general hygiene, and the discussions at their meetings had been instrumental in the carrying into effect of legislation which promoted the public health. He deprecated the laxity of the officials in a city not very far from Montreal where typhoid fever was prevalent, and their hesitation in trusting to experienced practitioners whose efforts would do much to alleviate the ravages of the outbreak. It was a reflection upon our sanitary organizations that such things could be and that no efforts were made to eradicate the evil as soon as discovered. The president also gave excellent advice in regard to alleged cases of malpractice which occasionally

were made public, and deprecated the contentions upon such matters which were originated and fomented by unworthy physicians. He regretted the small attendance of their French Canadian confrères, but hoped the interest of these in the association would increase in the future. He praised a trip to the Northwest and British Columbia as likely to greatly invigorate the jaded physician, and extolled the sulphur springs at Banff, which were not nearly so well known as their merits entitled them to be. He also referred with regret to the demise of several talented members of the association.

Dr. Workman moved a vote of thanks to the president for his able address. The motion was seconded by Dr. Campbell, who expressed the pleasure afforded him in listening to such an admirable address, as well as to the practical suggestions contained therein, and hoped that Dr. Ross would give them the benefit of any suggestions he might make in the view of obtaining reciprocal registration.

Dr. Sir James Grant, Ottawa, in supporting the motion, said that he was very glad to have the opportunity of listening to the admirable address delivered by the worthy president, Dr. Ross, of Montreal, and it was to him a matter of great pleasure to see present the mover of the resolution, Dr. Workman, Toronto, now in his 84th year. It is a fitting recognition to our Society to have here to-day, Dr. Workman, so well known, not only in the Dominion of Canada, but throughout the length and breadth of the world, to move to Dr. Ross a vote of thanks for the masterly address delivered. Dr. Grant then spoke in regard to the establishment of a Bureau of Health statistics in Canada, and hoped that the Dominion Government will embrace the first opportunity, as suggested by Dr. Ross, to establish such an institution, and that the whole profession in Canada will co-operate with it in order to carry out properly the great principles of public health.

Dr. Sweetland, Ottawa, on behalf of the local medical association, then extended a hearty welcome to the visiting members of the profession, and assured them that they would receive that hospitality at their hands which is customary amongst medical men wherever they may meet.

The meeting then adjourned for lunch, to meet again at 2 o'clock.

AFTERNOON SESSION.

Dr. F. J. Shepherd, Montreal, read a well prepared and deeply interesting paper on "Recent advances in surgery," which will be found in another place in this issue of the LANCET, for which he was warmly thanked.

At three o'clock, the various sections met. The work transacted in the various sections was as follows:

Medical Section—"The influence of the nervous system on the nutritive processes," Dr. T. W. Mills, Montreal.

Surgical Section—"Excessive hæmorrhage after cataract extraction," Dr. Proudfoot, Montreal.

Obstetrical and Gynecological Section—Address in Obstetrics, Dr. K. Fenwick, Kingston. "Indications for, and comparative merits of, Emmet's and Schröder's methods of operating upon the cervix uteri," Dr. T. J. Alloway, Montreal.

SECOND DAY'S PROCEEDINGS.

After the meeting had been called to order, Dr. Ross, president, introduced to their notice Drs. G. H. Oliver, delegate from the Medical Society of the State of New York; Wallis Clark, Utica, N.Y.; and Dr. Imrie from Detroit, Mich.

Dr. Henderson, Kingston, president of the Ontario Medical Association, was then called upon to speak. He assured them, as representative of the Ontario Medical Association, that any sentiments of friendly feelings which they might convey to that association would be heartily reciprocated by its members.

The Nominating Committee presented a report in which they recommended the appointment of the following officers:—President, Dr. H. P. Wright, Ottawa; General Secretary, Dr. James Bell, Montreal (re-elected); Treasurer, Dr. H. P. Aikins, Toronto; Vice-Presidents, Ontario—Dr. C. Sheard, Toronto; Quebec—Dr. F. W. Campbell, Montreal; New Brunswick—Dr. Graham, Bathurst; Nova Scotia—Dr. E. Farrell, Halifax; Prince Edward Island—Dr. Jenkins, Charlottetown; Manitoba—Dr. Lynch, Winnipeg; Northwest Territories—Dr. Jukes, Regina; British Columbia—Dr. J. W. Lefebvre, Vancouver. Local Secretaries, Ontario—Dr. Griffin, Hamilton; Quebec—Dr. A. N. Worthington, Sherbrooke; New Brunswick—Dr. Keller, Fredericton; Nova Scotia—Dr. Webster, Wolfville; Prince Edward Island—Dr. McLaren, Georgetown; Manitoba—Dr. A. H. Ferguson, Winnipeg; Northwest Territories—Oliver C. Edwards; British Columbia—Dr. Milne, Victoria.

Dr. Proudfoot, Montreal, moved that a vote of thanks be tendered to Dr. Sheard for the long and valuable services rendered by him to the association in the capacity of treasurer. The motion was seconded by Dr. Trenholme, Montreal, and was unanimously carried. Dr. Sheard held the office of treasurer for the past seven years.

On the recommendation of the Nominating Committee, whose report was adopted, that the meeting of the Association next year should take place at Banff, a long discussion ensued.

The president stated that Toronto had been also talked of as the next meeting place, and that Dr. Eccles had sent a telegram from London inviting

them to meet there. He suggested that if they decided not to transact their business at Banff, they could meet at London, Toronto, or some other place, and afterwards proceed on an excursion to Banff. The committee thought that the claims of the western medical men, and the desirability of making the Association as thoroughly Canadian as possible, were considerable, and they therefore decided to recommend that the Banff Springs should be the meeting place for next year.

The secretary read a communication from Lucius Tuttle, general passenger agent C.P.R., offering first-class tickets with meals to and from Banff, with four days' living at the Banff hotel, for \$95.

Dr. Workman said it always appeared to him that one of the great disadvantages under which this Association labored was its itinerancy. One year in London, the next in Halifax. He suggested that a permanent place be named at which to hold meetings of the Association. Sir James Grant, Dr. Proudfoot and others spoke on the matter.

Dr. H. P. Wright, Ottawa, thanked the Association for the honor conferred upon him in electing him president for the ensuing year, and would endeavor to do all in his power to fulfil the duties of that office in a manner that would meet with the approbation of the members of the Association.

The members then dispersed, to meet in the various sections.

The following papers were read in the various sections:—

Medical section—"Extreme rapidity of the heart's action," Dr. Graham, Toronto; "Ophthalmoplegia externa," by Dr. Howard, Montreal. *Surgical section*—"Retropharyngeal tumors," Dr. Fenwick, Montreal; "A case of exostosis bursata seer cartilaginea," Dr. James Bell, Montreal; "Mania following operations," Dr. Shepherd, Montreal. "Remarks on penetrating wounds of the eyeball," Dr. Buller, Montreal; "Some eye symptoms due to cerebral lesions," Dr. Stirling, Montreal. *Obstetrical and Gynecological section*—"Necessity of attention to the antiseptic treatment, and of performing all the operations with care," Dr. Laphorn Smith, Montreal.

FINAL BUSINESS.

The association resumed its sitting at 5 o'clock. Dr. Milne, Victoria, B.C., moved the following resolution, which was seconded by Dr. Sweetland, Ottawa, and carried unanimously:

"That in view of the apparently increasing prevalence of tubercular disease in domestic animals, and more especially in cows, in the opinion of this association it is desirable, that some legislative action should be taken by the Dominion Government to check the progress of this disease, and we

urge that the Government take this matter under their consideration at as early a date as possible."

Votes of thanks were passed to the retiring officers of the association, the medical profession in Ottawa, for their generous hospitality, and to the government for the use of the railway committee rooms of the House of Commons, and the meeting was then brought to a close.

Selected Articles.

PAPOID IN THE TREATMENT OF DIPHTHERIA.

My object in reporting these cases is threefold: First, to try and turn the attention of the Society a little more to the study of children's diseases; second, the field of both obstetrics and gynecology has been so repeatedly reviewed since the organization of the Society, that there are few new subjects; and third, to call your attention to papoid, a comparatively new remedy in the treatment of diphtheria. Hoping that, although I may have nothing new to offer *you*, I may gain new and practical ideas from your discussion, I submit the following report:

On the morning of November 22nd, I was called to see M. P., a boy of 11 years. His mother informed me that the day previous he complained of chilly sensations, pains in back and limbs, nausea, headache, and pain and difficulty in swallowing; that during the night he had high fever, and was delirious. These symptoms not abating, she had sent for me.

In reply to my questions, his voice was thick and nasal, but neither hoarse nor toneless. Complained of great difficulty in swallowing, and stiffness and soreness about the neck and angles of the lower jaw. The parotid and submaxillary glands were enlarged and tender, respirations quickened, but easy and regular; his temperature was 105°, pulse 140 and feeble. On examining his throat, irregular patches of lymph, or false membrane, thin, as though consisting of single layers of lymph, could be seen on both tonsils, that upon the right tonsil being larger and thicker than the patch upon the left. These formations could not be wiped away, or removed with a mop of absorbent cotton without too great force or pain to the patient. The posterior pharynx, uvula, and pillars of the fauces were intensely congested and swollen, the whole fauces filled with a sticky, tenacious mucus, which he was constantly trying to get rid of by hawking and spitting. I told his mother that her son had diphtheria, and notwithstanding that, up to my visit, the other children had been with him, sleeping in the same room, I ordered them not to enter his room again under any pretence, and the patient isolated from all except his nurses. This

was at once done, and every precaution possible, under existing circumstances, was taken to guard against the spread of the disease, the mother and grandmother waiting upon the patient.

