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CANADA

MEDICAL & SURGICAL JOURNAL

JULY, 1883.

Original Communications.

CASE OF ACUTE DIABETES MELLITUS.

By EDWIN GOODMAN, M.B., St. CATHERINES, ONT.

The following case of diabetes mellitus is of interest, in consequence of the extreme rapidity which marked its course from its inception to its fatal termination, and because it seems to throw a ray of light upon the etiology of the disease:—

The patient who forms the subject of this sketch, Miss R., of Port Dalhousie, was first noticed to be ailing on the 26th day of March last. I was consulted on the following Thursday, the 29th day of the same month. At that time I was informed by her mother that she had been suffering from a cold, in common with many others in the village, a sort of epidemic influenza having been very prevalent throughout the Niagara district during the month of March. No reference was made at this time to unusual thirst, to voracious appetite, or to excessive urination, although I subsequently discovered that the first and last symptoms manifested themselves on the 24th of March, five days before I saw the patient. The mother did not recognize their significance, and consequently made no allusion to them. The patient was said to be weak and languid, but anxious, nevertheless, to go to school to prepare for an approaching examination. General debility, languor, depression, and a feeling of *tiredness* were the symptoms I was asked to prescribe for. I gave a mixture containing citrate of iron and quinine, and Dobell's pancreatic emulsion, with rum and milk. The parents were advised

to keep the patient from school, to give all the food she could digest, and to encourage her to live out of doors as much as possible. In the event of no improvement taking place, the patient was to be brought to me in a week's time. My attention was not again called to the case until Friday, the 13th day of April last. On that day a lady friend and relative of Miss R. came in great haste and anxiety, and desired that I should go immediately to Port Dalhousie to see Miss R., who, she said, was much worse, and growing feebler and more emaciated every day. She informed me that the patient had come to her house on a visit, and had fainted away owing to her extreme weakness. She said that she had been put to bed; that her parents were alarmed at her condition; and that my immediate attendance was required. On inquiring why I had not been informed before, if the patient had been growing progressively weaker, I was informed that the unsettled state of the weather had prevented them from bringing her to St. Catherines. I saw the patient on the morning of the 13th of April, as requested, and was shocked at the change which had taken place since my last visit, two weeks before. She seemed literally to have *melted away*. In her normal condition she was always delicate-looking and slender; but I found her emaciated, hollow-eyed, and shrunken to the last degree. Her extremities were cold, her forehead rather warm, her pulse feeble, but not accelerated, her skin rough, dry, and "scurfy," her lips dry and parched, her tongue moist, covered with a brownish fur, and fissured. There was no pain or tenderness anywhere; nothing but extreme prostration. It flashed through my mind, the result, I suppose, of an almost unconscious chain of reasoning by exclusion, that I had a case of diabetes before me. I asked the patient's mother if her daughter had been passing much water lately? She said, "Yes, great quantities; she fills a chamber-vessel every night, and it is queer-looking." I asked her how long she had noticed this state of things? She said, "About two weeks." I asked her if she was very thirsty? She said, "Yes, she wants to be drinking water all the time." I asked her how long she observed the existence of this great thirst? She said, "Not longer than two

weeks." In answer to my enquiries both then and subsequently, the patient's parents and intimate friends have all said that nothing unusual had appeared to be the matter with the patient until she had the catarrhal attack two weeks before the 13th of April. But that when she contracted the cold, and ever afterwards, she seemed weak, easily tired, despondent, and chilly. Aware of the rarity of such an exceedingly acute form of the affection, and thinking that possibly the disease might have existed for some time in a latent, or sub-acute stage, I carefully cross-examined her relations and intimate friends and associates, as well as herself, and in no case could I elicit any evidence of the existence of wasting disease, excessive thirst, or profuse and frequent urination, or even of unusual debility, until just before the case came under my notice on the 29th day of March last. The patient died on the 15th day of April last, just three weeks from the day the thirst and profuse urination made their appearance. The family history of the patient is good. Both father and mother appear to enjoy good health, and on neither side have there been cases of phthisis or diabetes. Grandparents, uncles and aunts, were all sound and robust. I am not aware of the existence of any syphilitic taint in either of the patient's progenitors; but, possibly, *pre-natal* malnutrition may have been occasioned by *chronic alcoholism* on the paternal side at the time of procreation. The patient had one brother and a sister, who died during infancy from an attack of *cholera infantum*. The patient's skin was always dry, harsh, and unperspiring; her appetite was excellent, but never inordinate; and she was always very fond of "sweets" and all kinds of starchy and saccharine food. She was quiet and studious in her habits, gentle and retiring in her manner, fond of her books, and indisposed to indulge in "romping" with her play-fellows. She had never suffered from sadness or "long sorrow," and had never received blows or shocks which might have excited irritation of the "saccharine centre" in the floor of the fourth ventricle. There was not sufficient time to develop the condition of the brain so graphically depicted by Dickinson in his admirable account of the obliteration of the

central blood-vessels, and enlargement of the peri-vascular spaces, as a cause of glycosuria. She was always surrounded with every comfort that kind and indulgent parents could provide for an only and beloved child. As before stated, I thoroughly satisfied myself, by evidence that seemed to me to be irrefutable, that the disease did not manifest itself until the 24th day of March. Up to that date, and until the morning of the 26th, two days afterwards, the patient was cheerful and possessed of her usual strength, and walked about, and enjoyed herself while visiting her friends in this city. On the 24th, however, the lady at whose house she was staying, noticed that she drank a great deal of water, and rallied her on the subject, asking her if she had not been eating something which made her thirsty. This lady, a very intelligent person, by the way, also noticed that she began to urinate frequently and profusely at about the same time, and that she had an excellent appetite, and a great craving for "sweets." On the morning of the 26th the patient returned to Port Dalhousie from St. Catherines, and on that day she contracted her cold, while riding the distance, four miles, in the stage-coach which plies between the two places. The "cold" may have been one of the factors *aggravating* the disease after its inception, but it was not the *exciting* cause, because the diabetic symptoms made their appearance before the catarrhal affection was contracted. I sought another clue to the causation of the malady. I asked the mother if her daughter, who was aged fourteen years and three months, had ever menstruated? She said, "No." I asked her if just before she went to St. Catherines, on the 24th of March, she had noticed any disturbance whatever in connection with the uterine functions? Any pain, any discharge? She said, "Yes, a day or two before her daughter went to St. Catherines, she complained of a *dull aching pain in her back*, of a *bearing down feeling, headache*, and *slight discharge of whites*." "But there was no appearance of blood." After the symptoms above alluded to had subsided, after this abortive attempt at menstruation, the glycosuric symptoms developed themselves. Was it a case of *propter hoc*, as well as *post hoc*? I

think it was. It must be borne in mind that Miss R—— had been going regularly to school, and was in her usual health up to the 24th of March, the day she visited her friends in this city, and that it was upon this *very day* she drank so much water, and passed so much urine, for *the first time*, and that the 24th was the day following the disappearance of the symptoms which it is fair to suppose marked an unsuccessful effort of nature to establish the catamenia. On the 29th of March, I prescribed for her as before stated. The attack was a slight one, and I am now convinced that the marked prostration of strength, which was out of all proportion to the severity of the catarrhal affection, was due to the impaired nutrition resulting from the glycosuric disease.

I say I am *now* convinced of it; I did not realize it *then*. Unfortunately, her mother did not herself attach any importance to the specific symptoms, and did not therefore call my attention to them. It was not until I saw the patient again, two weeks later, that the proper diagnosis revealed itself, as it were, through the prominence of the objective symptoms. It was too late to do any good *then*, even if treatment would have been of any avail at an *earlier period*—which may be doubted. I believe that the onset of the disease was due to an abortive attempt at menstruation, marked by the symptoms above referred to; and that reflex irritation was conveyed from the congested and unrelieved *ovaries* and *uterus*, through the ganglionic nerves supplying them, to the solar plexus, the semi-lunar ganglion, the splanchnics, and the vaso motor nerves, and, indeed to the whole sympathetic system of nerves presiding over the functions of digestion, secretion, assimilation and circulation. If this condition had been recognized at first, before the morbid impression had become *fixed* and *titanic*, so to speak, *possibly* something might have been done. If the local congestion, the *fons et origo mali*, had been relieved by *local depletion* or by *general revulsives*, *arousing* and *diverting* the energies of the ganglionic nerves into other channels, the attack *might* have been frustrated and nervous equilibrium re-established. If such a case presented itself to my notice again I

should certainly apply leeches to the verge of the *anus*, the *vulva*, or the *os uteri*. I should give *Jaborandi*. *Jaborandi* I have found very efficacious in the treatment of the attacks of spasmodic asthma, in uterine tormina and tenesmus from ovarian neuralgia, in facial and cephalic neuralgia, in arresting the paroxysms of ague in the first stage, and in senile psoriasis and prurigo, vicarious of bronchitic asthma. *Jaborandi* certainly possesses marvelous power over the vaso-motor nerves, and if given in time, before morbid changes had been set up either in the ganglia first attacked or in those reflexly and secondarily affected, reasoning from analogy and on physiological grounds, much benefit might be expected to result from its administration. Guided by the clue afforded by the *vis medicatrix nature*, which induces a flux from the mucous membrane of the intestine, oftentimes, when menstruation is deficient or otherwise abnormal, a sharp aloetic purge at the critical period of the menstrual molimen might tide over the difficulty. So might the Turkish vapor or hot air bath. The hypodermic use of one or two of Wyeth's tablets of morphia and atropine, if the abortive menstrual effort was attended with pain, and the skin shrunken from contracted capillaries, due to irritation of the sympathetic vaso-motor centres, would prove extremely serviceable as a palliative, if not as a curative expedient. I have assumed that the disease is of nervous origin, or, at all events, that it is through the instrumentality of the organic nerves that its baneful influence is exerted. Frequently, no doubt, it is the *cerebral centre* of the sympathetic from whence the morbid agency radiates to the ganglia and plexuses whose functions are to preside over so many vital processes. One case occurred in my own practice, several years ago, in which the disease was certainly traumatic, and was occasioned by the patient falling a distance of twelve feet and alighting on his heels with his body erect. He felt a dull pain in region of the *ligamentum nuchæ*, and over the lower portion of the occipital bone. He immediately became diabetic, and died in three months. But admitting the frequency of the cerebral origin of the disease from injury and morbid emotions, and possibly

hereditary transmission, that does not by any means preclude the probability of the disease originating from morbid irritation of any of the sympathetic ganglia or plexuses. I have no doubt when attention is directed in that way, and not confined too closely to looking for a cerebral origin of the malady in all cases, that future observation will prove the correctness of the assumption that in the majority of cases of death from diabetes, occurring in females at the period of *puberty* and of the *menopause*, the exciting cause will be found to consist of morbid irritation of the ovarian and uterine ganglia and plexus of organic nerves. Bartholow, in his "Practice of Medicine," calls attention to the *post mortem* appearances present after death from diabetes. He speaks of the "atrophy of the pancreas" as of "great pathological importance," and attributes it to the "enlarged, thickened and almost cartilaginous hardness of the solar plexus, semi-lunar ganglions and splanchnics." Evidently from the numerous lesions produced by diabetes in those tissues, glands, organs and secretions, dependent upon the integrity of the sympathetic for their physical well-being and normal physiological action, morbid irritation of the ganglionic nerves must necessarily be the chief, if not the sole factor in the production of the disease, whether that irritation arises from traumatic, emotional or systemic causes. Are not Addison's disease and progressive pernicious anæmia closely allied to diabetes? Are they not all three fatal neuroses of the sympathetic system of nerves? I owe an apology to those who have followed me this far for not having condensed my matter into a smaller compass. Lack of time and a desire to impress the facts, as I viewed them, upon the minds of others must be my excuse for prolixity and tedious repetitions. The kind friend who is responsible for the paper must bear his space of odium for the infliction, if he possesses sufficient temerity to have it published without revision and curtailment.