Concentrated liquid nourishment was ordered to be given every three hours, and one or two table-spoonfuls of whiskey, depending upon the frequency of the pulse, every three hours; the time-honored tincture of the chloride of iron and chlorate of potash treatment every three hours; between the hours, for the administration of the medicine, the throat to be gargled and mopped with the following: Carbolic acid, gtt. xxx.; chlorate of potash, ℥ij.; glycerin, ℥ij.; and lime water, ℥iv. The mop used to be made by twisting a piece of absorbent cotton around a pliable stick or applicator. This mop in every case to be burned as soon as used, and fresh ones to be made for future use, small pieces of cotton cloth or rag to be used instead of handkerchiefs; these also burned after use; commercial carbolic acid to be constantly kept in all vessels used by patient to spit in.

November 23rd.—He had passed a very restless night, high fever, and active delirium up to early morning hours, after which he slept quietly at intervals only. Temperature 104.5°; pulse still feeble, but not so frequent (130); respirations easy and regular; during night had a normal movement from the bowels. Kidneys acting normally; an increase in glandular inflammation, extending to deep cervical glands. More tenderness and enlargement than on the day before. Had there been any doubt as to the nature of the disease, the present condition of the patient would have removed it. During the past twenty-four hours the membrane had rapidly increased and extended, small patches had coalesced, forming large masses. The tonsils were almost entirely covered, whilst here and there, flecked over the back of the pharynx, uvula, and pillars of the fauces were patches of membrane of varying size and thickness. That upon the tonsils was quite thick, and of a dirty, ash-gray color. The later formations, composed of but single layers of lymph, were, in some places, thin, showing the subjacent tissues beneath them, in others, approaching the leathery appearance of that upon the tonsils. Notwithstanding the regular administration of the medicine, and use of mop and gargle as ordered, the breath was very offensive, and fetid, and he was vainly trying to hawk and spit up the viscid and tenacious mucus which the highly inflamed mucous membrane was rapidly throwing off. The thin, watery discharge from the nostrils indicated that the disease had invaded the nose.

In addition to the treatment of the day before, I ordered the nostrils sprayed, or syringed, every two or three hours with a warm dilution of the carbolic gargle. A five-per-cent. solution of papoid, in equal parts of Price's glycerin and distilled

water, to be applied to the throat by means of a mop of absorbent cotton, every hour, if necessary, every half-hour. Every particle of membrane in sight or reach to be slowly and carefully pencilled or swabbed with this preparation, the mop to be fully saturated with it, so as to carry an ample supply into the pharynx, to insure that all parts of the throat should be reached, this to be done night and day; if necessary, to combat exhaustion, the dose of whiskey to be increased and given at shorter intervals.

November 24th.—Considering the frequent interruptions, he passed a tolerably good night, said his throat felt better. His temperature had fallen to 101°, pulse to 110, gaining in strength as it diminished in frequency. The glandular inflammation was diminishing, there was less tenderness and hardness. The most marked change was to be seen in the membranous formation in the throat; some patches had entirely disappeared, others considerably thinned, soft pultaceous masses come away upon the mop. In using some force in swabbing the throat myself, the mop was tinged with blood, and on examining the throat afterwards, one or two bleeding points could be seen where the membrane had been torn off. Very little fetor, and the secretion of mucus so far diminished as to give very little trouble. I ordered the treatment continued. Nourishment and whiskey, which he rebelled against, to be regularly administered.

November 25th.—A very marked improvement, his temperature was normal, only a few patches of thin, softened, partly dissolved membrane to be seen, and these in localities hard to reach with mop, extending from behind the swollen tonsils, and hanging from behind the veil of the palate. I carefully and slowly applied the papoid solution to every available part of the throat, and ordered it continued as before, allowing a little more time for sleep during the night, provided there was no extension or increase in the membrane.

November 26th.—Normal temperature, glandular inflammation rapidly disappearing. Throat clear of membrane, large plugs or masses had been discharged from posterior nares after syringing, and the nasal respiration was quite free; some catarrhal discharge. There was no perceptible fetor.

The interval between the doses of the iron mixture lengthened to four hours, and the papoid solution to be alternated with it every four hours. Carbolic solution to be used as gargle and mouth wash *ad libitum*. Nose to be syringed every four hours.

November 27th.—Favorable symptoms continuing; passed a good night, appetite good, very slight catarrhal discharge from nostrils, no false membranous formation in the throat. Tonsils and pharynx still inflamed, and showing considerable loss of substance from ulceration; irregular, sharply-defined depressions on both tonsils. Con-

tinue general treatment, but omit applications of papoid. Mop the throat and syringe the nostrils every four hours with the carbolic gargle. From this date his convalescence was slow but steady. There was marked prostration for about a week after the disappearance of the membrane from the throat, and for four or five weeks after leaving his bed, he could not read without much pain in his eyes, owing to a slight impairment of accommodation, due to partial paralysis of the ciliary muscles. There was also a lax, flabby uvula and veil of the palate, which gave him a nasal voice for a few weeks. At this date, all these have disappeared, and he is in perfect health.

I have reported this case in full, doubtless entering into needless detail, from its beginning to the entire disappearance of all false membrane, it being the first of a series of six cases, five of which occurred in one family, the sixth in a household remote from the others; none of which differed, however, one from the other, except in degree of severity of the disease, and a tendency in one case for relapses, or re-formation of false membrane after its disappearance for several days. In regard to the remaining five, I shall confine myself to the throat symptoms only, as the object of this paper is to call your attention to papoid as a solvent and disinfectant of false membrane, and not to the treatment of diphtheria in general, its symptoms, etiology, or pathology.

December 1st. The grandmother of M. P., aged 76, was taken with pharyngeal diphtheria. The tonsils and posterior pharynx showed large patches of false membrane. Again I waited for twenty-four hours before applying the papoid solution to the throat, that I might be more certain of its action, confining my treatment to iron and potash internally, and the aforesaid gargle locally, and such constitutional and stimulating measures as the age and feeble condition of the patient demanded. On the morning of December 2nd, the membrane had increased in extent and thickness. I ordered the papoid solution, five per cent., applied every hour, night and day, every half-hour during day if necessary. December 5th. Throat free from membrane; convalescence unbroken by any complication or sequelæ. 19th. The mother ill with pharyngeal diphtheria; tonsils, uvula, and posterior pharynx full of false membrane, glandular inflammation. Papoid, in addition to same treatment, every hour or half-hour, night and day.

22nd. Throat free from false membrane; papoid omitted from treatment. 23rd. Reappearance of membrane on tonsils and uvula, rise of temperature; return to papoid applications every hour. 24th. Membrane disappearing, temperature normal. 25th. Membrane gone. 28th. Membrane reappeared on pharynx and tonsils, small patches only; papoid applied every hour. 30th. Throat clear, convalescence slow but complete.

Mattie, the sister, aged 13 years, was taken on December 22nd. Active inflammatory condition, temperature 105°; fauces full of false membrane; papoid applications every hour or half-hour, in addition to specified general and local treatment. In forty-eight hours, the temperature fell to normal, and the throat was free from membrane; convalescence rapid.

Mary, the other sister, aged between 14 and 15, was taken ill on December 27th. Active inflammatory symptoms, glandular inflammation decided. Membrane on tonsils, back of pharynx, uvula, and pillars of fauces. Same treatment, papoid applied every hour or half-hour. January 2nd. Throat clear of membrane, temperature normal, all other symptoms most favorable; papoid omitted. 4th. Reappearance of false membrane on tonsils; return to papoid. In twelve hours throat clean, convalescence unbroken.

December 22nd. I saw Harry E., aged 4 years, threatening convulsions, high temperature, pharyngeal diphtheria, membranous deposit considerable. Potash and iron treatment, papoid every half-hour, every hour during night. December 23rd. Difficulty of breathing, owing to accumulation of mucus in throat, during night alarming. 25th. Very little membrane to be seen, only a little behind one tonsil. Sitting up in bed playing with Christmas toys; temperature normal. 26th. Membrane gone, convalescence slow.

Whilst these cases are too few in number to establish beyond question the value of any plan of treatment, and granted that they showed no malignancy, or great degree of severity beyond their primary stages, the unvarying results of the application of papoid, at very frequent intervals, justifies me in the following conclusions: That papoid, applied to diphtheritic membranes, is a safe and reliable solvent; that it possesses antiseptic properties; that the temperature falls rapidly with the disappearance of the membrane, which, according to Jacobi, proves the rapid absorption and elimination of the diphtheritic poison; that the phenomena of secondary blood poisoning were absent, owing to the rapid solution of the membrane, supplanting the processes of suppuration by which it is removed if left to itself. That the period of incubation either varied from eight days to thirty-five days, or the poison was conveyed to the two children, who had no communication whatever with the sick, by the clothing of those who did the nursing. That age is not exempt; that there is a marked family susceptibility to the poison of diphtheria, as evidenced by the fact that, whilst a friend who assisted in nursing, and the servant, a colored woman, who was in the sick-room a dozen times a day, escaped; every member of the family, from the youngest child to the grandmother, contracted the disease.—J. R. Bromwell, M.D., in *Jour. of Obstetrics*.

KROHNE'S MODIFICATION OR THOMAS' DOUBLE HIP SPLINT FOR THE TREATMENT OF DISEASES AND INJURIES OF THE SPINE.