N.B.—The urine of the patient contained a great quantity of grape sugar, and its specific gravity was 1038. Delirium supervened six hours and coma three hours before death.

CLINICAL REMARKS ON A CASE OF HODGKIN'S DISEASE.

(With a cut.)

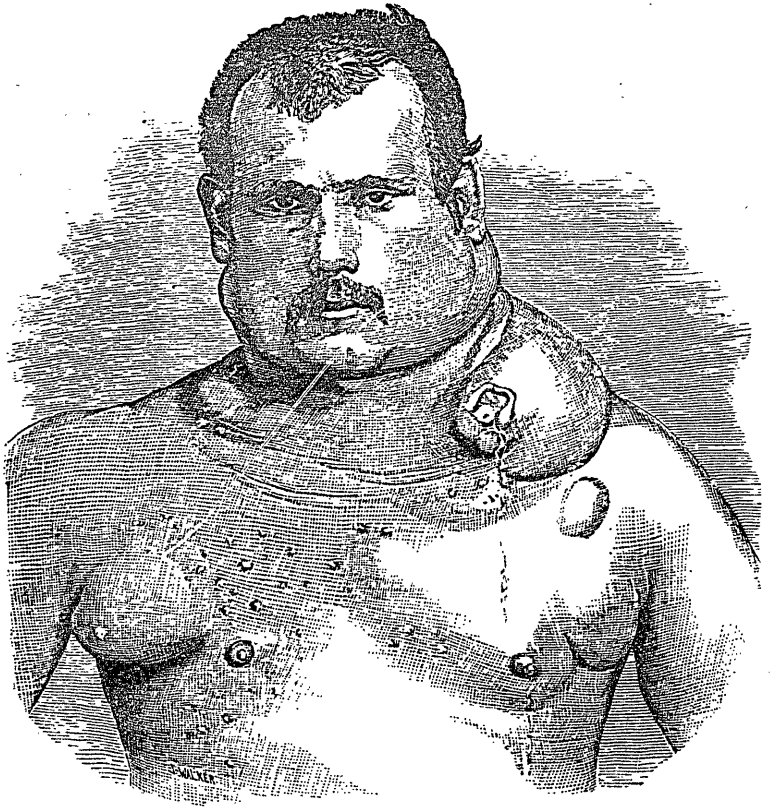
SUMMER SESSION, MEDICAL FACULTY MCGILL COLLEGE.

By WM. OSLER, M.D., F.R.C.P., LOND.

Professor of the Institutes of Medicine in McGill University, and Physician to the Montreal General Hospital.

GENTLEMEN.—The patient before you is the subject of a remarkable disease which was brought to the notice of the profession in 1832, by the late Dr. Hodgkin of Guy's Hospital. Although others had previously described cases, and Dr. Hodgkin had not himself a very clear notion of the relations of the affection, still, his paper forms the starting of our present knowledge, and the majority of English writers have, since 1865, followed Dr. Wilks' suggestion and called the disease after his name. Synonyms of it are General Lymphadenoma or—adenosis, Pseudo-Leukæmia (Cohnheim), and Adénic (Trousseau). The disease is characterized by a progressive enlargement of the lymph glands in certain regions, and anæmia. There may be enlargement of the spleen, and occasionally there are localized growths of lymphoid tissue in different parts of the body. The colorless blood corpuscles are not usually increased. The report of the case is as follows: R—A—, from near Belleville, Ont., was admitted to Montreal General Hospital June 6th, suffering with enlarged glands. Patient is 34 years of age; married; no children. No record of any scrofulous or tuberculous affections in his family. Had jaundice four years ago; ague two years ago; nothing special about these attacks. Otherwise has been quite healthy until present illness set in.

A year and a half ago one of the glands of the neck began to swell and rapidly increased in size; three months later another one on same side of neck began to enlarge, and still later others became involved. Axillary glands and those of groin became affected six months later than the cervical, but not to the same extent. At times he has had epistaxis and blood-spitting, and he has lately had a troublesome cough.



On inspection, patient is seen to be a fairly well developed man, dark hair and eyes, not anæmic or cachectic looking. The skin is unusually dark, particularly on the back of the hands, is rough and covered with a pruriginous rash. The left arm and forearm are swollen, hand not œdematous. He presents a remarkable appearance from the enormous development of the cervical and axillary groups of lymph glands. From in front, the neck on the left side seems almost obliterated by a large mass which projects over the clavicle and towards the shoulder, and extends from behind the ear to the second interspace on the chest. On one spot there is a slough, and about it the tissues are reddened and inflamed. On the right side the cervical glands are not so much enlarged; the axillary groups form large bunches which project nearly to the nipples. Two isolated glands on the chest above the left nipple are considerable enlarged. The veins are not distended, but there is a good deal of subcutaneous infiltration over the sternum. Posteriorly, the breadth of the neck is very great on the left side from the enlargement of the deep glands. The individual glands in the axillæ and right cervical regions can be felt; but in the large mass in the left side they have more or less fused together, and in spots have involved the skin. To the touch they are soft, elastic and painless. The inguinal glands are moderately enlarged. The abdomen is full; veins not distended. Cardiac area of dulness a little increased; basic systolic murmur; nothing special in right lung; at apex of left, breathing is weak, but it is difficult to examine on account of the swellings in the vicinity. No difference in the respiratory sound at the bases.

Examination of throat and tonsils shows nothing special. No difficulty in swallowing; voice not specially altered, but he thinks he is a little hoarse. No history of any special pain about bowels. Bowels rather costive. Urine is slightly high-colored, acid, specific gravity, 1025; no albumen. Pulse, 90; temperature, 101°F. Liver and spleen normal. Ophthalmoscopic examination of eyes negative. No hemorrhages; discs clear. On withdrawing a drop of blood, it is seen to be of a fairly good color, not watery; on examination the individual cells are seen

to be a little pale; colorless corpuscles relatively increased; many smaller than usual; fibrin filaments very distinctly seen. Red cells regular in size. Hæmocytometer shows about $4\frac{1}{2}$ million red cells to the cubic millimetre; a proportion of 1 white to 150 red corpuscles.

The patient will now strip that you may see the extent of the glandular swellings; rarely will you see them more pronounced. From behind the appearance is even more striking. Fortunately for him the large bunches on the left side have grown outwards and have not seriously involved the veins and there is no pressure on the trachea. The only interference with the circulation is by the growths in the left axilla. In this disease much depends on the group of glands involved. This patient tells us that he has had little or no pain and has only the inconvenience of these large tumors which impede the movements of head and arms. Very much less swelling of the internal glands may produce intolerable anguish from pressure on the nerves. I remember well the first case of the kind I saw. A large stout man, whose only symptoms were terrible pains in the back and legs and œdema of the feet. The retroperitoneal and pelvic glands alone were affected and pressure on the nerves produced the severe pains. When in the mediastinum the enlarged glands may compress the trachea or bronchi or the great vessels and bring about a most complicated series of symptoms. The case in No. 11 which interested us so much a few weeks ago—too much, in fact, as he got frightened and left the Hospital—was one of this sort. Extensive pleural effusion on the left side, group of enlarged glands above left clavicle and a large bunch of them in the abdomen. I have no doubt of the nature of the case, but the pleurisy was the most prominent feature, probably dependent on the pressure of mediastinal glands. I pass around the photographs of a case* in which the mediastinal glands were chiefly involved. Notice the great prominence of the sternum. You notice that the patient before you does not look anæmic, much less cachectic. He has been a robust, healthy fellow, and the calls

*Cases of Hodgkins Disease. CAN. MED. & SURG. JOUR., Feb., 1881.

upon his reserve fund, by the growth of these masses, have been so far well met, and though he has lost flesh, his nutrition is still fairly good. The blood count would seem to tell us this for the percentage of red corpuscles is not far off the normal, but there is a relative increase in the colorless cells and the density and size of the fibrin network which separates out between the rolls of red corpuscles indicate disturbance in hæmatisis.

The pigmentation of the skin is here doubtless due to involvement of the branches of the solar plexus in glandular tumors, though we cannot feel any through the thick abdominal walls. I have read reports of two or three instances of this bronzing in Hodgkin's disease. The patient is quite positive about the deepening of the color and we can scarcely attribute it to the prurigo caused by the papular rash which is on the trunk. Another point in this man's case is the pyrexia. As you see by this chart he has irregular fever, at times reaching as high as 102° F. In the majority of instances the temperature is raised and it may be a continuous pyrexia not as in this patient, remittent.

We know nothing as yet of the causation of the disease. So far as we can ascertain this man comes of healthy stock, and his personal history gives no clue to any morbid influence. Now that he has left the room we can discuss freely some other questions. The lymphatic tumours are due to an enormous increase in the cellular elements of the glands—a progressive hyperplasia. The consistence will depend on the amount of gland stroma; when abundant, the tumours are firm, when scanty, as in these, they are soft. You saw the day before yesterday a beautiful example of lymphoid growth, and as some of you were not at the autopsy, I will demonstrate the specimens again. I have here the right lung, bronchi and trachea, and you see these large tumours about the latter; there is general enlargement of the bronchial glands, and here at the root the tissue of the right lung is invaded. Section of one of these glands shows a soft white material which, under the microscope, is seen to consist of ordinary lymphoid cells, with but little stroma. In this case there was a secondary growth on the membranes of the cord, and a small one in the tail of the pancreas. Now what is the differ-

ence between these growths and the tumors you have just seen in R— A—? Little enough macroscopically, or microscopically, and yet there is a difference. I told you that the bronchial growths was primary lympha-sarcoma; it is distinguished from the lymphoid growths of Hodgkin's disease and leukaemia by a more rapid development, a greater tendency to invade contiguous structures and when it generalizes, *i.e.*, from secondary tumors, they may be in any and every organ and not confined, as in leukaemic and pseudo-leukaemic growths to one or more organs. In this case, the secondary tumors were in the spinal membranes and pancreas. Sarcoma of the lymph glands is apt to early penetrate the capsule of the glands and invade neighboring parts. You see this in the lung here which has been involved. I have a specimen of sarcoma of the tracheal and bronchial glands which crept up and invaded the thyroid.

With lymphatic leukaemia, Hodgkin's disease has many similarities, so much so that the mere absence of one feature, *viz.*, the increase of colorless blood corpuscles, seems scarcely enough to justify their separation. And further there have been cases in which the leucocytosis, as exists, for example, in R— A—, has increased to a positive leukaemia and that within a very short time. The prognosis is as bad as can be. The enlargement is progressive, and though in the instance before us the groups involved have not as yet seriously interfered, either by pressure or otherwise, the gradual impairment of nutrition and the drain upon the system, by the suppuration which is likely to follow in the large mass, will induce asthenia, if pressure effects do not supervene and bring death more rapidly.

With such a prognosis you may judge of the value of treatment in these cases. An important point is, should the glands be excised? If in a localized group, as on one side of the neck, and there is no constitutional disturbances—yes; but if several localities are affected and there is constitutional affection—no; the results are decidedly against it. In addition to iron, general tonics and good diet, I give arsenic in increasing doses, beginning with two or three drops three times a day, and increasing gradually, if the patient bears it, to twenty or thirty

drops daily. Under its use I saw the glands on one side of the neck get decidedly smaller, and I have under this treatment at present a lady whose general condition has much improved, and the gland swelling considerably diminished. Phosphorus has been found beneficial by some observers.

RAPID FORMATION OF BLOOD TUMOUR IN LEFT LABIUM MAJUS DURING LABOR—SPONTANEOUS RUPTURE—EXCESSIVE HÆMORRHAGE.

By THOMAS A. RODGER, M.D., MONTREAL.

This case being the first of the kind which has occurred in my practice, I venture to bring it to the notice of your readers, hoping that possibly it may prove instructive to some of them, as it has been to me.

M. A., aged 29 years, primipara; a strong, healthy, active woman, was taken with labour pains about four o'clock in the afternoon of the 17th of May last. I was requested to visit her at seven o'clock that same day, and on examination found the os uteri about the size of a ten cent piece, soft and easily dilatable. Nothing else was noticeable at this time in connection with the case, and everything passed on favorably until about eleven o'clock, when, noticing that the pains had increased very much in severity, taking on a genuine bearing down character, I was induced thereby to make a vaginal examination. I now found, for the first time, a swelling in the left labium, which at this stage of the labour was about the size of a pigeon's egg. I questioned the patient concerning the condition of the parts during her pregnancy, but was told that she had not noticed anything at all unusual, neither swelling of any sort whatever, not even in the veins of the legs. With each accession of pain this tumour was getting larger, until it reached the size of a small foetal head, and finding that the head of the child was yet high up above the brim of the pelvis, I at once determined upon applying the forceps. My friend, Dr. Wood, very kindly came to my assistance, and was in the act of giving ether, when another severe pain came on, and notwithstanding that I was giving the swelling all the support possible with my

hand, it burst, permitting the escape of a large quantity of blood mixed with clots. There being yet pretty smart bleeding, it was agreed to hope for its arrest by the introduction of fine silver wire sutures, passing them deeply into the neighboring tissues, which had the desired effect. The patient in this case did well. Neither pulse nor temperature giving any indication of constitutional disturbance. It was necessary for the first few days to catheterize, and the vaginal douche was regularly kept up, using carbolized water of the strength of 1 to 40 at first, subsequently 1 to 60.

The explanation to be given for the foregoing occurrence must be the rupture of a varix in the vagina—yet no outward evidence of such a condition was known to the patient. Nor did I myself detect such a condition, notwithstanding that I had made several vaginal examinations previous to the first manifestation of the blood tumours. The rent took place on the inner side of the labium, and was about three inches in extent, running close down to the rectum, but not injuring the perineum proper. The bleeding being very profuse, I first tried to stay it somewhat by introducing a large sponge, which permitted of time to ascertain if there was any advance being made in the position of the child's head. Finding that the sponge was becoming very rapidly saturated with blood, I had it removed and an attempt made to secure, if possible, some of the ends of the large bleeding vessels. Torsion served to arrest the flow somewhat, but still from the bottom of this tear bleeding was very profuse, so I applied the forceps at once and delivered the child. The perineum escaped any tear in this instance, and no wonder when we consider the rent which was alongside—and which really presented a somewhat formidable sight—the opening and cavity being sufficient to admit and contain without difficulty the clenched fist.

So far as I have been able to ascertain, there are but few cases of this nature recorded, and in none have I met with it occurring during the progress. In the *British and Foreign Medico Chir. Review*, Vol. XXXVI, page 262, Dr. F. W. Helfer makes mention of a case of rupture of varix in the vagina after labour, causing death; and in the *New York Journal of*

Medicine, Vol. V, page 317, Dr. William Thompson relates “ a case of pregnancy complicated by varicose veins of the lower extremity and pudenda, followed by rupture of the left labium, and alarming hæmorrhage.” In this latter case the labour did not occur until two weeks afterwards, and ended favorably.

I might just add, in conclusion, that I visited my patient yesterday, July 6th, found no varicosities of the perineal veins of either side ; the rent has healed up entirely, and the patient feels well in every respect.

ABSTRACT OF CLINICAL LECTURE ON INFANTILE SUMMER DIARRHŒA.

SUMMER SESSION MEDICAL FACULTY MCGILL COLLEGE.

By A. D. BLACKADER, B.A., M.D., M.R.C.S.

Lecturer on Diseases of Children, McGill College.

GENTLEMEN,—The advent of this summer heat will probably bring with it in its train numerous cases of infantile diarrhœa ; and both at the Children’s Dispensary and in the Out-patient Room of the Hospital, you will have full opportunity to study its clinical features. You will notice that, beginning with a few cases in the early weeks of June, the numbers will increase, slowly if the weather be cool, rapidly if the heat be more intense, to reach their height about the end of July and beginning of August ; then to decline, till, in the cooler weather of September and October, the new cases cease altogether, and we have only those left in which the disease has taken a more chronic course. You will find how prevalent and how fatal this disease is in early life, for by far the larger number of the cases occur under the age of two years or two years and a half. Over this age the liability rapidly diminishes, so that in childhood proper, diarrhœa is not much more frequently met with than in adult life, and presents very similar clinical characteristics.

There are several reasons for this strong predisposition to this disease in infancy. One is to be found in the fact pointed out by Jacobi of New York, that in infancy there is a normal tendency to loose liquid evacuations. The food is more liquid ;

the peristaltic movements of the bowel are more active; the young blood-vessels more permeable, and the peripheric nerves lie more superficially than in the adult, whose mucous membranes and submucous tissues have undergone thickening by both normal development and morbid processes. We have also a fact that I have before drawn your attention to, the peripheric ends of the nerves larger in proportion than they are in the adult, and the anterior horns of the spinal cord more developed than the posterior ones, so that we have greater reflex intestinal irritability to deal with.

Another reason lies in the fact that the age specially liable to this catarrhal action is the period during which the development of the minute intestinal crypts or follicles is going on. It is therefore a time when normally the afflux of blood to these parts is at a maximum; and even a slight amount of irritation may bring on congestive or inflammatory action.

As exciting causes, improper food and faulty digestion have much to do in the causation of this disease. Infancy is particularly liable to troubles of indigestion; partly because its nervous system is more susceptible of disturbing influences; but principally because it is so dependent on one source for its proper food, and all interferences with the functions of lactation in the mother affect her infant. In many cases it is deprived of it altogether, and faulty and indigestible food is supplied in its place. Not only does this interfere with proper assimilation, but especially in the infant does this undigested food act as an irritant, stimulating the already hyperæmic glands to excessive action. When large amounts of starchy foods in a not easily digested state are given, acid fermentation quickly sets in, and adds to the irritating nature of the alvine contents, producing even externally intense erythema of the buttocks. As a frequent cause co-operating in the production of this faulty state of the digestion, the habits too often permitted by mothers of allowing their infants to nurse too frequently during the day, and perhaps all the night; or when bottle fed, to allow the child to remain half the time sucking an empty nipple, cannot be too strongly condemned.

Another and most important exciting cause is the summer heat. All the other conditions may have been to some extent in operation before, and yet the infant, though not perhaps thriving, can scarcely be said to have been sick; but with the advance of the warm weather a relaxed state of the bowels sets in. In what way does this summer heat affect the infant? Probably in part directly lowering the tone of the nerve centers, especially when from other conditions these are already enfeebled, inducing relaxation of the vessels and favoring osmosis into the intestines; indirectly also by interfering with digestion, and thus favoring the passage into the intestines of undigested and acrid fermenting material.

Probably in all the earlier cases the heat has acted in this way. But another and most important effect produced by the heat is the contamination of the air, more or less, throughout all the neighborhood of large cities, but especially in their low-lying and crowded districts, with exhalations from decaying organic material. Exactly what is the specially obnoxious matter of this contamination, we do not know. Whether the effects produced be due to the imbibition of the gases evolved in the decomposition of organic matter, or, what is much more likely, to some low form of fungoid growth, is uncertain; but of the fact itself, experience on all sides teaches us, and such of you as may have attempted work in the dissecting room during the warmer days of spring may have had personal proof of it. In this connection we should remember that milk and all articles of infant diet readily absorb such matters from the air. It is well, therefore, always to have infant food cooked immediately before using. It should not be allowed to stand exposed to the air for some time, and then be simply warmed over.

As may be expected from a consideration of the various causes that may induce an attack, the commencing symptoms vary much in severity; occasionally the illness begins acutely with choleraic symptoms of vomiting and frequent purging; more frequently the onset is more insidious. Lassitude, slight fever, towards evening, and fretfulness with movement of the bowels several times a day, are symptoms which the mother

passes over as only temporary and of little moment. But they continue and increase in severity. Vomiting may or may not set in. This often seems to depend on increased acidity of the stomach; at other times it is apparently more reflex in character. If appropriate treatment be not given, the diarrhoea increases; if the inflammatory action predominates in the colon, much mucus, and occasionally streaks of blood, are passed. The pulse is considerably accelerated; but the febrile reaction is seldom very high. Pain, and the sleeplessness and fretfulness induced by it, now become prominent symptoms. Wasting begins early, and symptoms of exhaustion soon set in. The urinary secretion is much diminished in amount. The skin becomes dry and harsh. If the disease is protracted, symptoms of spurious hydrocephalus set in, followed by drowsiness; the stools become less frequent, and death occurs quietly. Occasionally towards the close a slight dry cough may disturb the child, and announce the presence of hypostatic pneumonia, although, by percussion, we may not be able to detect any definite dullness at the base of the lungs.

What is the lesion, gentlemen, of which these symptoms are but the expression? Anatomically, it is a catarrh of the whole intestinal tract; but especially affecting the lower part of the ileum and caput coli, in the neighborhood of the valve and the descending colon and sigmoid flexure. As Lewis Smith has pointed out, these are the places where the irritating fecal matter is most apt to be delayed and to accumulate. On examination, we find the mucous membrane much more vascular and thickened over these portions. The glands, both the solitary and the agminated, all along this tract will be found swollen. Even in cases where the intestinal trouble has been but recent and slight, these are affected, with the follicles around them; but where the inflammation has been severe and protracted, these go on to ulceration—the ulceration process commencing apparently in the follicles around the solitary glands.

With regard to the treatment, our first efforts should be directed to placing the infant under the best hygienic conditions possible. If a selection can be made, the coolest and airiest

room in the house should be chosen for the child's cot; if necessary removing woolen curtains, and such like, that may interfere with the free passage of fresh air through the apartment. The attendant should be impressed with the necessity there is for keeping the child quiet. No unnecessary movement of it being allowed. Should the child be strong enough, it should be taken out twice a day during the cooler hours of the morning and evening; preferably in its carriage to being carried in the arms, and all jolting in driving it should be avoided. When practicable frequent trips in the cooler and purer air over water are to be desired. The feeding of the infant is of the highest importance. If still nursed, strict injunctions as to the frequency with which nursing is to be allowed should be given. If the child is thirsty between times, as with diarrhœa going on and the excessive heat, it is sure to be, a little well boiled rice or barley water, or a few mouthfuls of cool filtered water may be given. If the mother's health be in any way at fault, measures should be taken to restore it. If the child be fed by the bottle, even stricter precautions are necessary. A little longer intervals should be allowed between the times of feeding, and the greatest watchfulness is necessary to ensure absolute sweetness and cleanliness about the feeding bottle itself. Great difficulty is often experienced in these cases to get a food that will agree well. Foods that during winter children thrive on and do well, in the summer season cause acidity and disagree. This is especially true of most of those patent preparations sold for children's food in the shops. After the trial of a good many, I still rely most, for young infants, on the receipt containing gelatine and arrowroot, given by Meigs & Pepper. And for older infants on a thin pap made from wheaten flour that has been boiled dry in a bag for twelve hours.

At the Infant's Home in this city I made careful trial in several cases of milk prepared with the pancreatic extract of Fairchild Bros. & Foster of New York; but was not altogether satisfied with the result, and some children object to its taste. Wheys prepared either by adding sherry wine or dilute hydrochloric to milk are often of service when the milk is rejected curded.