The well-known Thomas' double splint for disease of one or both hip joints (Fig. 1) is rendering great service in the treatment of that affection. Mr. Krohne has added to this splint a pelvic band, a support for the shoulders, neck, and head, and two sliding foot-pieces, as shown in Fig. 2. The two upright bars are made after the shape of a healthy, normally formed child when in the recumbent position.

They give posterior support to both sides of the spine. The two cross-bars, the pelvic band, and the band reaching to below the axillæ, support the

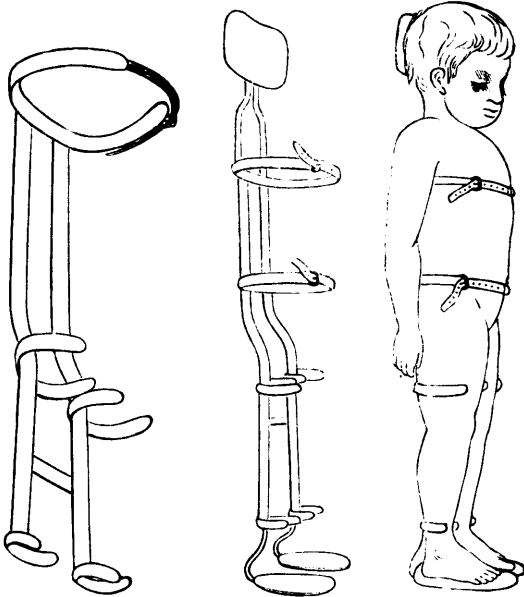


FIG. 1.

FIG. 2.

FIG. 3.

pelvis and body laterally. The lower extremities are kept in position by cross-bars supporting the thigh and lower third of leg. The rest of the splint consists of the support for the shoulders, neck, head, and both feet, so that the entire body is supported, as shown in Fig 3. The first object in the treatment of spinal caries, weak or injured spine, is to devise means whereby the weight of the head and upper extremities is taken off the spine. This is obtained by placing the child and retaining it during the whole time of treatment in the uninterrupted recumbent position. By the aid of this splint the surgeon is enabled to carry out this treatment, and, the splint being applied next to the skin, the child can perform its natural functions without the removal of the apparatus. The second object is to fix the spine, which is

effectually done by placing a wide bandage around the body and the splint; further, to prevent the child from raising its knees and using the legs as levers, and thus jerking the spine, both legs are bandaged to the splint. Both feet and ankles are also supported by a bandage, to protect the feet from the pressure of the bedclothes, and to prevent them from dropping forward or to either side. The bandages are not shown in the engraving. With slight modifications, the splint can be adapted to cases of disease or injury of the lumbar, dorsal, or cervical part of the spine. Most cases of advanced spinal disease are accompanied with contraction of one or both hip joints. No special notice need be taken of such contractions. The child is placed with its back on the splint, care being taken that the fold of the buttock corresponds with the angle of the splint, and the bandage is then applied. The child is next made to straighten its legs as much as possible. Any existing angle under the knee is filled up with soft padding, and the legs are thus bandaged to the apparatus. The contractions will be gradually corrected by the limb dropping, by its own weight and without pain, to the straight line of the splint, which will be noticed by the bandage getting loose. Some of the padding must then be removed and the leg re-bandaged. This has to be repeated until the limb has dropped to the straight line of the splint. The same straightening process goes on simultaneously in the spine, correcting lordosis or any other abnormal curvature. The pelvis forms the fulcrum, and the body above and the limbs below it are the levers, dropping by their own weight to the line of the splint without the slightest pressure being required. Throughout the whole time of treatment care must be taken not to cause pressure on any part. It is, therefore, absolutely necessary that the child be placed, after the adjustment of the splint, on a soft and loosely stuffed feather bed, when the bars of the splint sink into the bed, and the feathers rise and support the whole body. Some absorbent cotton-wool should also be placed on and above the heel. When supporting it by a bandage to the sliding foot-pieces, fresh cotton-wool should be employed whenever the bandage is replaced. Attention must also be given to all the cross-bars, which must be bent away from the body if undue pressure be caused by them.—*Lancet*

DR. SCHWARZENBURG'S DISCOVERY.

I am a distinguished physician, to start with. Not one of your pitiful American M.D.'s, with a sheepskin he cannot translate and a smattering of the sciences. Such birds of prey are unknown in the magnificent therapeutical institutions which are the glory of France and Germany, and which produce among their alumni such

scientists as I and Pasteur. During ten brilliant years I and Pasteur have been co-laborers in the field of inoculation. He devoted his divine genius to the prevention and cure of that mental disease we term hydrophobia; I applied mine to the subtler and more mysterious ones of the soul. He published his discoveries two years ago. I now publish mine in *Puck*, the only true scientific journal in America.

ANTI-KLEPTOMANIA VIRUS.

I remove the virus from the cheek of a prominent financier in temporary retirement, and inoculate with it a bank-messenger or cashier. In one week he is attacked with all the recognized symptoms of the disease. He buys a fast horse, and cultivates the ballot-girls in the latest opera. In two weeks he frequents Wall Street, and toys for hours with the ticker. In three weeks he purchases pools in horse-races. At the end of a month he packs his grip-sack and steals away to Canada or Havana. The original virus contains bacilli which under the microscope are shaped thus ;

§ § § § § § §

With the virus thus reduced in potency, by one transmission I then inoculate a public official. The disease which results is much milder than the preceding. The victim becomes red in the face, bloated, drunken and profane. Diamonds break out on his hands and chest. He loses the memory of words, and tries to express ideas by guttural sounds, such as "dmdfido," "colraboodle," "skweeld-likhell," etc. He has an irresistible longing for bar-rooms, common-council chambers, nocturnal clubs, and even the State Assembly. The bacilli of his virus are of a new and hitherto unknown character, being cuneiform and cruciform in outline:

V A X X V V X X.

With the virus from this votary to science I then inoculate a promising law-clerk or a trust worthy dry-goods salesman. He soon evinces a strong distaste for business, and attaches himself to some newspaper. He becomes lazy, obscene, and an incorrigible liar. His imagination develops, and he is soon recognized as a reporter. The kleptomaniac symptoms seldom appear at this stage. The bacilli in his figures are fasciform, and resemble Roman figures on a slate :

I II IOU I II IOU.

With the virus from this fourth stage I inoculate a retired grocer or mason. He is sick ten days, and then is permanently changed. He becomes slow, sedate, stupid and respectable. In a short while the change is appreciated by the public, and he is made a bank-director or a church-deacon.

The merits of my discovery are patent to all, and offer absolute security to banks and other moneyed corporations. I will inoculate presidents and financiers, and guarantee the operation, for

one thousand dollars. Liberal discount on cashiers and treasurers. Extra discount and commission, but no guarantee, on Aldermen or Assemblymen. No reporters treated !

PAUL PASTEUR SCHWARZENBURG,
M.D., Ph. D., E.M.

per W. E. S. F.

SALOL IN CATARRH OF THE BLADDER.—Arnold, of Stuttgart, in the *Therap. Monatsh.*, for July, relates the case of a patient, 80 years of age, with hypospadias, in which, on account of retention of urine, from paralysis of the detrusor urinæ, catheterization twice daily became necessary from the 2nd of January. The urine continued clear and of acid reaction until the 20th. At this time, there was some difficulty in passing the catheter. Notwithstanding its most careful disinfection, acute cystitis manifested itself on the 21st. The urine became of ammoniacal odor, of alkaline reaction, turbid and precipitated a sediment of bloody mucus. Fever set in, with tenderness over the bladder and with strangury. On the 24th, the temperature was normal, and the pain in the region of the bladder had disappeared. In spite of rest abed, milk diet, cataplasms and warm baths, the urine maintained its normal condition until February 8th. Fifteen grains of salol were now given twice daily. As the drug was well borne by the stomach, the dose was increased to forty-five grains daily. To determine the action of the medicament, the urine was collected in appropriate receptacles. With the use of thirty grains a day, the urine slowly cleared up; the evening's urine was slightly alkaline and still ammoniacal; the morning's urine was slightly acid. Taking forty-five grains daily, the urine partook of a dark greenish color, but rapidly became clear; the discolored sediment, previously presented, steadily diminished. On February 16th, the urine, to the last drop from the catheter, was entirely clear and acid in reaction; more urine was passed spontaneously than had been so passed in many years. On the 18th, the salol was tentatively withdrawn; the day following, the urine was again cloudy and deposited a sediment. Forty-five grains a day were then given until the 28th; the turbidity disappeared after the first dose. A second tentative withdrawal of the salol on the 29th of February was followed by a result similar to that which followed the withdrawal on the 19th; turbidity and deposit of sediment, though in less degree. Forty-five grains were daily administered until mid-March, when the patient got out of bed; from that time on, thirty grains were given until April 3rd, when the dose was reduced to fifteen grains. In a few days, the urine, which had hitherto remained clear, again became turbid and deposited a sediment. At the same time the frequency of micturition was in-

creased. Thirty grains of salol were again ordered, followed by the disappearance of turbidity and sediment. Up to the 24th of April, five ounces had been administered. The general condition of the patient was excellent and the urine of normal condition.

The efficacy of the drug is assured in this case by its tentative withdrawal. Forty-five grains a day sufficed to check the ammoniacal fermentation in the bladder, and to maintain the urine clear and of acid reaction. It must be added that the salol was well borne; the tongue became clear and the appetite improved.—*Med. News.*

TREATMENT OF PNEUMONIA.—Dr. C. R. Illingworth says: "In my opinion, the best guide to the treatment of pneumonia is not its after-history, but its pathology. There is (as in all inflammatory processes) stasis of the blood in the pulmonary capillaries, followed by effusion of inflammatory lymph into the air cells. The aim in treatment, therefore, should be to obviate stasis by giving remedies which prevent coagulation of the blood, and with them also those which diminish the *vis a tergo*, so as to facilitate the passage of the stagnating blood through the capillary system. The old remedies for liquefying the blood were notably the carbonates of ammonia and soda; then there were those valuable remedies for that purpose, the salicylates of ammonia, soda and potash; and now we have a group of medicines which are even more powerful in that direction—the 'antipyretic' group, including antipyrin, antifebrin, kairin, etc., etc., antipyretic solely in virtue of their power of dispersing stagnating blood, and thus of relieving tension in the circulation. Those remedies which diminish the *vis a tergo* may be all described as cardiac depressants. They are digitalis, antimony, aconite, ipecacuanha, and strophanthus.

"In croupous pneumonia I give 10 grains of the salicylate of soda, and from 3 to 5 grains of carbonate of ammonia every two hours, with from 5 to 10 minims of the tincture of digitalis, and I frequently secure resolution in from eight to thirty hours. If by that time resolution should not occur, I prescribe the acetate of ammonia and digitalis, because it is useless to expect rapid resolution when the effusion of the fibrin is complete, as in the stage of hepatization, and because the destruction of the fibrin elements of the non-stagnant blood by the continued use of the salicylates, as indicated by their toxic effects, is not only inadvisable, but dangerous. I never give the salicylates in broncho-pneumonia, because, from abundant secretion, there is already deficient aëration, and consequently deficient fibrination of the blood. I give the acetate of ammonia, and for another reason; it is compatible with the perchloride of iron, in the event of the 'pneumoparesis' of Dr. Richardson supervening, as it frequently does in

cases of broncho-pneumonia and croupous pneumonia in patients with great cardiac debility. That powerful hæmatinic, of course, without any depressant such as digitalis, is then urgently needed, in full and frequently repeated doses. Iron in this form is also the best tonic in all cases of pneumonia and broncho-pneumonia, as soon as all sympathetic febrile disturbance has subsided.—*Lancet.*

TREATMENT OF YELLOW FEVER.—In the *New Orleans Med. and Surg. Jour.*, Dr. R. H. Day contributes a paper upon yellow fever, from which the following abstract is taken:

First in importance he places the duty of reassuring the patient, and increasing his will-power. "Yes, you can recover if you will be a man and dismiss these hurtful and foolish fears." If the skin be hot and dry, he recommends a hot mustard foot-bath, with warm drinks; care being taken not to push the sweating too far. If the stomach be full, an emetic of warm water is given. After the operation of this, mustard is applied over the stomach, and small doses of mint or of morphine with soda given, while the face is frequently sponged with spirituous lotions. If a cathartic be needed, he objects strongly to castor oil, preferring enemata or senna and magnesia.

When the attack is ushered in by violent cerebral symptoms he bleeds freely until the brain is relieved. "To trust to revulsives and sedatives in such extreme cases were certain death."

For the septic condition of the system he prescribes a scruple of calomel and 30 to 40 grains of quinine, divided into two parts; one to be taken ever four hours. This is given in the hot stage, as early as possible, unless cerebral complications oppose the use of quinine. Nausea calls for a blister to the epigastrium, with ice or cold water moderately; sometimes a little creasote with morphine, soda and mint water.

Morphine or Dover's powders may be needed for insomnia. Cerebral hyperemia occurring later, calls for the bromides, with cold to the head. In one case the patient was saved by opening the temporal artery.

For black vomit or hæmorrhages he used the tincture of iron, in teaspoonful doses, perhaps, with ice and champagne or cognac. Suppression of urine he treats by cupping over the kidneys, and stimulating liniments with digitalis.

The mortality under this treatment was from 3 to 3½ per cent. He values the curative powers of quinine highly in non-malarial fevers, basing his opinion on an experience of over fifty-six years of active practice.—*Med. Times.*

GENITO-URINARY SURGEONS.—We have before us "the Preliminary Programme of the American Association of Genito-Urinary Surgeons," for its meeting to be held in Washington on Sept. 18th,

19th and 20th. There are no less than thirty-four communications on this preliminary programme. The expression "Genito-urinary Surgeons," which does not seem to us a happy one, indicates the disposition to erect a new specialty, which we trust will be reconsidered. The very enumeration of subjects will show the diversity of the complaints which are to be suggested as the special care of the genito-urinary surgeon: The effect of rapid changes of altitude in advanced interstitial nephritis, operations on the kidney, syphiloma of the vulva, the *Filaria Sanguinis Hominis* in the United States, especially in its relationship to chylocele of the tunica vaginalis testis, the prophylaxis of syphilis, demonstration of a perfected evacuator, and an improvement in the method of removal of débris from the bladder, etc. We readily grant and rejoice in the recent improvements of surgery in its application to the kidney and bladder and the related parts. But all this has been accomplished without the creation of a new specialty and without disjoining the operators from the great body of their surgical brethren. It is not a wholesome sign, this tendency for a group of men to fly off from the great body of their brethren and put a special label on themselves. Where is it to stop? Is syphiloma of the vulva to be regarded as something apart and special; or can it be separated without harm to the general conception of the case in which it occurs? Admitting that many of the local affections enumerated in this programme are highly important and demand exquisite surgical skill, can they be regarded as the special care of "genito-urinary surgeons" without narrowing surgery itself, and without risk to that larger view of local disease which often sees its origin in other than local causes? One thing is certain, that the men in our British schools who have shed most lustre on the surgery of these and other parts are general surgeons, in general hospitals, who would refuse to be labelled the surgeons of a part and not the whole of the body.—*Lancet*.

QUACKERY VERSUS REGULAR PRACTICE.—An instructive story, illustrating the preference of the public (at least in France) for quackery over science, is just now going the round of the French medical press. A provincial magistrate having received numerous complaints that a certain Monsieur L— was practising medicine illegally, sent for him and interrogated him as to the truth of the reports. To his surprise, the quack fully admitted the fact that he practised, but declared he was only acting within his rights, being a Doctor of Medicine of the Faculty of Paris, and produced from his pocket his diploma, which was perfectly regular. On being asked why he had concealed the fact of his being properly qualified and posed as a quack, he explained that he had done well as a student, and that having attracted the notice

of some of the professors, he was encouraged to set up in practice in Paris. Although a few patients came, he was unable to pay his way, having expended all he had saved in the fees necessary for his diploma, etc. He left Paris in despair, and went on board a cod-fishing boat. In this way he earned a few hundred francs and returned to France, determined to give up medicine and to follow business for a livelihood. He found, however, from time to time opportunities of attending patients, but did not tell them he was a doctor. His fame spread, and he had been making a good income for the last ten years, during which time he had saved and invested about 10,000 francs. He was so convinced of the superiority of the position of a quack over that of a medical man, that he begged the magistrate to keep his secret; for he was positive that if it leaked out that he was a qualified man he would lose all his practice.—*Lancet*.

A NATURAL CUBIC CENTIMETRE MEASURE.—The *New York Med. Rec.* says: "Every one has at his disposal a cavity, viz., the external auditory meatus, whose capacity is about a cubic centimetre. The right meatus holds a little more than the left, and the capacity increases slightly with the height. The exact average capacity in one hundred men, according Hummel, is 1.06 c. c." How convenient! and what an argument in favor of the decimal system in weights and measures! It is now quite evident that nature had the system in view when she fashioned the cavity. Hereafter when a patient is ordered so many cubic centimetres of copaiba or castor oil, he will have no excuse for over or under dosing himself. He can measure it like he does the rhythm of poetry, or music, by ear. This may occasion some little discomfort and there may be some little trouble about getting the fluids out of the measure, but we have no doubt that as soon as the attention of our learned and ingenious New York cotemporary is called to the difficulty, it will suggest a method of overcoming it. It would be a pity to allow so striking a teleological fact to remain unutilized just for a trifle like that. And while our cotemporary is about it, it might institute a few additional measurements of the cavities of the body, so that every one may have at his disposal, a natural cubic centimetre table; thus: so many earfuls make a mouthful, so many mouthfuls make a bellyful, etc.—*St. Louis Med. and Surg. Jour.*

COMPLICATED CASE OF OCCLUSION OF THE VAGINA.—An instance of the rare cases in which a woman in labor is found to have complete occlusion of the vagina has been recorded by Dr. Zinsstag, of the Basle Gynecological Clinic. The patient, a young primipara, being in labor, on being examined by her family doctor, was found to have an occluded

vagina. He, thinking this arose from stenosis, sent her to the clinic. When first examined there, the finger felt a narrow canal, at the end of which a sharp-edged circular fold separated it from a somewhat more extensive cavity; behind this latter cavity the fetal head was felt through a thick septum. On inspection, it was discovered that the canal was not the vagina, but a dilated urethra, and the sharp-edged fold the sphincter of the bladder; the cavity was the bladder, and the membrane separating the finger from the fetal head the posterior vesical wall. From the orifice of the urethra to the fourchette there stretched a strong bluish membrane, across which several veins ran. No opening capable of admitting the finest probe could be found. A somewhat similar case of persistence of the sinus urogenitalis is described by C. Von Braun in his text-book. Coition must have taken place through the urethra, and some opening in the hymen must have existed, permitting the escape of the menses, which had been normal, and also allowing of the introduction of the seminal fluid. This orifice must have become closed up during pregnancy. Incisions were made in the hymen and in the perineum, and the labor was satisfactorily concluded.—*The Lancet*.