As regards medicinal treatment, should the attack be recent, or we have reason to suppose some specially irritating ingesta still remain in the bowel, some gentle laxative should be given; and probably the best is either a small dose of castor oil, in an emulsion of gum arabic, with an opiate, or a small powder of soda and rhubarb. Otherwise, it seems better to commence at once with a sedative and astringent; and for this purpose, nothing seems to answer better than a combination of opium with bismuth. Both must be given in sufficient doses. For a child a year old, half to one drop of tincture of opium with ten or twelve grains of bismuth in an emulsion may be given every three or four hours, or oftener if necessary. If there is much acidity either of the stomach or dejections, a little chalk, as in the official *Mist. Cretæ*, may be added. Occasionally we have a great deal of general nervous excitement associated with the earlier stages of an attack. In such cases, Potassium Bromide or Sodium Bromide may be added, one or two grains to each dose. If we have reason to suppose, from the frothy character of the dejections, much fermentation is going on, carbolic acid in $\frac{1}{8}$ to $\frac{1}{2}$ drop doses may be added to the mixture of bismuth and opium. Where there is much mucus and slime, with streaks of blood in the motions, small doses of Hydrargyrum Perchloride, $\frac{1}{10}$ to $\frac{1}{15}$ gr., as recommended by Ringer, has often proved very efficacious in removing these conditions and improving much the general condition. For the troublesome and incessant vomiting, associated sometimes with frequent serous dejections, powders of $\frac{1}{8}$ gr. Hydrarg. with *Cretæ*, or $\frac{1}{2}$ gr. Calomelanos, rubbed up with a little sugar, and given hourly dry on the tongue, will often check the vomiting and alter and improve the character of the dejections. In many cases all our resources will be required to check the inflammation. When necessary, injections containing two or four minims of laudanum, in two drachms of starch water, thrown up directly after the bowels have been moved, and repeated as may be required, give great ease. Poultices in warm weather are, I think, to be avoided; but cloths wrung out of spirits and water, with some laudanum sprinkled on their surface, and applied over the abdomen and then covered with oiled silk, have, I think, proved of much service.

NOTES OF AN AFTERNÖON WITH MR. JONATHAN HUTCHINSON.

By R. J. B. HOWARD, B.A., M.D., M.R.C.S.

1.—A boy of 19, well built, well nourished, muscular. No serious illness for past ten years. For three years has had epistaxis every three or four weeks; bled persistently after drawing of teeth on two occasions. Admitted very anæmic, with many petechiæ on limbs and abdomen; gums almost white, not swollen; no œdema anywhere; retinæ pale. Has had a good appetite, and good supply of food of all kinds. Not subject to constipation. Mr. H. pointed out that this was a case of true "Purpura hæmorrhagica," distinguished from "Purpura thrombotica" by the small round spots of extravasation; in the thrombotic form the spots are apt to be larger, and are always irregular; while owing to the way in which the discoloration extends along the vessels the term "scaweed" is used as fairly descriptive. In this case there are none of the large "bruised" spots, swollen, bleeding gums, or other characteristic signs of scurvy; and moreover this lad has had no insufficiency of diet. Here no cause can be discovered for the disease, except possibly some family tendency, for his maternal uncles are said to have been "thin-skinned" and bleeding readily. This illustrates (if correct) the well-known peculiarity by which disease is transmitted through a family for generations, but only evidencing itself in the male off-spring.

2—*Case of Amputation in Lower part of Thigh, for Compound Fracture of Leg.*—In regard to this, after speaking of the man's state previously, Mr. H. said, that he thought we should never amputate in such cases as long as active inflammation was going on. Here an attempt was made to save the limb (Lister's dressing being used); but suppuration set in profusely, and it soon was evident that amputation must be done. But Mr. H. waited six weeks, after forming this opinion, till the man's temperature came down toward normal, and the suppuration seemed less active; he then amputated, with a good result. Only the occurrence of gangrene or septicæmia should warrant amputation during the time of active suppuration.

3.—In commenting on an ordinary case of suppurating bubo, Mr. H. said that the proper treatment was, in his opinion, to lay open the bubo freely and scrape away all the inflammatory matter which was to be found; and remove any neighboring glands that threatened to suppurate. If we made a small puncture or even a wide opening, and then drained, it took a long time for all the inflammatory tissue to come away; but by the plan he recommended, with the use of iodoform well packed in, the case would probably be cured in a few weeks.

4.—A woman met with a severe crush of the hand, for which amputation in the middle of the forearm was needed. Though done with Listerian precautions, suppuration occurred, the stump becoming swollen, painful and tense, and of a dusky red color. Mr. H. ordered several stitches (not all—about one-fourth) to be removed, and the wound to be dressed with evaporating spirit lotion. He pointed out that Lister's dressing, which was preventive only, had here failed of its purpose; and considered it was now the proper course to combat the inflammation. In dealing with an inflamed stump, such as this, he would use either a cold lotion or a poultice. The spirit lotion, if exposed, would form a cold lotion; if covered with oil-silk and wrapped up would form a "spirit poultice." In any case we had the antiseptic action of the spirit, and the anti-inflammatory action of cold, or the heat which would hasten the process to an end. In these cases Mr. Savory would at once apply a poultice; Mr. H. preferred the "spirit poultice."

5.—Speaking of the management of obstinate persistent epistaxis, Mr. H. said: "I have on several occasions had to treat cases of epistaxis, which had resisted everything that was tried; and I have always succeeded in arresting the bleeding without having recourse to plugging the nares." After condemning this procedure (plugging) as unnecessary, and even dangerous, and saying that he had once seen Tetanus result from it, he said that the proper plan of treatment is to make the patient set up in a chair, with his feet in hot water; that in the worst cases he had ever dealt with he had persevered in this for (I think) two days, and with ultimate success. The

object is of course to withdraw blood from the head by causing dilatation of arterioles of the lower extremities, and aiding the influx of blood by the force of gravity. He pointed this method out as specially valuable in cases of epistaxis occurring in people of an apoplectic habit. The patient should be kept upright, and not allowed to stoop till all hæmorrhage has ceased.

6.—On Dec. 21st, 1882, I saw Mr. H. amputate at the hip-joint by Furneaux-Jordan's method. I noted at the time: "Boy of 10; much wasted and very anæmic; twelve months before got periostitis of tibia: suppurated; extended into knee-joint; improved a little and was sent to sea-side; came back with extensive necrosis of femur, the suppuration having spread up the shaft nearly as high as the trochanters; one sinus opens in fold of nates. Liver reaches below umbilicus; spleen also enlarged; believed to be lardaceous. The object is—to remove *all* suppuration and thus give him a chance of recovery from his lardaceous disease. (N.B.—Trace of albumen in urine.)" This is a copy of my note, and a more unfavorable case I can hardly picture. To-day I saw the patient returned from a three months stay at the sea side. He had grown taller; was plump, a healthy color, much browned by wind and sun, and as jolly as a sand-boy. The stump was a capital one; and, best of all, his liver has lessened in size, though still enlarged (reaching midway between right costal cartilages and xiphoid), while his urine has been natural for a month past. This seems to me a remarkable result, and one which may teach a valuable lesson. I should like, Mr. Editor, to hear your comments upon it; Mr. H. seems to think that in children lardaceous disease is not so formidable as it is held to be.

7.—A girl had been admitted with an inflamed chancre of the labium minus. After speaking of the difficulty of distinguishing the infecting from the non-infecting chancre in women, and also of the proneness of chancres to become phagedænic in the young, he said that in this case the sore had lasted more than two weeks; and as he could not decide upon its exact nature, the proper course is to treat it locally and wait. In iodoform we had a therapeutic agent, which seems to exercise

a specific power in checking suppuration and encouraging healing; but it will not prevent the characteristic induration if the sore was really an infecting one. It is wrong to give mercury at once, as we shall then surely prevent induration, and so be unable to decide whether the patient should take mercury for six months or only for a few weeks.

REMINISCENCES OF DR. JOHN STEPHENSON, ONE OF THE FOUNDERS OF MCGILL MEDICAL FACULTY.

BY WM. WHITEFORD, ESQ., OF THE MIDDLE TEMPLE.

[The following sketch of the life of one of the pioneer practitioners of this city is well worthy of a place in our pages, and will no doubt be read with interest by all citizens of Montreal and friends of the University, whose early days Dr. Stephenson so carefully watched over.—
ED.]

Dr. John Stephenson (my mother's brother) was born in St. Paul Street, Montreal, about 1794, and was the youngest of the five sons of Mr. John Stephenson, a merchant from Scotland, who began business in Canada the year after the conquest of Quebec—his family being one of the three first English-speaking families who settled in Montreal. Old Mr. Stephenson set up a tobacco mill and a brewery, the latter of which was sold at his death to Messrs. Dunn & Dow, and has developed into the huge establishment now called "Dow's Brewery." Four of the doctor's brothers, and his two brothers-in-law (James and William Whiteford, merchants), were "out" in the American war of 1812. Dr. Stephenson's education began at "Le College de Montréal," where his diligence and love of study attracted the attention and conciliated the regard of the Rev. Fathers, the Professors, evidences of which he continued to receive from the order of St. Sulpice until his death. The Rev. Mons. Leroux, Superior at the Seminary, through his brother, Dr. Leroux—a very eminent anatomist in Paris,—procured for young Stephenson admission to the best literary and scientific society in that city; and on his return from Europe, he, though a very young man, and a Protestant, had the honor to be appointed physician to the Order of St. Sulpice.

From "Le College de Montréal" he proceeded to Edinburgh University, where he graduated in Arts, as he did afterwards in Medicine (M.D.), having also become meanwhile a member of the London Royal College of Surgeons, and received some degree in Paris.—His diplomas, together with all his papers, professional MSS., and correspondence, which were once in my hands, and might have been useful now, unfortunately perished at my office in the great fire at Montreal.

Two of his mother's brothers in London—James and Hugh Mair—were married to daughters of Sir Francis Baring, and possessed great influence, which they were willing to exert in his favor if he would establish himself in England; but as the relations between his uncle and his father were not very cordial, and as the latter, who was very fond of him, was in failing health, and desolate through his wife's death, the young doctor yielded to a sense of duty and returned to his native land. He arrived in Montreal after a four months voyage, only to find his father dead, and to find how difficult his long residence in Europe made it for him to reconcile himself to his old surroundings.

So much did he feel the absence in those days of that literary and scientific culture and society which had become almost necessary to him, and the absolute dearth then existing of educational establishments for the English-speaking portion of the community, that he resolved to do what in him lay to secure these for his countrymen, and devoted himself, from the first year of his return, to procure them that advantage (which was less important to him, as being as much French as English, especially to his own profession). Dr. S. was the first to begin the agitation which resulted finally in wresting from the hands of the heirs of Mr. Jas. McGill the bequest of that gentleman towards a college, which had well-nigh lapsed by the effluxion of time. Except from his own profession, he received but little sympathy at first, but soon he enlisted the support of his old schoolmate, Dr. Holmes, and then of his warm friends, Drs. Robertson and Caldwell, who, becoming professors with him, constituted the "McGill College" (Dr. S. himself filling the chairs of Anatomy and Midwifery), and began to confer degrees as McGill College long before it

had a "local habitation," beyond a certain house in "Little St. James Street, in which they opened lecture and dissecting-rooms, and which, until they received powers from Parliament, they called 'The Medical Institution,' or some such name." The name of the first undisputed graduate of McGill College was, I think, a Dr. Logie.

Inter al.—I know he took interest in the Natural History Society, and a great interest in the Montreal General Hospital; but his darling object was the McGill College, and I can remember now the anxiety and watchful energy with which he watched its infancy and early youth, devoting it time and thought probably to the detriment of his private practice. Among the steps which I remember his taking was the canvassing and procuring the nomination of a Colonial Board of the Royal Institution for the Advancement of Learning, the Hon. George Moffatt and Dr. Cook of Quebec being of the number. In the name of this body, promoting the suits against the McGill heirs (Desrivieres), and in their name procuring a charter or other empowering statute from Parliament. Indeed I remember his drafting a bill which was to be introduced by Mr. Simpson, M.P.P. for Coteau du Lac. He was glad to work, without much caring who got the credit, if only a good object was attained; and I well remember that in some private letters of introduction which the Hon. Peter McGill gave me when I came to London, he refers to my relationship to my uncle, whom he describes as "*the man of all others to whom we owe the existence of McGill College.*"

Dr. Stephenson died about 1843—(I have a shocking memory for dates)—of, I believe, lung disease; his wife, a daughter of Mr. Thos. Torrance, an old resident, died about 15 years later. Their only surviving child is Mr. John Stephenson, M.A., In. Coll. Com., at one time Professor of Astronomy and acting Principal in the Government University of Calcutta, and now of the Government Department of Education at Whitehall.