THE TREATMENT OF BUBO.—The treatment of bubo resolves itself into several practical considerations: 1. We have the question of prophylaxis; 2. The prevention of suppuration; 3. The management of suppurating bubo; 4. The management of sinuses and exposed lymphatic glands; 5. The management of gangrenous and phagedenic bubo; 6. The management of chronic or indolent bubo.

Prophylaxis is much less likely to prove effective in chancroid. All strains and violent efforts must be interdicted. Approximate absolute quiet as much as possible. If a person has to stand, apply a double spica bandage with a compress in each groin to prevent the injurious effects of strains by supporting the part. Keep the bowels open.

2. To prevent suppuration we may counter-irritate with the iodine tinctures and apply pressure by means of a five pound shot-bag. A compressed sponge may be used, being held in place by a spica. Collodion applications are often of service. Kern's cataplasm of black soap and mustard is recommended. Injections of carbolic acid are not favorably regarded. Lead and belladonna ointments are advocated. Main reliance is to be placed upon poultices. Calx sulphurata may be given internally in doses of one-twelfth of a grain every hour.

3. When we find that suppuration is inevitable, which is always the case in virulent bubo, we should at once endeavor to promote the formation of pus by every means in our power, and then open antiseptically.

4. When practicable, such sinuses should be

thoroughly laid open, and the hard and indurated track cut away. They may sometimes be induced to heal by applications of the solid stick of the nitrate of silver, but they are quite liable to re-open, especially if the patient is cachectic, or moves about a great deal, as the tissue about them is of a very low grade of vitality.

We may also incise the external opening, and insert a wedge-shaped piece of wax, the base of which is gradually shaved off as the bottom of the cavity granulates. Injections of very hot water, frequently repeated, have also proved quite useful in my own practice. I usually combine them with the use of pencils or tents of iodoform, and it is this plan which has afforded me the most favorable results. The tent is to be dipped in vaseline, and then inserted into the sinus, care being taken that its bottom is reached. It is then cut off level with the surface, and powdered iodoform and a compress applied over all. I have also used a mixture of iodoform and glycerine, 3ij to the ounce, as an injection for sinuses and fistulæ in various situations, and have had excellent results.

The management of exposed and hyperplastic glands ought to be sufficiently simple. When free glands are found on opening a bubo, they should at once be removed, for if left, they will, as is known, act as foreign bodies, and prolong the healing process indefinitely.

5. The treatment of bubo, complicated by gangrene or phagedena, does not differ from that of chancroid attended by the same complications.

6. Here we must use the regular constitutional tonics, with a liberal diet. The bubo may remain bad and indolent a long time before pus forms. Here proceed as in 2. I have mentioned the method of punctate cauterization in connection with acute bubo as applicable to the treatment of the form at present under consideration. The modification of this method which appears to me most effectual, consists in drawing a series of intersecting lines over the surface of the tumor with the Paquelin cautery, in the manner often used in inflamed joints. Although not very painful, this method is usually objected to by the patient. Special mention is made of a variety of chronic bubo which accompanies the form of chronic chancroid, termed "lupus of the vulva," or in the male, chronic phagedena. This form of bubo is identical in its general characters with the lesion of the genitals, and presents an elevated, hyperplastic mass of tissue of greater or less extent, with an unhealthy pultaceous or worm-eaten appearance of its surface, which secretes an unhealthy, ichorous fluid. The disease extends very slowly, if at all, after having attained a certain size, the ulceration having meanwhile become continuous in many cases with the genital ulcer. There are apt to be several of the buboes, either distinct or connected by ulceration. Such cases

are very apt to be of a hemorrhagic nature when they occur in pregnant females. When this form of bubo refuses to yield to the ordinary local treatment and the usual routine system of tonics and dietetics, the occasional application of the actual cautery will sometimes excite a healthy action, with active granulation and repair. As a dressing, iodoform is probably the best substance. An infusion of cinchona may also be of service, a piece of lint being saturated with it and laid upon the part, to be subsequently wet sufficiently often to keep it moist.—*New Orleans Med. and Surg. Jour.*

TAPE WORM.—Dr. B. R. Rivers, in *Illustrated Med. Jour.*, says: "In an experience of forty years, I have found nothing better than the following: R.—Bark of pomegranate root, $\frac{1}{2}$ ̄; pumpkin seed, $\frac{1}{2}$ 3; ethereal extract of male fern, 1 3; powdered ergot, $\frac{1}{2}$ ̄; powdered gum Arabic, 2 ̄; croton oil, 2 drops.

"The bark and pumpkin seed should be thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strain through a coarse cloth. The croton oil should be well rubbed with the acacia and male fern, then mixed with the decoction, forming an emulsion, to be given at one dose. The usual preparation made is to give a brisk cathartic the preceding night. No unpleasant effect is expected to follow, or at least, but little. Look for the worm in a few hours. This has been used by others, and I am not entitled to any credit for it."—*Am. Med. Jour.*

FORMULÆ FOR RHEUMATISM.—Dr. Chaplin recommends the following for acute rheumatism:

Salicylic acid,	̄ ss.
Sodium bicarbonate,	3 x.
Potassium citrate,	̄ jss.
Wine of colchicum seeds,	̄ ss.
Simple syrup,	̄ j.
Peppermint-water,	ad ̄ viij.

Sig.—A tablespoonful every three or four hours.

For chronic rheumatism he gives:

Potassium citrate,	̄ ss.
Tincture of the chloride of iron,	3 x.
Essence of lemon,	̄ j.
Simple syrup,	̄ ij.
Water,	ad ̄ ij.

Sig.—A teaspoonful every four hours.—*Med. Rec.*

SALICYLIC ACID LOCALLY IN DIPHTHERIA.—During the last three years, Dr. Ory has found the local use of a weak solution of salicylic acid (1 in 350) very serviceable in the treatment of cases of sore-throat of a diphtheritic type. He claims to have never had to do a tracheotomy in his practice, and to have helped almost all his cases, slight or severe, to recovery. In several of these his

diagnosis of diphtheria was confirmed by other physicians. He is inclined to the conclusion that the early destruction of the patches on the pharynx or tonsils may prevent a more systemic infection. He holds back the head of the patient and introduces a large brush soaked in the solution of salicylic acid, and cleanses the mouth and pharynx with a firm hand, carrying out his treatment thoroughly and without hesitation, on the ground that the diphtheritic poison is destroyed by the salicylic acid and the mucous membrane not much irritated. Such a vigorous dressing he is anxious to apply frequently, at least three times a day in serious cases.—*Jour. de Méd.*

PARALDEHYDE IN OBSTINATE VOMITING.—Having been in the habit of prescribing, in my practice, paraldehyde in the treatment of insomnia in alcoholism, the patient usually being affected with gastritis, accompanied with obstinate vomiting, I have noticed that the first dose was sometimes rejected from the stomach, but the second, given usually in one or two hours, was almost invariably retained, notwithstanding the fact that for hours previous to treatment in the majority of cases, not the lightest form of food or liquid would remain. It occurred to me the same remedy might be serviceable in checking vomiting in other cases. I have used it in ovarian irritability with sympathetic stomach disorder, in vomiting of pregnancy, and in the distressing nausea of migraine, with the most gratifying results. The formula employed is as follows: R.—Paraldehyde, ʒ xl., Elix. simp. ʒ j.—M. Sig.—One teaspoonful in a little water, repeated in half an hour if required. This small dose in its effects is not hypnotic, acts as a sedative not only upon the mucous membrane of the stomach, but also has a tranquilizing effect upon the whole system. But few doses are usually required. The only objection to its use is its disagreeable odor.—*Albany Med. Annals.*

WE do not know how true it is, but the *Pharm. Rec.* accuses a New York physician of having perpetrated the following:

R.—Pulv. opii (folia) fresh,	ʒij.
Liq. Phimbi sub. acet.,	ʒij.
Aquæ,	ʒviiij.
M. ft. lotio.	

St. Louis Med. and Surg. Jour.

SHE was the belle of the town, but was of an investigating turn of mind. Having by some means come across the word "gonorrhœa," she asked the family physician its meaning. He told her it was a technical name for headache. Being visited by a young physician, who inquired tenderly after her health, she replied: "I am quite well, thank you, except a slight gonorrhœa for the last few days." "He never smiled again."—*Med. Reg.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, OCTOBER, 1888.

*The LANCET has the largest circulation of any
Medical Journal in Canada.*

THE COLD BATH IN FEVERS.

The use of the cold bath, wet pack, or sponge, in abstracting heat from the body in fever, is generally looked upon as a recent therapeutic measure, and so indeed it is, if we regard the number of cases so treated; though the method has been known and written about since the beginning of the present century at least. Thus, as early as 1812, typhoid fever was treated by Récamier, in the Hotel Dieu, Paris, by the cold bath pure and simple, the patients being kept from fifteen to twenty minutes—two or three times a day—in a bath at from 68° to 70° F. All along from that time to the present, pamphlets and small works have been issued on the subject, the whole showing of which seems to be, that the mechanical abstraction of heat is a very valuable therapeutic procedure in cases of high temperature. In Germany, this method has been generally adopted for the past fifteen or twenty years. In England and America, the cold bath system proper has not been put into anything like general practice; while in France, the hospitals at Lyons are the only ones where the treatment is carried out as a system.

Dr. Thomas says, that "prolonged high temperature kills," and it has been stated and warmly advocated by good men in the profession, that the mechanical abstraction of heat by cold, gives the patient, suffering from intense fever a respite, and allows the physiological processes, or at least some of them, to go on for a time in an approximately

normal manner. This seems reasonable, even though it is not stated that the undue formation of heat under the pathological process, whatever it may be, is checked, by the application of cold to the surface of the body. Certain it is, that an improved condition of the nervous system follows the use of the sponge or bath, and the patient frequently gets rest from the wearying delirium, and falls into a slumber which must be refreshing, and places him in a better position for recovery.

That the practice of applying cold outwardly has not been more universal, is probably due to the fact that there has been, and is, a prejudice in the minds of the laity, that cold applied to one suffering from fever, is a potent factor in the production of the untoward result we are so anxious to obviate. This old landmark which has been handed down from generation to generation still holds, and the general practitioner needs a deal of courage, who, especially in country practice, will order cold baths to be followed out systematically. If the patient live, it was in spite of the senseless treatment; if he die, the doctor certainly killed him by the use of cold. Such would be the almost unanimous verdict of the laity.

Now old landmarks are not to be despised, and the light of modern investigation shows that the cold water treatment is not, to say the least, an unmixed good; albeit, the ignorant opinion of the laity is entirely groundless from a scientific standpoint. They fear the patient will "take cold," a result not at all dreaded by the educated physician; and yet facts are now known, which go far to show that the cold bath treatment is not scientifically correct.

"Prolonged high temperature kills," not, it is believed, so much by the actual presence of increased heat itself, as by the *greatly increased activity* of the phenomena of the vital chemistry, upon which this heat depends. If this be true, and it seems to have been clearly demonstrated as true, then the aim should be, not so much to abstract heat, as to check its production.

From a series of observations made by the French scientists, Fredericq and Minquand, it has been shown that the application of cold to the surface "markedly augments the absorption of oxygen and production of carbonic acid, and consequently the production of heat."

This thec., namely, the increase of "intersti-

tial combustion under the influence of cold to the surface," is held by Liebermeister also, and is so stated by Niemeyer.

It would appear then, that by applying cold, we really increase thermogenesis in the "heat-producing area" of Rosenthal, while we are abstracting it from his "heat-losing area." This can not be correct treatment, scientifically; for it is simply taxing the power of the patient still further, than is, already being done by the disease. Certainly a high temperature which is remittent, is "better supported than a low temperature which is continuous," and it is our duty to obtain remissions if possible. But if it be true that, by the cold bath treatment, we are increasing histogenesis and consequently heat, it were surely better to rely upon some of the chemical antipyretics, as quinine, antipyrine, or antifebrine. They give remissions of temperature, husband the patient's strength and check alterations in the tissues, such as fatty degeneration dependent upon high temperature, and slow the heart, thus improving the nutrition of the muscular walls of that organ.

THE FLESH AND MILK OF TUBERCULOUS ANIMALS AS FOOD.

In our last number we drew attention to the possibility of infectious disease being spread by domestic animals. Following that note, it will be of interest to our readers to peruse the following *résumé* of the results of investigations by French scientists, on the danger of using the flesh or milk of tuberculous animals, as food. The results were made known at a "Congress for the study of tuberculosis as it occurs in man and animals," recently held at Paris. Some of the most eminent men in France were present, and the whole subject of tuberculosis was dealt with, so far as science has gone in the investigation of that disease. Among those taking part may be mentioned Cornil, Verneuil, Villemin, Nocard and other well-known scientists. M. Nocard read a paper on the above subject, which is epitomized as follows, with the discussions thereon, by the Paris correspondent of the *Lancet*.

"It would appear to result, from his very ingenious experiments, that the muscles destroy or digest, as expressed by M. Nocard, the comma bacilli in such a way that the meat of animals

affected with generalized tuberculosis presents but very little danger. Thus, four cats ate with impunity the flesh of a tuberculous cow, whilst a fifth cat that had eaten a lymphatic gland of the same cow succumbed in a very short time to experimental tuberculosis. M. Nocard, therefore, thinks that it is not necessary to exaggerate the precautions, or to hold Koch's bacillus in great dread, adding that one can eat without fear the flesh of tuberculous animals the tubercles of which are limited to the viscera and to the different lymphatics; even that of animals the tuberculosis of which is generalized, would be but exceptionally to be dreaded. As regards the milk, this should always be looked upon with some suspicion, and it should never be given to children without its having been previously boiled. Goats' milk may, perhaps, form an exception to this rule, as a tuberculous goat is looked upon as a pathological curiosity. At the meeting on the 26th, the question as to the dangers to which one is exposed by the use of the flesh and milk of tuberculous animals, and the means to prevent them, was discussed. A large number of the members took part in the debate. All acknowledged that the use of the meat, and particularly the milk, of tuberculous animals, should be regarded as dangerous. M. M. Arloing, Galtier, Butel, Rossignol, and Aureggio would vote for the complete seizure of the meat of all tuberculous animals, instead of the partial seizure which M. Nocard judges sufficient. The foreign veterinarians present were all partisans of the entire seizure. M. Jorissenne claimed for the Belgian veterinarians the honor of having raised the question of the danger of the use of milk. He stated that of every one hundred cows, four are tuberculous. In one shed of twenty cows the milk was found to contain a prodigious number of bacilli furnished by tuberculous teats; he therefore insists upon the most radical measures. Mr. Robinson, of Greenock, does not believe in the distinction that is sought to be established between localized and generalized tuberculosis. Considering the danger shown by statistics, and the frightful proportion of tuberculous subjects among the human species, Mr. Robinson proposed that the most energetic means of preservation should be employed. He said that he came on purpose from Scotland to support these radical measures. All suspected meat should be seized. M. Dionis des Carrières stated that to the present day we have not had the demonstration of a single case of tuberculosis determined by the use of meat taken from a tuberculous animal. He asked why a substance only suspected should be rejected from the list of aliments. He suggested that, before adopting such radical measures, a series of experiments should be duly performed. With this view he proposed that the next criminal that may be condemned to death should be subjected during fifty days to a diet of

tuberculous meat, whereby the relation of cause and effect should be traced. M. Peuch, of Toulouse, showed the noxious action of the milk and the meat of tuberculous cows. The Congress voted, in principle, that the flesh of a tuberculous animal should be seized in totality. M. Hartenstein read a note on bovine tuberculosis in its relations to verminous phthisis (*phthisis vermineuse*). The author often found in the lungs of oxen large pouches filled with caseous matter, closely resembling tuberculous masses. He observed that it is very important to know that these appearances are deceiving, as one has only to deal with dead parasites, and that the flesh of animals which contain them present no danger."

It was shown by M. Cornil that general tuberculosis may be produced through the mucous membranes. He introduced into the œsophagus of guinea pigs a few drops of tuberculous cultures, and always observed, in a few days, general tuberculosis, and this *without lesion* of the epithelium. It is therefore possible that tuberculous infection may take place from sexual intercourse when bacilli are introduced, a matter of great practical and scientific interest.

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT GLASGOW, 1888.

This meeting was in every respect a success. Held in a city like Glasgow, one of the great centres of medical education in Great Britain and the seat of a famous University, it could hardly have been otherwise. The arrangements made for the general meetings and those of the sections were very complete. Canada was represented at the meeting by Dr. Geikie, of this city, who had credentials from the Medical Council of the College of Physicians and Surgeons of Ontario, and also from the Ontario Medical Association. Drs. Gardner and Stewart, of Montreal, were also present, and probably other members of the profession from various parts of the Dominion. The address of Dr. Gairdner, president of the Association, and Prof. of Medicine in the University of Glasgow, was very able. He showed what medical men and medical culture had been during past ages; how they had gone on improving from generation to generation, and what should be the ideal of a thorough all-round medical education, and the kind of mental training needed before entering upon purely

professional studies, which will make these to be pursued with the highest degree of success.

The address in Medicine by Dr. Clifford Allbutt, of Leeds, was listened to with great pleasure by the large audience gathered to hear it, and will be read by thousands everywhere with satisfaction and advantage. Dr. Allbutt insists on a study of the history of disease, more careful than it has ever yet received. He points to heredity, as one field where rich harvests of knowledge will reward those who investigate fully and continuously this great department. To the geography of disease, special attention was also directed.

Sir George H. B. Macleod, Regius Prof. of Surgery in the University of Glasgow, delivered the address in Surgery. When the eminence of the speaker and his theme, "The advances of Surgery during the last half century," are considered, the reader may readily understand the address to have been most interesting. After large experience, Prof. Macleod favors anæsthesia by chloroform for operative purposes, saying of it, "that when properly administered, it is unrivalled." He touched upon hospital construction, the treatment of wounds of arteries, aneurism, ununited fractures, lithotritry and lithotomy, and too many other subjects to be even mentioned in a single brief notice, and every subject dwelt on was treated in the clearest and most practical way. His address will well repay a very careful perusal.

We can only mention a most important paper by Dr. MacEwen, on "The surgery of the brain and spinal cord." It shows how surgeons can now diagnose cerebral cases, and how operations on the brain may not only be safely undertaken in many cases, but that they are often imperatively demanded for the saving or prolongation of life. This address showed, too, with what advantage operative procedure can be employed in certain cases of spinal injury, where paraplegia results from pressure of portions of the vertebral laminae on the cord.