Dr. S. never practised elsewhere than at Montreal, and there must surely be some still living there who can remember his popularity with his patients and his neighbors of both nationalities, and the general considerateness and kindness of his nature.

Some, too, there may be who can testify to the wideness of his culture, his love of the classics, of his linguistic attainments, German and Italian, quite apart from his knowledge of his own profession, of which he was so fond, and to whose interests and objects he was so devoted. I recall one of his injunctions to young graduates, "not to consider their studies concluded on the attainment of their degree, but rather beginning with actual practice, and continuing during the whole course of their lives."

I have referred elsewhere to the friendship which subsisted through life between Dr. Stephenson and his old playfellow—subsequent fellow-worker—Dr. Holmes, the first Dean of the Medical Faculty at McGill College, and a most earnest Christian, and I ought not to omit to mention his constant and untiring ministrations to his friend, especially in spiritual matters, to the great consolation of the dying man.

The pressure of time for post, and a failing memory, compel me to close this imperfect sketch of the life of a man who exercised a great influence on my life, unless I add that he was a man of singular force of character, generosity and enthusiasm, and though slightly brusque and eccentric in manner, tender-hearted to a degree. As regards myself, his personality, after the lapse of forty years, is as vivid as ever, and I feel yet the impulse he gave to my mind and character.

Reviews and Notices of Books.

A Manual of Auscultation and Percussion, Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism.—By AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in the Bellevue Hospital Medical College, etc., etc. Third Edition, Revised. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Amongst all the many works now appearing upon the subject of physical diagnosis, that of Austin Flint upon Auscultation and Percussion, deservedly continues to hold its place. Its explanations of the various physical signs are based upon much thought

and observation. Every attempt is made to simplify the study of this—to many—somewhat intricate subject. No better manual can be put into a student's hands.

Hand-book of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx.—By CARL SEILER, M.D., Lecturer on Laryngoscopy at the University of Pennsylvania, Chief of the Throat Dispensary at the University Hospital, etc., etc. Second Edition. Thoroughly revised and greatly enlarged. With seventy-seven illustrations. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

Dr. Seiler's treatise on the throat is, we believe, already well known in this country. On comparing the present with the first edition, it will be observed that it has been extended in nearly all its chapters. It contains all the essentials of knowledge of these important localities, compressed into a small space, and put together by a clear writer who is, at the same time, one of the ablest of the American specialists. To students and others this handbook can be recommended as one of the best and most generally useful.

The Temperance Lesson Book. A Series of Short Lessons on Alcohol and its Action on the Body.—By BENJAMIN WARD RICHARDSON, M.A., M.D., LL.D., F.R.S., Honorary Physician to the Royal Literary Fund, and Author of the Cantor Lectures on Alcohol. Thirty-eighth Thousand. London: National Temperance Publication Depot.

A small volume of lessons on alcohol and alcoholic liquors from a total abstinence point of view. They are intended for reading in schools and families. It is divided into fifty-two lessons, each of which takes up and elucidates some point concerning the physiological action of alcohol, its various abuses, its relation to food properly so called, etc. At the end of each are appended a short series of questions upon the preceding text.

Hand-book of Medical Electricity; with a Description of a New Medical Battery.—By A. M. ROSEBRUGH, M.D., Surgeon to the Toronto Eye and Ear Dispensary, Member of the International Ophthalmological and Otological Societies, Toronto.

This is a small book, in paper, of pocket size, containing short directions for the application of galvanic and faradic currents in various diseases. It also contains a description of some modifications introduced by the author into the McIntosh Battery.

Medical Diagnosis: A Manual of Clinical Methods.—By I. GRAHAM BROWN, M.D. Edinburgh: Bell & Bradfute. Toronto: Carswell & Co.; pp. 351.

This is an excellent clinical manual, and will compare favorably with those in common use in the schools. It is concisely written, and the arrangement of chapters, particularly good. The student who is fortunate enough to study it, and at the same time have practical illustrations at the bed side, will have a thorough foundation in the difficult science of diagnosis. We commend the work to both students and teachers.

Books and Pamphlets Received.

THERAPEUTIC HANDBOOK OF THE UNITED STATES PHARMACOPEIA: Being a condensed statement of the physiological and toxic action, medicinal value, methods of administration, and doses of the drugs and preparations in the latest edition of the United States Pharmacopeia, with some remarks on unofficial preparations. By Robert T. Edes, C.B., M.D. New York: Wm. Wood & Co.

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C.B., M.D., LL.D., &c. Sixth edition. Vol. I. New York: Wm. Wood & Co.

THE DISEASES OF WOMEN: A MANUAL FOR PHYSICIANS AND STUDENTS. By Heinrich Fritsch, M.D. Translated by Isidor Furst. New York: William Wood & Co.

MANUEL DES INJECTIONS SONS-CUTANÉES. Par Bourneville et Bricon, Paris.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 27th, 1883.

[Continued from page 688.]

Puerperal Eclampsia.—Dr. Armstrong read a paper on this subject, reporting three cases. In the first case, a multipara, a

fortnight before her delivery complained of the three symptoms regarded by Chaussier as premonitory indications of eclampsia, viz., cephalalgia, disorder of vision, and epigastric pain, together with œdema of feet, ankles and hands, with puffiness of eyelids. Although diuretics and occasional purges were given, a convulsion came on soon after labor began. Chloral Hydrat. was given every hour in doses of $\mathfrak{ʒi}$. After three or four doses the woman had a second convulsion, when chloroform was administered, and the first stage of labor being completed, the forceps were applied and the child delivered. The hæmorrhage following the birth of the child was considerable, requiring to control it a good deal of kneading of the uterus, and the application of ice to the cervix. The child was still-born, but the mother made a good recovery. In the second case, primipara, the convulsions first appeared a few minutes after the completion of a normal labor lasting fourteen hours. The comatose condition, which obtained after the first convulsion, persisted and deepened in spite of treatment, and the patient died sixty-four hours after she was delivered. No paralysis of face or other parts could be made out. The urine was highly albuminous. At the autopsy extravasated blood was found covering the superior surface of the brain, and dipping down in the sulci. Also a large clot, which measured four centimeters by four centimeters, was found in the substance of the left middle lobe of the cerebrum. It was situated in the parietal section of Pitres. The kidneys, microscopically, were found to be granular, and the veins were dilated. This dilatation of veins was found, in microscopic sections, of different tissue by Dr. Wilkins, who kindly examined them. The third case is of interest principally from the fact that gestation went on twenty-two days after the occurrence of two well marked convulsions. Labor then came on, and she was delivered of a living healthy child, without any recurrence of eclampsia. During the three weeks interval between the eclamptic seizure and delivery, chloral in $\mathfrak{ʒi}$ doses was administered per rectum, as soon as any twitching of the muscles of the arms or disorder of vision with headache and epigastric pain appeared. This case shows how we can carry on

a case until the completion of gestation, by careful watching, appropriate treatment, even after two puerperal convulsions have occurred. The fate of the children in the first and third cases favors the idea that the death of the child is due to carbonic acid poisoning, it in its turn being due to the interference with respiration of the mother during the convulsive seizures rather than the toxæmic state of the mother's blood.

Dr. Armstrong stated that the digitaline used was prepared by Parke, Davis & Co. of Detroit. He thought the dose of gr. $\frac{1}{4}$ not too large. In reply to Dr. Wilkins he thought that if the condition of the mother's blood killed the child, then the child in the third case should have died, for in this case for three weeks before the birth of the child the mother presented symptoms of profound uræmic poisoning. Her urine never containing less than 30 per cent. of albumen. But the child was born alive and well. The only time the foetal heart was weak, was the day of the eclamptic seizures. The foetal heart sounds being stronger the next succeeding day.

Drs. Alloway and Cameron having raised the question of etiology, Dr. Armstrong stated that his impression was that puerperal eclampsia had a predisposing and an exciting cause. The predisposing cause might be, according to the theory of Dr. Barnes, an excessive nervous development, and an increased development of the spinal cord; or, according to the Traube-Rosenstein theory, increased aortic tension, followed successively by œdema of the brain, compression of the cerebral vessels, and acute cerebral anemia; or the theory supported by Andral and Gavarret, that the blood of all pregnant women was hydræmic; or the theory of Kussmaul and Linnér, of cerebral anæmia; or the theory of Braun that uræmic poisoning, due to Bright's disease of the kidneys, was the cause. Frerichs attempted to prove that the poison was due to ammonia carb., formed by the decomposition of the urea. Spiegelberg suggested that a reflex contraction of the vessels might cut off the blood supply to the kidneys, due to a peripheral stimulus. And Frankenhauser has demonstrated a direct connection between the ganglia of the kidneys and the nerves of the uterus through the sympathetic.

Or the predisposing cause might be any toxæmia or leukæmia. Probably all these theories apply in certain cases, but the exciting cause seemed to be some peripheral irritation, as held by Ohr and others.

Dr. Armstrong thoroughly believed in venesection where there was a distended right heart, and also in cases of high arterial tension, with a hard incompressible pulse, though the surface might be pale. Broadbent had proved venesection to be of the greatest value in this last class of cases. The use of large doses of morphia was undoubtedly useful in selected cases. But he had found bromide and chloral give very satisfactory results as a rule. In regard to chloral killing the child, there was no evidence to show that such ever was the case. On the contrary, chloral was often freely given in tedious prolonged first stages of labor without any injurious effect whatever upon the child.

Dr. Wilkins advocated inducing premature labor in cases where the convulsions appeared to be from uræmia or retention of whatever salt it is which poisons the mother, as he believed it poisoned the child also.

Dr. Alloway remarked that the etiology of puerperal eclampsia was interesting, from the different views entertained by eminent writers. He thought the theory of Lever—reported in the Guy's Hospital Reports of 1842—was the one generally accepted at present. Lever had shown that the urine in eclampsia was always highly albuminous, and that pathological changes in the kidneys, corresponding with those of Bright's disease, were frequently discovered. From these facts he contended that eclampsia was caused by the retention in the blood of urea and other constituents of the urine which it was the duty of the kidneys to excrete. The chief objection urged against the acceptance of this theory of uræmic intoxication was, that there were patients suffering from chronic Bright's disease who were not attacked with convulsions during pregnancy or parturition. This objection was, however, easily met by the explanation, that if this chronic disease be of long standing, the remaining healthy parts of the kidney will still secrete sufficient urine to prevent poisoning, and that eclampsia depended upon uræmic poisoning in consequence of

deficient or total suppression of renal secretion. Dr. Alloway also spoke of the well-known Traube-Rosenstein theory, which claims that eclampsia appears when the arterial blood pressure in a highly hydræmic subject is suddenly increased. In this case acute œdema of the brain is produced, the exudations of serum causing anæmia by compressing the blood vessels. If this condition was confined to the hemispheres it was thought coma would be produced, and if it extended to the motor centres we would get convulsions. The principal objections to this theory were, however, that many young, healthy robust women became eclamptic, and that many hydræmic patients enjoyed an immunity from convulsions. Dr. A. spoke of another class of cases in which the albuminuria is absent during the entire duration of the disease, or only shows itself in very minute quantity for a very short period. Such cases had been called "eclamptiform attacks," caused by reflex irritations of vaso-motor and spasmodic nerve centres by a peripheral excitation. According to Brown-Sequard the sciatic nerve plays a most important part in the production of these artificially excited epileptic attacks. Cases have been reported where an over-distended bladder in protracted labor had caused convulsive attacks; also a retained placenta has been accused of being the probable cause. Dr. Alloway drew attention to the recent treatment of puerperal eclampsia by very large doses of morphia, Dr. Clark, of Oswego, being, he believed, the first to practice it. In Dr. Clark's article in the *American Obst. Journal* of July, 1880, upon this subject, he recommended gr iiss and gr ii doses to be administered hypodermically, and repeated on occurrence of another fit. Clark also states elsewhere that it would be absolutely safe to give as high as three grains in same way. Dr. Alloway had used over grain doses in two cases in association with Dr. Rodger with very gratifying results. He had also used pilocarpine, but was not much impressed with it.