The address in Physiology, on "The gaseous constituents of the blood in relation to some of the problems of respiration," by Prof. McKendrick, was also very masterly, and is deserving of a careful perusal.

Dr. More Madden, in his address in the "Obstetric" section of the Association, gave a *résumé* of the progress made in obstetrics and gynaecology.

His reference to the frequency of the occurrence of chronic inflammation of the Fallopian tubes, and the ovaries, and to the fact that these are often amenable to treatment, and may end in recovery without any special means, is of practical interest. Dr. Madden speaks of the value of aspiration in certain cases where the Fallopian has become distended.

In addition to an address by Sir William Aitken on "Pathology" and how it should be pursued, and one by Dr. Cheadle in the section devoted to the Diseases of Children, there was a great deal of good work done; many most valuable papers read, many cases exhibited of very great interest, and much shown in the way of anatomical and pathological preparations which will be long remembered by those who had the good fortune to be present. The British Medical Association is a body of which the profession may well be proud; and while our Ontario Medical Association is perhaps too large to become a mere *branch* of the great British organization, it might serve a good purpose if some kind of affiliation could be brought about, so as to unify to a greater extent than at present, the profession in Britain and in our large and progressive Province of Ontario.

THE CANADIAN MEDICAL ASSOCIATION.

The Twenty-first Annual Meeting of the Canadian Medical Association took place in Ottawa on the 12th and 13th, and was attended by fair success. There was a good attendance of medical men from the Province of Ontario; one from the far West, and, of course, a strong contingent from Montreal, and a few others from the Province of Quebec. The Maritime Provinces were not represented as they should have been, and the French Canadian element was all but conspicuous by its absence. Why our French-Canadian brethren cannot become possessed with enough professional enthusiasm to bring them out to the support of those who are trying to advance the best interests of the medical profession, is always a mystery to us, but we sincerely hope it is not too late to ask for their hearty co-operation in an endeavor to perfect an organization which is of great national, as well as scientific importance. Although the meeting just concluded was successful, yet we may hope for still greater success in the future, and we

would remind our readers that the Canadian medical profession are, in a great measure, judged by the work of the Canadian Medical Association, and with other countries working with such diligence and energy to advance the profession, it will tend materially to our detriment, unless a more hearty support be given to this Association. There are some of the best medical men in the Dominion who never attend such meetings, and they are certainly derelict in their duty towards the younger members of the profession, more particularly.

Next year, the Association has decided to meet in Banff, B.C., and it is to be hoped the various members of the profession throughout the Dominion will begin now to make arrangements for an enjoyable excursion to that portion of Canada which, to many of us here, is a country whose beauty and extent are but imperfectly realized.

The profession of Ottawa did that city credit in their boundless hospitality, and established in the minds of those who attended the meeting a remembrance not soon to be forgotten. The banquet given in the Russell House in the evening was well attended, about fifty being seated at the table, and the fact that each paid his own footing did not in any way decrease from the attendance. The President of the Association occupied the chair with excellent grace and ability. Sir James Grant surpassed all his former eloquent efforts in a speech on "Medical Literature," which would do credit to any company. Old college songs were heartily joined in by those whom the convivial spirit of the hour carried back to their college days, and with the early hours of the succeeding morn, with the singing of "Auld Lang Syne," the links of friendship's chain were again rewelded.

REMEDY FOR ERYSIPELAS.—Nussbaum writes as follows (*Al. Wein. Med. Zeit.*) regarding erysipelas, "I have had the pleasure recently to obtain rapid cures in many cases of erysipelas by a very simple method, which does not present any danger, nor occasion any pain; which is not the case in injections of phenic acid, which are almost always cruel on account of the suffering.

"The erysipelatous parts, previously rubbed with a pomade of equal parts of lanoline and ichthyol, are enveloped in salicylated cotton. It will be found, the day after this application, that not only has the erysipelas not advanced, but that there

has been a notable amelioration in all the morbid symptoms. The roughness, the redness, and the pain have very much diminished—in a word, all the phenomena of irritation have disappeared as if by enchantment, to return no more. It is hardly ever necessary to continue the application for more than three days."

SULPHUROUS ACID FUMES FOR WHOOPING-COUGH.
—Lately we called attention to the fact that whooping-cough may be cured by the fumes of burning sulphur. Experience seems to show that this is not a fad, but a reality. Numerous paragraphs, scattered through the medical journals, attest to the efficiency of this treatment in what has heretofore been looked upon as an incurable disease. Dr. Manby, *Pract.*, believes that if Mobin's method were generally carried out for six months, the disease would be practically exterminated. At any rate, the troublesome and chronic nature of the complaint should make all hail with delight the successful plan of treatment suggested by Mobin, which is as follows: The children are, in the morning, put into clean clothes and removed elsewhere. All their clothes and toys, etc., are brought into their bedroom, and sulphur is burnt upon a few live coals in the middle of the room. The fire is allowed to remain in the room for five hours, and then the windows and doors are thrown open. The child sleeps in the room the same evening. About twenty-five grammes (a little under an ounce) of sulphur to every cubic metre may be burnt; this is equivalent to rather more than ten grains per cubic foot. The room is fumigated in a like manner during the night—the children practically living in an atmosphere of diluted sulphurous-acid gas for some days, while in several cases the process is repeated at the end of the week.

THE PROFESSION AT JACKSONVILLE.—The following is from the *New York Sun*, and shows that the heroic action of the medical men of the plague-stricken district is appreciated:

"The whole country has observed with admiration the heroic conduct of the physicians who are battling with the yellow fever in the stricken city of Jacksonville. They have not only remained at the post of duty in the presence of danger, rendering services freely to the needy, but they have striven to surpass each other in deeds of devotion

and self-sacrifice. Several of them have fallen victims to the plague during the past two months, and one of the most grievous incidents reported from Jacksonville is the death, on Monday last, of Dr. W. L. Baldwin, who caught the disease from one of his patients in the hospital. Not a few doctors, practising in different parts of the country, have gone to Jacksonville to render relief to the distressed people, and hundreds of others have nobly offered to follow their example. Truly such physicians are worthy of honor and gratitude from mankind."

REMARKABLE TEMPERATURE.—The following remarkable record was handed to us by a friend last month and is the production of a "doctor." We reproduce it *verbatim et literatim*.

"Dear Doctor our little patient is doing quite well! does not appear to be any worse than when you was here—the bowels some Tympanic moved once yesterday; some murmuring this morning, drank 2 table spoonfuls of milk, being the only food—yesterday morning at 4 o'clock pulse 98 Resp 29—Temp 109 at 2 P. M. pulse 102 Resp 29 Temp 112 at 8 P. M. pulse 120 Resp 27 Temp 121 at 7.20 this morning the pulse 112 Resp 28—Temp 112—I have kept her on Quinine as per Scrip when the fever was low, and the aconite when fever; I added a little Syr Epicac. all appears as favourable as could be expected: any suggestion or any further treatment you think proper let me know let me hear from you. Dr——"—*St. Louis Med. and Surg. Jour.*

ARTIFICIAL RESPIRATION IN NEW-BORN INFANTS.
—Mr. Jennings, writing to the *Lancet*, says, regarding a new method of producing respiration in a new-born infant: "Place the infant on its back, feet towards you, with your hands sling-like beneath its body, about midway, the thumbs in front round the thorax. Now raise your hands a few inches upwards, so that the body becomes arched by the extremities falling on either side. Do this lifting about fifteen or twenty times in the minute, keeping the body in the upward position for a short period each time. In lowering the body, apply gentle pressure by squeezing the thorax with your hands and thumbs. One important point in this method is, that both mouth and glottis are opened, and any fluid in the trachea or lungs is

able to flow out. I have found this means of producing artificial respiration successful on several occasions, and in one case where Marshall Hall's method had failed."

RATIO OF INSANE TO SANE PERSONS.—The following (*N. Y. Med. Jour.*) will be interesting and no doubt surprising to members of the profession who are not alienists:—In 1860 the ratio of the insane among the colored people was one in every 5,799, and in 1880 one in 1,096. The doctor quotes Bucknill and Tuke to the effect that the maximum ratio of insanity coincides with the maximum point of civilization, and intimates that possibly the ratio among the blacks may never equal that among the whites, one to 500. According to the census of 1880 there were 6,165 colored people insane in the United States.

THE MICROBE OF CANCER.—Dr. Lampiasi-Rubino, says *The Med. Rec.*, has been studying the micro-organisms present in various neoplasms, and comes to the following conclusions: 1. In malignant growths, epithelioma, sarcoma, scirrhus and encephaloid carcinoma, there is constantly found a specific bacterium distinct from all other pathogenic micro-organisms. 2. This microbe is not found in benign tumors like fibromata or lipomata. 3. The micro-organism causes a general infection, and often death in the lower animals. 4. It is probable that the production of malignant neoplasms, and of the general carcinomatous cachexia following them, depends upon the presence of this micro-organism.

SALICYLIC ACID IN METRORRHAGIA.—This remedy has been found to arrest the flow in two cases (*Felici Lancet*) in a very short time. In one case of carcinoma which had resisted all ordinary styptics, a plug of carbolized cotton wool, soaked in a solution of salicylic acid, completely arrested the hæmorrhage in a few moments. The other case was one occurring at the menopause. It was so severe that the patient was collapsed. A dossil of cotton wool soaked in a concentrated solution of the acid, and introduced into the uterus on a sound, was successful in checking the hæmorrhage in a few seconds.