Dr. Rodger said he had seen quite a number of cases of puerperal eclampsia, and believed venesection, combined with the hypodermic use of morphia, to be the best treatment. He had been disappointed with chloroform and chloral in these cases.

Dr. Trenholme said the second case reported by Dr. Armstrong possessed some features of special interest. It showed that convulsions in the mother did not destroy the life of the unborn child. It was a question in his mind if the death of a child in the uterus was not generally due to detachment of the placenta, caused by the spasms of the uterus, rather than a vitiated state of the mother's blood. In rare cases it might be otherwise. As to treatment—this would vary with each case—no definite rule could be followed. If the woman was plethoric and strong, blood should be promptly and largely abstracted; and then followed by a large dose of morphia, or bromide of potass. and chloral. In all cases chloroform was invaluable, and in some cases enough of itself. Where bleeding was not indicated, morphia in even gr. ii doses was good in its result. As to hastening delivery this would depend upon the results of the uterine contractions—if they caused the convulsive spasms, it was clearly our duty to empty the uterus, and set it at rest. If otherwise, wait for natural delivery.

Dr. Roddick believed he had several times used chloral with benefit. Has bled, but would only do so in suitable cases, such as those indicated by Dr. Trenholme. He said that Dr. Fuller, about eight or ten years ago, was the first to advocate the use of morphia hypodermically in puerperal convulsions; most of the members of the Society opposed him strongly on theoretical grounds. He, (Dr. Roddick) on this occasion, being one of those to denounce Dr. Fuller's treatment. Now he was convinced of the usefulness of morphia hypodermically used in these cases.

Dr. Stephen had lately seen chloral in large doses combined with inhalation of chloroform act well. He advocated using the chloral when premonitory symptoms appear.

Dr. Cameron said that although the majority of these cases are renal in origin, yet convulsions frequently occur where careful examination fails to detect any appreciable signs of renal disease. Sometimes profound anæmia, sudden shocks or frights, or an over-excited condition of the nervous system, seem to precipitate the attack. He detailed a case where convulsions occurred in a nervous, hysterical patient, profoundly anæmic, after

a severe attack of diphtheria; no symptoms of renal mischief being found either before or after confinement. He did not agree altogether with those who advocate the induction of premature labor, or the rapid completion of delivery by forceps or turning, when a convulsion occurs before the birth of the child. In many cases such practice does more harm than good, causing still greater irritation, and intensifying the convulsive action. Where the os is well dilated, or at least soft and dilatable, operative interference may be permissible; but where the os is hard, rigid and undilated, it is better to control the convulsions and wait till the parts are in a more favorable condition. With regard to treatment, he believed that while venesection is applicable to the robust and plethoric, especially where renal mischief exists, many patients can ill afford to lose blood. Where venesection is practiced, there is greater tendency to subsequent absorption of septic matters. He considered the best treatment for the majority of cases to be morphia, in sufficient quantities to control the the convulsions (the heroic doses advocated by some being usually unnecessary), followed by chloral and potass. bromid.

Dr. Wood had recently used venesection, but his patient was afterwards troubled with anæmia which caused her to lose her milk.

Dr. Osler said that in Dr. Armstrong's second case death was due to extravasation in the brain, and that this was a cause of convulsions sometimes.

Dr. Kennedy had seen a good many cases of puerperal convulsions, in all of which uterine contractions existed, and were the immediate cause of a spasm. The os was in all cases dilatable. Had used and found useful chloroform, chloral, bromide of potassium, and hypodermics of morphia in large doses. Believed venesection valuable prior to delivery of the child. As a means of blood-letting he encouraged the flow at delivery by giving chloroform and afterwards ergot to ensure good contraction and so stop loss. He agreed with Dr. Trenholme that the death of the child was due to separation of placenta by the spasmodic contraction of the uterus. Had delivered epileptics without their having convulsions.

Dr. Campbell related a case where convulsions came on between the 7th and 8th month; he bled, and the spasms ceased until end of ninth month, when they returned; he now applied forceps and delivered safely. Had confined her several times since without any trouble.

Stated Meeting, May 11th, 1883.

THE PRESIDENT, DR. KENNEDY, IN THE CHAIR.

Chronic Papular Skin Eruption.—Dr. Gurd exhibited a boy, aged 10 years, suffering from this disease, most marked about the wrists and knuckles. The boy was one of a family of five, all of whom are affected, the servant alone remaining free. All suffer great itchiness at night after getting to bed. Treatment appeared to be useless. Many of the members thought it to be itch. Dr. Gurd brought the case for diagnosis, but did not think it to be itch, as no furrows were present, and the progress of the disease was not like scabies.

Muscular Atrophy.—Dr. Wilkins brought before the Society a man, aged 21 years, who was under his care in the Montreal General Hospital, affected with muscular atrophy, limited to the upper arms and thighs. The muscles of the forearms and leg are well developed, and presented a remarkable contrast to the wasted appearance of upper arms and thighs. There are no disturbances of sensation, but with the wasted appearance is associated more or less complete loss of power in the affected muscles. Patient was able to walk by a sort of shuffling movement; could mount the stairs, but only with assistance, and when kneeling or seated on the floor can rise only by grasping some support such as a chair, to aid his legs by the use of hands and arms. In this condition his one elbow (the right) must be raised above shoulders; the left elbow being held firmly on left knee. Patellar tendon reflexes are absent. The plantar reflexes are diminished. Faradic excitability is absent in muscles of thigh and front portion of upper arm. No bladder disturbance; no muscular tremors; nor does he complain of pain. Patient refers his trouble to a fall which he had about three

years ago. He fell on his buttocks from a height of ten feet; after which time he noticed himself gradually becoming weaker. About a year subsequently he had another fall while carrying a heavy weight on his head. The lesion Dr. Wilkins considered to be strictly limited to the anterior cornua of the grey matter, and to only a few groups of ganglion cells, and histologically to be exactly the same as those in *anterior-poliomyelitis* of children. The course of the disease and the grouping of the muscles affected, however, he considered presented no similarity to that affection; nor did he feel inclined to associate it with *progressive muscular atrophy* owing to the absence of tremors and the perfect development of all the muscles of legs and feet and forearms and hands.

Pernicious Anæmia.—Dr. Osler exhibited the spleen and bone-marrow from a patient who died in Hospital. She was 60 years of age, profoundly anæmic, with lemon-colored skin. Examination of blood during life showed irregular ovoid and balloon shaped red corpuscles; also many microcytes. No Schultze's granules. P.M.—The microscope revealed the marrow to be rich in lymphoid cells—that from the vertebræ had abundant red corpuscles, nucleated red blood corpuscles and also microcytes. Spleen which was not enlarged had an extraordinary number of microcytes, the mode of origin of which was probably by buds from ordinary cells. Dr. Osler had watched this take place in three cases of this disease. There was atheromatous disease of lower abdominal aorta, the bifurcation was bony and ulcers were found in the right common iliac. Dr. Osler said this was the oldest person in whom he had found Pernicious Anæmia.

Physometra.—Dr. Ross gave the following particulars: Was sent to attend a woman in labor; was told she had had a rigor some hours previous. Found she had fever and rapid pulse. Abdomen much distended, not much pain, but complained of distressing feeling of tension. Percussion over uterus was as resonant as the stomach. Said did not feel movements of child. Diagnosed dead foetus and uterus filled with gas. Patient was delivered same night. It was a breech case. Had some diffi-

culty to get child through, as its abdomen was filled with gas also; had to use a fillet. With each contraction of uterus detonations of gas and gurgling took place. As the head was delivered, most frightfully offensive gas came away. The child was much decomposed. Had never seen a similar case, and why so in this case, or why not oftener seen when the foetus dead, he could not say. Patient recovered fully. No disinfectant was used at any time.

Dr. Roddick read a report of two cases of *Purpura Hæmorrhagica*, ending fatally, of which the following is a brief abstract:

CASE I.—Early on the morning of Sept. 21st, of last year, I was called to see a child, aged 7 years, said to be suffering intense pain in one eye, which was also swollen. I learnt on the way that the little girl, who had just recovered from an attack of scarlet fever, had been brought from Quebec the day previous, and appeared to be pretty well, but on going to bed was noticed to be feverish, and had vomited. The mother was aroused about midnight by the cries of the child, and noticed immediately that the right eye was considerably swollen and the lids ecchymosed. I found the upper lid especially enormously distended with blood, while on the cheek was a discoloration of the same nature. She had not passed urine for some hours, if at all during the day. Pulse weak, but not rapid; temperature was not taken. Ordered iced cloths to be applied to the ecchymoses, and internally, gallic acid, with iced milk as food. 8 a.m.—Ecchymoses previously noted not increased in size, but others have appeared over the body and limbs. Urine passed is found to be almost pure blood; slight epistaxis; no fever; pulse weak. Dr. R. P. Howard saw the case in consultation with me during the day, but in spite of the most strenuous efforts on our part, the patient rapidly sank, and died within twenty hours of the time I was first summoned. An autopsy could not be obtained.

CASE II.—Mrs. —, a widow, in fair circumstances, aged 45, mother of six children, the youngest 10 years of age, consulted me for the first time on Feb. 26th, of this year, for a troublesome nose-bleeding. She had always enjoyed good health; menses regular; bowels in good order, but considerable flatulency and

other dyspeptic symptoms. She stated that her teeth had been bad for some months, and on that account she seldom ate meat or other food that required much mastication. Ordered her suitable tonic treatment, and recommended an astringent douche for the epistaxis. She returned in about a fortnight, not much improved in general health, although the epistaxis was better. She now stated that she was spitting blood. On examination of the mouth, noticed a remarkably spongy condition of the gums, which bled on the slightest pressure. Suspecting the nature of the case, had the body examined, and found three or four ecchymotic spots, of the size of a sixpenny piece, on various parts. Ordered ice for the gums, and a strong solution of tannin, with gallic acid and ergot in large doses, internally; the food to be of the most nourishing and concentrated kind.

March 15th-18th.—Patient weak and blanched; the bleeding from the gums continues; requested Mr. McGowan, dentist, to see the case, with a view to having some pressure applied to the gums. At my suggestion, two loose teeth in the lower jaw were removed, and the bleeding from around them, which was excessive at times, was subsequently kept under control. Perchloride of iron was applied freely, and a cast of the gums was taken and adjusted so as to exert pressure. Vomiting and abdominal pain became now troublesome symptoms, and demanded special treatment. The spots of extravasation increased in size and number, appearing especially on the lips, eyelids, chest, buttocks, thighs, and upper arms. Up to this time there had been no blood in the urine; the stools were noticed to be black, but that may have been from the iron employed locally. Turpentine was subsequently administered in ten minim doses. As the vomiting persisted, the food was introduced *per rectum*.

March 21st.—The patient died this evening, no change for the better having occurred at any time during the past two days. Drs. Fenwick and Howard saw the patient with me, and each gave a most unfavorable prognosis. During the last few hours of life, the urine, which was very scanty, contained a trace of blood. The patient died of asthenia.

Empyema, Discharging Through Lung, Recovery.—Dr.

Osler related the following particulars of this case: Man admitted into hospital under his care with typhoid fever. During convalescence found dullness at base of right lung, which a week later reached to spine of scapula. Effusion well marked; with hypodermic syringe drew off about 20 minims of pus. Waited for a week before treating with canula and when about to do so found him spitting pus in large quantities—as much as 10 to 15 ozs. in the day. Physical signs became less marked, dullness diminished, moist sounds over that base; resonance not yet natural. Pus not fetid. Diagnosed erosion of Pleura and soakage of pus through lung tissue in the bronchi. There was no pneumothorax. Dr. Osler said that the late Dr. R. L. MacDonnell of this city was, he believed, after Hippocrates, the first to notice the occurrence of perforation into the lung in empyema, and recorded seven or eight cases. Traube in 1871–72 claimed to be the first, but was mistaken. Traube was fortunate in having a post mortem on one of his cases where the pus was seen soaking through the lung tissue.

Dr. Ross mentioned three cases of complete cure of empyema by erosion of Pleura and soakage which had come under his care.

Dr. Wilkins believed in operating early in cases of empyema, had had good results from excising about two inches of a rib.

Drs. Molson and Gardner had each seen a case similar to Dr. Osler's.

Pyometra.—Dr. Gardner gave the following particulars: Patient, aged 60, complained of pain in hypogastrium; was losing blood and an ichorous fluid from the uterus; had good health till year previous. Uterus was large; probe entered through ragged tissue into uterus $3\frac{1}{2}$ to 4 inches. Nothing but blood coming away; put in a tent. Was inclined to think the case one of maglignant disease. On removing tent next day, a teacupful of pus, not foetid, was discharged. The curette brought away granulations from the cervix. The cavity was smooth. The nature of the granulations was obscure. The uterus was washed out with iodine lotion. Patient got perfectly well, and has had no return of the disease.

Dr. Osler mentioned having met "post mortem" with three or four cases of uteri filled with pus, and having occlusion of inner os.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.

Of the many local associations throughout Canada, few show greater vitality than the "Rideau and Bathurst," formed of members of the College of Physicians and Surgeons of Ontario, residing in that district. Its meetings take place twice annually; in the winter at Ottawa, and in the summer season at one of the rural towns; at all of which the surrounding country is well represented, the members evidently appreciating the value of such gatherings.

On Wednesday, June 27th, the tenth annual meeting was celebrated at Arnprior, the residence of its President; Pembroke, Cobden, Arnprior, Pokenham, Almonte, Bearbrook, Carp and Ottawa being represented.

The proceedings were opened by Dr. Cranston delivering his annual address. Besides referring to matters of interest to the profession in general, and of his locality in particular, he made a lengthy report of his duties as representative to the Ontario Medical Association.

Pamphlets and circulars issued by the Provincial Board of Health were distributed among the members.

The following officers were then elected for the ensuing year:

President, Dr. Cranston, Arnprior; 1st Vice-President, Dr. Malloch, Ottawa; 2nd Vice-President, Dr. Groves, Carp; Treasurer, Dr. Hill, Ottawa; Secretary, Dr. Small, Ottawa; Council, Drs. Dickson, Pembroke; Burns, Almonte; Armstrong, Arnprior; Bell, Bearbrooke; Rattray, Cobden; Baird, Pakenham; Grant, Sweetland, and H. V. Wright, Ottawa.

Dr. McFarlane, Almonte, presented a paper upon the management of the bowels in Typhoid Fever (which will be published in this Journal.) A lengthy discussion ensued, the general tone of the remarks favoring the views advanced by the reader—that the bowels should not be allowed to become constipated in that disorder.

Dr. Groves read a paper upon "Some cases of Lead Poisoning that had appeared in his practice," which also provoked much discussion. These cases were brought under the notice of the Montreal Medical Society by Dr. Girdwood, at one of its meetings recently.

A case of gunshot injury was reported by Dr. Burns, where a small bullet had penetrated the abdomen just above the umbilicus, passed through the body, and escaped a few inches from the vertebral column. With the exception of a slight attack of peritonitis of short duration, recovery was rapid and perfect.

The discussion that followed was directed to abdominal surgery. Drs. Ward (Arnprior) and Malloch (Ottawa), ex U.S. Army Surgeons, cited many instances of recovery from bullet wounds, the latter gentleman having had one case where fæces escaped through the opening of exit. Dr. Dickson had met with many remarkable cases of abdominal injury with recovery, and believed that no matter how hopeless the case appeared, it was the surgeon's duty to attend to all the minutiae as if recovery was undoubted. Many others present continued the remarks.

After passing the usual votes of thanks, the members adjourned, to meet at Ottawa in the second Wednesday of January.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Renal Inadequacy.—In an address on this subject recently delivered before the Metropolitan Counties Branch of the British Medical Association, Dr. Andrew Clark, Physician and Lecturer on Clinical Medicine, London Hospital, and President of the Clinical Society, stated "There is a certain state of the kidney in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is an urine low in density and deficient in solid constituents, principally urea and its congeners. I call this state renal inadequacy. You may say 'It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early state of Bright's disease. Why bring

in another name?' I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoted, may lead to serious injury to the patient. Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you as well as I have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are a people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago, in London, of discovering, that die from a simple operation by hæmorrhage. It is this class of people who have an abscess opened and immediately become what is called pyæmic. It is this class of people who, without his being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, "Whenever I find a man in ill-health, without definite cause for the ill-health, I feel sure that my chances of success in operating upon him are diminished by at least one-half."—*British Medical Journal.*

The Treatment of Spermatorrhœa.—

Dr. H. Coupland Taplor writes, in the *British Medical Journal*: Obstinate cases of spermatorrhœa and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that if he breaks off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterward, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be: (1) Moral, (2) Hygienic, (3) Medicinal.

1. *Moral*.—(a) The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good results from any treatment. (b) The thoughts should be directed from himself by his having regular work and exercise. (c) The anxiety of mind which ensues should be allayed as much as possible and a happy state of mind instituted.

2. *Hygienic*.—(a) The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or out-door sports and games. (b) Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. (c) The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. (d) No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing.

3. *Medicinal*.—A mixture containing tincture of perchloride

of iron and tincture of nux vomica should be given twice or three times a day ; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa, or simply from frequently returning nocturnal emissions, will steadily improve, and the emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months — for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.—*Louisville Medical News.*

Inheritance of Cancer.—In the course of a paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association, Mr. Jonathan Hutchinson observed : “ It is needful to say a few words as to the inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility, that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true ; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three : Senility of tissue, local irritation and inheritance. Of these, only the first two can rank as true causes ; the latter, although practically of great importance, is only a model of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts, as regards chimney-sweeps’ cancer, gives perhaps the best illustration of what I mean. Before this malady was practically suppressed by Act

of Parliament, I believe it was commonly noted that when the trade of sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency than those who were new to the trade. Here, then, we observe the liability to a form of cancer, produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that, in some instances, the inherited proclivity may be so strong, that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probable in this way that we ought to explain almost all cases of cancer occurring in very early life; and it may be the fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted, possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it rank as a true cause of cancer."—*British Medical Journal*.

Cascara Sagrada in Constipation.—J. Fletcher Horne, F.R.C.S., writes:—"Cascara Sagrada, Rha-

mnus purshiana, is a small tree indigenous to the Pacific Coast of North America. The fluid extract I have used is that prepared by Parke, Davis, and Co., Detroit, procurable of their agents, Messrs. Burgoyne, Burbidges, and Co., London. Its use, in my hands, seems to be indicated in almost all cases of constipation, particularly in cases of torpidity of the liver, with scanty dry stools and indigestion. It seems to act as a stimulant to muscular fibres of the intestines, through its action upon the sympathetic nerve, this increasing the vermicular movements of the intestines, thus resembling *nux vomica*. I have used it in several cases of obstinate constipation with very satisfactory result. I generally give twenty drops three times a day in sweetened water for ten days or a fortnight; and then, gradually reducing this dose, the patient is able to establish a habit of regularity. Given in doses of a teaspoonful, it acts as a gentle purgative, without producing any griping, tenesmus or nausea; but its action is slow, and, in this sized dose, seems to lose its good property of curing the constipation. With children, with smaller doses, I have had equally good results.”
—*British Medical Journal*.

Extraordinary Customs of the Aborigines of Central Australia. By JOHN M. CREED, L.R.C.P.—At various times, and from various absolutely trustworthy sources, particulars of the following singular custom have come to my knowledge. Throughout the whole of the interior of the continent, from the eastern boundary of the watershed of the Georgiana river on the east to nearly the settled districts of Western Australia on the west, and from the coast range on the north to Cooper’s Creek watershed on the south, the men have an artificial opening in the inferior wall of the urethra, just anterior to the scrotum; in some tribes this opening is only from one inch to one inch and a half long; in others the whole of the posterior wall is removed, so as to absolutely destroy the canal from the scrotum to the base of the glans penis. In copulation the semen is, of course, emitted at the inferior end of this opening, external to the vagina of the female, so that impregnation by sexual intercourse with the men

so operated on is impossible, and this effect seems to be the desired end for which the operation is performed. From inquiries made by my informants (pioneer settlers) of partially civilized blacks who themselves had been operated on, it seems that the period of life at which this custom is carried out differs in various districts; in some it is done to the boys about the age of puberty, in others to the men at a more advanced period of life. Hume, when he returned to Sydney in 1873, gave the first account of this custom, which came to my ears. He said that tribal laws as to the possession and occupation of hunting country, are so rigidly carried out, that no tribe, however much in want of food, dare go beyond the limits of its own territory, and that, consequently, it had become necessary, in some way, to check the ordinary increase of population. To do this he said every black fellow was allowed to procreate two children, and that then by the laws of the tribe he was, by operation, rendered for the future sterile, though not impotent. He said also that the gins (women) after producing the same number of children were, by some operation, rendered sterile for the future. Another gentleman, an ex-Minister of the Crown, was able to furnish me with some particulars. To render the woman sterile they insert a stick, and sometimes in addition, hair into the vagina, and presumably into the uterus; this, the blacks say, produces the desired effect. Probably the way it does so is by setting up adhesive inflammation in the fallopian tubes, and thus causing closure of their canal, rendering the passage of the ovum impossible. Either at the same time at which the stick is inserted into the uterus or afterwards, I have not been able to ascertain with accuracy which, the woman when lying on the ground has her abdomen kept continually covered with very hot sand, heated by fire, kept on as hot as it is bearable. The mortality amongst the women is said to be about one in six. A third friend (whom I have known since boyhood, and whose truthfulness is undoubted), tells me that in Sept., 1882, at a place in latitude 22° south, and longitude 137° east of Greenwich, an exploring party under his command came across and examined 50 natives, comprising men, women and children.

The men were all operated on, and the women, with the exception of the younger ones, had their nipples cut off. He engaged three of the boys who were about the age of puberty, and who had been operated on within two or three days. One of these boys told my informant that the boys were as a rule operated on at that age, and that they were very proud of it, but that some members of the tribe were left unoperated on for the purpose of procreating children to continue the race, and that these were very "saucy fellows." The rite is, at all events amongst this tribe, performed with considerable ceremony, the boys pointing out an enclosure of some 30 feet square, with thick walls of brushwood some six feet high, near a running stream, as the scene of operation, and as being always erected for the purpose. Another settler who had every opportunity for knowing, tells me he learnt that these non-sterile men lived in a district by themselves, and that the women, when their impregnation was desirable, were sent to them for the purpose. Dr. Robertson tells me he has examined similar cases in Borneo, where it is a custom of the "Kyan" tribe. The late Mr. E. Hill also found it to be a custom of one of the islands he visited in the Pacific. It is an interesting speculation as to how this curious custom has arisen. I think the most probable explanation is, that at some remote period an individual was born with that rare malformation of the urethra "Hypospadias," and that some intelligent man amongst the tribe realized the possibility of producing the same thing by operation. It is likely that prior to this, the numbers were kept down by simple infanticide. All the individuals examined were found, in addition, to have been circumcised. The instrument used for both operations is a chip of flint formed into a knife.—*Australasian Medical Gazette, February.*

A Novel Agent in the Radical Cure of Hydrocele.—J. E. W. Walker, M.R.C.S.E., L.S.A., late H. M., 55th Regt., writes:—"In bringing this matter before the profession, I feel bound to admit that, but for a curious accidental circumstance, the agent might never have presented itself to my notice. In the year 1875, I proposed to operate

upon a patient, aged 65, for the radical cure of hydrocele of the tunica vaginalis. The disease had existed for about ten years, and had been repeatedly emptied by other surgeons. At this time I removed, by the trocar and canula, about twelve ounces of serum, and, by accident, took from my pocket a bottle containing about two drachms of liquor ergotæ (Battey) in the place of the same quantity of tincture of iodine, which it was my intention to throw into the cavity. On my return home, I discovered the mistake, and watched the patient for some hours at intervals. No inflammatory state occurred, and there was an entire absence of pain, so that I allowed my patient to return to his ordinary occupation the next morning. To the present time there has been no return of the abnormal secretion. I have since, on two occasions, used the same plan with perfect success, and I attribute the cure to a specific action, exerted by ergot which re-establishes the balance between secretion and absorption."—*British Medical Journal*.