URTICARIA IN INFANTS.—Dr. Deligny recommends (*London Med. Rec.*) the following ointment:

R.—Chloral hydrar., pulv. camphor, pulv. gum. acacia, aa 4 parts; ungu. simplex, 30 parts. Rub the first three substances together until liquefaction occurs, and then add the simple ointment. Apply each evening. This combination calms the itching, allows the child to obtain sleep, and does away with the scratching which gives rise to such distressing effects in this disease. In the morning the skin should be anointed with a one per cent. mixture of carbolic acid in glycerine of starch.

TONIC AND ALTERATIVE FOR CHILDREN.—The syrup of the iodide of iron, says Jacobi in *Arch. of Ped.*, is well tolerated by the youngest infants; as many drops as the baby has months may be given three times a day, up to eight or ten drops a dose. It is well tolerated by the stomach, in which the iodine is freed from the iron and acts as an antifermentative. Besides, experience appears to confirm the theoretical inference that it proves its power as an absorbent in cases of anæmia complicated with glandular enlargements.

ANTIPYRINE IN LABOR.—This drug is said to relieve the pains of labor in a marked degree. It has been used in doses of fifteen or twenty grains, per rectum, with the happiest results. M. Queirel (*Med. Rec.*) says he administers it subcutaneously, in five grain doses, which may be repeated in two hours. It usually greatly relieves the pains, while not interfering with the regularity or strength of the contractions.

THREATENED ABORTION.—Dr. W. Snidley, in the *Cal. Pract.*, treats threatened abortion by the administration of 15 to 30 gtt. doses of fl. ext. ergota every 4, 6, or 8 hours, so as to stop the hæmorrhage, and not produce too much contraction of the uterus. At the same time, he gives morphine $\frac{1}{8}$ to $\frac{1}{4}$ gr., to keep the uterus quiet, and absolute rest in bed.

WHOOPIING-COUGH.—Dr. W. O'N. Mendenhall, in the *Med. Reg.*, states that he has had excellent results from the use of the following in whooping-cough:

R.—Ac. carbolicæ, fl. ℥v.
Glycerini (pure), ʒj.

Sig.—ʒj., every 3 or 4 hours for a child 10 years old.

DYSMENORRŒA.—The *Am. Med. Digest* gives the following as useful in dysmenorrhœa :

- R.—Tinct. aconit. rad., ℥ xx.
- Morphiæ sulph., gr. j.
- Ext. cimicifugæ, fl. ʒ j.
- Ext. ipecac., ℥ xx.
- Elix. simp., ʒ jss.

Sig.—ʒ j every two hours.

PRURITIS PUEDENDI.—Dr. A. Routh (*Br. Med. Jour.*) speaks very highly of the following lotion in pruritis pueдени of neurosal form, especially in the reflex pruritis which often accompanies pregnancy :

- R.—Borax, ʒj.
- Boiling water, Oj.
- Ol. menth. pip., gtt. v.

Shake well and bathe the affected parts freely with a soft sponge.

HÆMORRHAGE.—Dr. Huchard (*Therap. Monat.*) recommends the following prescription to arrest hæmorrhage :

- R.—Ergotin,
- Quin. Sulph., āā gr. xxx.
- Pulv. fol. digitalis,
- Ext. hyoscyanni, āā gr. iij.
- Ft. pil. No. xx.

Sig. 5 to 8 to 10 pills daily.

CHRONIC ACNE.—The *Lyon Méd.* gives the following :

- R.—Resorcin,
- Pulv. amyli,
- Zinci oxidi, āā ʒj.
- Ung. petrolei, ʒiij.—M.

S.—To be carefully applied at night, and removed in the morning by means of wadding saturated in olive oil.

CHRONIC PHARYNGITIS.—This troublesome complaint, may be cured (Eneler, *Berlin Klin. Woch.*) by the following gargle :

- R.—Zinc sulph., gr. xv.
- Ag. menth. pip., fl. ʒ v. Mj.

S. Use as a gargle 4 times a day.

PAY YOUR SUBSCRIPTION.—An exchange relates this parable : “A revivalist requested all in the congregation who paid their debts to rise. The rising was general. After they had taken their

seats, a call was made for those who did not pay their debts, and one solitary individual arose and explained that he was an editor, and could not pay because all the rest of the congregation were owing him their subscription to his paper.”

MIGRAINE.—The *Am. Prac. and News* says that Cannabis Indica is highly useful in the treatment of migraine, not only as a palliative, but as a curative agent. One-third of a grain of the alcoholic extract in pill form should be given every night, or night and morning, which may be increased to one half or two-thirds, and should be continued for several weeks.

MASTITIS.—In the Columbia Hospital for Women (*Obs. Gazette*), a liniment composed of half an ounce of camphor, dissolved in three ounces of turpentine, has been found most effective in checking the secretion of milk in mastitis ; it alleviates pain, lessens induration, and is more effective in reducing inflammation than any other remedy that has been tried.

EUREKA.—Dr. W. H. Oliphant read a paper on Minor Surgical Cases, at the late meeting of the Canadian Institute of Homœopathy, says the *Med. Counselor*, “In which were included four cases of cancer cured by internal medication, coupled with external application of thuja.”

ANÆSTHETIC.—Sir Spencer Wells (*Br. Med. Jour.*) prefers the bichloride of methylene to any other drug, for anæsthetic purposes, as it is safer and equally good as an anæsthetic.

WATER IN THE STOMACHS OF DROWNED PERSONS.—It has been proved by the experiments of Obolovsky, that water found in the stomachs of persons found drowned, does not prove absolutely that death took place by drowning, as water may enter the stomach after death.

DR. BELL, of Glasgow, considers the uterus, in the large majority of cases, the source of the mischief in a great many of the affections to which the tubes and ovaries are liable, and, therefore, averts these evils by suitable treatment of the uterus. Iodized fennel gives the best results, being aseptic and antiseptic in the highest degree. Carbolic acid exercises a powerful anodyne effect on the endometrium, and has powerful alterative

properties. In long-standing endometritis, the granular condition of the mucous membrane should first be removed by the curette.

It is said, *Med. Reg.*, that "Chloride of lime spread on the soil near plants will protect them from insects or vermin. Dusting over the leaves of plants with a solution of the chloride will keep all insect plagues at a distance."

Dr. Walker, of Dundas, sailed for England on the 25th ult. He intends to spend the winter in studying and practising under Lawson Tait. He will on his return open a sanitarium in Toronto, similar to the one he has lately conducted in Hamilton.

Dr. J. W. F. Ross, of this city, lately left for Europe, where he intends taking a special course in gynecology, preparatory to making that department of medicine a specialty on his return.

PROFESSOR to medical student—"How would you treat post-partum hæmorrhage?"

Student—"I would tie the post-partum artery."

That student is now carrying the hod.—*Med. Reg.*

It is said that 15 grains of antipyrin, taken in the morning and repeated in an hour if necessary, will often quite relieve the distress of hay fever.

WANTED, a copy of Bright's Medical Cases, for which a good price will be paid. Address, Editor LANCET.

BARTHOLOW regards the bromide of lithium as almost a specific in muscular rheumatism.

Books and Pamphlets.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE, by H. E. Wood, M.D., LL.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. The Seventh Edition, rearranged and enlarged. Philadelphia: J. B. Lippincott Company. Price \$6.00.

It is with great pleasure we refer to a new edition of this very excellent treatise on therapeutics. In this, medicines are grouped in accordance with their known therapeutic actions, and such action thoroughly and scientifically explained. If we speak of one portion of this work in preference to

another, we would particularly commend the chapters on depresso-motors, and also the one on Cardiants. We can truthfully say these chapters in themselves mark an era of great advancement in therapeutics. To read this work carefully is to obtain a clear and scientific basis upon which all medical treatment must rest. This work cannot but meet with commendation wherever it is received, nor can any practitioner be without it who desires to be abreast of the times.

MANUAL OF CHEMISTRY:—A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A text-book specially adapted for Students of Pharmacy and Medicine. By W. Simon, Ph.D., M.D., Professor of Chemistry and Analytical Chemistry in the Maryland College of Pharmacy, Baltimore, Md. Second edition, enlarged and illustrated. Philadelphia: Lea Brothers & Co.

This is a commendable treatise on chemistry, in which the author has treated the subject in a most concise and practical manner. The characters and methods of obtaining the precipitate tests are especially well treated, and the chapter on Examination of the Urine is especially good. We can recommend this treatise very highly.

EXCESSIVE VENERY, MASTURBATION AND CONTINENCE. By Joseph W. Howe, M.D., late Professor of Clinical Surgery in Bellevue Hospital Medical College, etc. New York: E. B. Treat.

This little work deals with the etiology, pathology and treatment of the diseases resulting from venereal excesses, and is useful in that it treats in a clear and practical manner that field of practice which is so often avoided by the respectable practitioner, and as often scandalously utilized for the benefit of the quack. The work is a very creditable one.

THE opening lecture at Trinity Medical College will be delivered on Monday 1st inst., by Rev. Dr. Johnston, of Jamaica. Toronto University Medical College opens the same day, Dr. Richardson occupying the rostrum; while the Women's Medical College will be opened on Tuesday the 2nd, Dr. Powell giving the opening address.

Births, Marriages and Deaths.

At Millbank, Sept. 11th, Dr. R. Whitman, of Shakespeare, to Kate, only daughter of Mr. Jacob Kullman.