Tracheotomy about to be Performed on Account of Labor Pains.—Dr. W. E. Stevenson, in the last number of St. Bartholomew's Hospital Reports (*Brit. Med. Journal*, May 19th), relates a remarkable case where a patient concealed the fact that she was in labor, and the only objective symptoms that were observed appeared to justify the operation of tracheotomy. He was requested, as house-surgeon, to operate, but the dyspnoea did not appear to be like that which he had relieved by tracheotomy in previous cases, and after waiting a few hours, much to the annoyance of the senior medical officers connected with the case, the patient was delivered of a male child.

Hypophosphites prepared with Glycerine.—Dr. C. G. Polk (*Virginia Med. Monthly*) has been using for the past year the following preparation, which he prefers to the syrup of hypophosphites :—

Ferric hypophosphite, gr. 128 ; Manganese, gr. 48 ; Calcium, gr. 128 ; Sodium, gr. 96 ; Quinia, gr. 64 ; Strychnia, gr. 2. Add pure glycerin, sufficient to make one pint ; Solution of hypophosphorous acid, sufficient to dissolve the iron. Dissolve the iron in one ounce of water acidulated with hypophosphorous acid ; add the hypophosphite of manganese dissolved in one ounce of water, then the lime, soda, quinia and strychnia, and the required amount of glycerin.

CANADA

Medical and Surgical Journal.

MONTREAL, JULY, 1883.

THE TRIENNIAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS, P. Q.

The Triennial meeting of this College was held in the buildings of the Laval University at Quebec, on the 11th inst. The President, Dr. R. P. Howard, took the chair at 10.30 There were present:—Drs. R. P. Howard, Leonidas Laruc, A. G. Belleau, Chas. Verge, Z. Gravel, A. Larochele, Jos. Theberge, G. B. Lafleur, W. Lamontagne, F. W. Campbell, W. H. Hingston, Jean L. Leprohon, H. Sauve, Wm. Osler, Geo. Ross, T. A. Rodger, J. A. Ross, P. Lachapelle, D. B. Desaulniers, Tancrede Fortier, G. Lachance, Regis Latraverse, C. E. Lemieux, sr., J. A. Sewell, G. O. Beaudry, Jos. Lanctot, N. H. Ladouceur, Arthur Robitaille, A. Marois, Jos. Langlois, V. P. Lavallee, E. P. Chevrefils, Malcolm Guay, G. H. Dufresne, W. Marsden, J. P. Lavoie, Achille Gauvreau, L. Catellier, Geo. Bolduc, E. Gervais, Chs. Gingras, Alf. Dion, N. Lacerte, J. E. Ladriere, J. B. Bolduc, E. A. de St. George, C. S. Parke, S. Gauthier, J. B. Gibson, J. A. S. Brunnelle, David A. Hart, F. E. Roy, Jos. Marmette, Alf. Morissette, Falardeau, S. Bolduc, Emm. E. Duquet, Edouard Belleau, E. Badeau, J. B. A. Lamarche, J. M. Turcot, Gasp Turcot, Edwin Turcot, J. B. Bolduc, R. F. Rinfret, A. Jackson, F. R. Rinfret, F. D. Gilbert, P. Wells, A. Watters, W. A. Verge, O. Mazurette, J. Marceau, P. A. Shea, M. J. Ahern, F. J. Austin, Henry Russell, V. St. Germain, Luc. Beauchesne, M. Fiset, Aug. Hamel, E. Morin, A. Vallee, C. Cote, A. Poliquin, F. X. Gendron, Nap. Lavoie.

The minutes of the last Triennial meeting were read and

approved. The Treasurer's report, showing a very satisfactory state of the finances, was read and adopted.

The President then read the following address :—

*Members of the College of Physicians and Surgeons of the Province of Quebec,—Gentlemen :—*The term of office of the present board of governors of the College terminates to-day, and a short retrospect of the proceedings of the Board during the past three years, and of any events of importance in the history of the institution of which we are all members, may be of some interest to you—and is doubtless expected from me as your presiding officer.

The last triennial period of the College history has not been characterized by any remarkable events. The Medical Act of 1876 (40 Vict., chap, 26), which was the model and basis of the existing Act, and the joint product of the Medical Board and the Medical Institutions of this Province, was, as you know, further amended, and passed almost exactly in its present form on October 1879 ; and its by-laws were sanctioned by His Honor the Lieut.-Governor on the 3rd Sept. 1880. It has been, therefore, the humble but important function of the retiring board during its three years of office to administer the affairs of the college in accordance with "statutes, rules and regulations," which had been just completed and transmitted to it by its predecessors.

One of the first acts of the Board at its first semi-annual meeting was to appoint an officer whose special duty it is to institute legal proceedings against persons infringing the provisions of the Medical Act, and as will presently appear from the report of that officer, a *systematic* effort has been maintained during the past three years, for the first time in the history of the College, to prosecute persons practicing the medical art without legal qualifications in the Province of Quebec.

As a summary of that report I may here state that 49 suits were instituted by the agent of the College ; 35 of which were successful, and 9 were lost through want of evidence ; 2 through exception to the form ; 1 through the plaintiff's lawyer failing to appear in court ; and 2 because the defendant *possessed the*

Governor's license, and the court was of the opinion that that was a Royal privilege and exempted him from the operation of the Medical Act.

When the many difficulties which attend the establishing of criminality in courts of justice—I was going to say in a legal way, when these many difficulties, some of them legal, some of them social, and I regret to say some of them of our own making—are borne in mind, it will be admitted that something has been done; at least a good beginning has been made to protect the members of the College in the enjoyment of their professional rights. And I have the hope that with the experience of the present system during the last three years to serve as a guide, this department of the College work will be yet more satisfactorily carried on during the coming triennial period. Mr. Lamirande has collected \$367 for registrations, \$260 for licenses, and \$3,092 for annual subscription—making a sum of \$3,719.

From the reports of the Matriculation Examiners it appears that 142 candidates have been admitted to the study of medicine during the last three years. The efficiency with which this important function of the College is performed, is proved by the considerable number of young men who are remanded to their studies at the preliminary examinations—and there is little doubt that under the present system the educational qualifications of persons entering upon the study of medicine must gradually attain a higher general average than under the old system.

One hundred and fifty-three (153) licenses to practice in the Province have been issued during the triennial period now under review. One hundred and forty-four (144) of these were given to graduates of the Medical Institutions of this Province; two to licentiates of Ontario; two to graduates from Great Britain; one under clause 24 of the Medical Act to a practitioner over thirty years practice in the Province; and four to gentlemen presenting themselves before the Board for examination. Two candidates for the license were referred to their studies.

A medical tariff adopted by the College, after due considera-

tion on Sept. 1880, was approved by the Lieut.-Governor in Council on May 1881; but was repealed by the Provincial Legislature early in 1882, owing to the opposition made to it in some districts by the electors, on the ground that the tariff was too high. The governors resident in the cities of Quebec and Montreal made a vigorous effort to have the Medical Act amended by the insertion of a clause giving power to the members of the College to form distinct associations, which should have the right to make a tariff for their respective districts, subject to approval by the Provincial Medical Board; but this also failed. The Act, however, remains unchanged, and the College has the right to make a tariff subject to approval by the Lieut.-Governor-in-Council.

It is quite possible that hereafter a tariff which shall embrace only a few of the ordinary items, such as visits, consultations, certificates, mileage, etc., may be prepared that shall be acceptable to the Lieut.-Governor-in-Council—*i.e.* the ministry of the day; but may I be permitted to remind my colleagues that while a tariff under such sanction has important uses, the chief of which is to protect alike the interests of the public and of their servants—the physicians—the profession must after all make its own rate of charges; and there must be no undermining of a brother's reputation, no underselling to attract patients, no contracts for wholesale attendance and cheap medicine; such practices may do for hotel touters, for representatives of bogus insurance companies, but are unworthy of the members of a liberal profession.

If a medical society were established in the various districts, a fair sale of fees might be agreed upon amongst its members as adopted to the social condition of the inhabitants, and usage would give such scale the force of law, if the members of the profession would favorably assist one another. I do not mean to overcharge, but to charge a reasonable fee for valuable service.

As becomes a body representing the profession of medicine—a profession the constant aim and desire—*raison d'être* of which is to preserve life, prevent disease, and avert death; the

Provincial Board at its May meeting in 1882, passed a resolution approving of a bill then before the Provincial Parliament dealing with the great subjects of Public Health and Vital Statistics, and respectfully recommending the Legislature to give the principles of the bill its most serious consideration. Perhaps in no way, outside the discharge of their professional duties to their patients, can members of the College and of the Provincial Board do more for the general good than by using their respective personal and official influence with our legislators to pass laws dealing with questions of public health and vital statistics.

During the session of the Provincial Legislature held in 1882, a few amendments to the Medical Act were suggested by the gentleman who was acting as the legal adviser of the College, intended to facilitate the methods of procedure in the courts against persons infringing the provisions of the Act. These amendments will be found in the 2nd, 6th, 23rd, 28th and 32nd sections of the existing Act; and another at the end of section 15, which was based upon a resolution of the Provincial Board, passed at a semi-annual meeting. This last amendment secured the important principle that medical students shall attend a course of lectures during the fourth year of their professional studies, and shall not pass an examination upon the great final subjects of the curriculum until the close of the session of their fourth year.

These several amendments were submitted to the Governors residing in Quebec and Montreal; and having received their approval were introduced by the Hon. Mr. Mercier, and were passed by the Legislature.

A correspondence having appeared in the public papers some time ago to the effect that private examinations are given by Professors connected with a medical school in this Province, and that on these examinations, certificates are issued purporting that the bearers are entitled to a diploma, and are in fact medical practitioners, a Committee of the Governors was charged with the duty of investigating the statements, and it is gratifying to be able to report that no evidence could be elicited to sub-

stantiate them, and that the Board unanimously voted them untrue.

The importance of watching closely the proceedings of the Provincial Legislature has been upon former occasions brought before the College, but the insertion of the following clause in an Act passed last session entitled, "Acte pour amender et refondre l'Acte Incorporant l'Association des Dentistes," etc, is such an obvious disregard of the rights and welfare of the medical profession in the interests of one or perhaps a few individuals that it ought not to be overlooked in a review of the history of the College during the last three years. The clause is as follows: "Et nonobstant les dispositions de la Section 8, de l'Acte 42-43 Victoria, Chapitre 37, (that is the Medical Act) toute personne pratiquant légalement l'art dentaire depuis dix ans et plus, avant la passation du présente acte, serra par le fait considéré comme admis étudiant en médecine et propre à suivre le cour et subir tout examen requis pour la pratique de la médecine dans les Universités ou Colléges de cette Province en ce conformant aux règlements des dit Colléges ou Universités." That is to say any person who shall have legally practiced as a dentist for ten or more years before the passing of the Dental Act of 1883, shall be exempt from a preliminary examination and may at once enter upon the study of medicine. That this piece of *modest* legislation was really intended to serve private interests, further appears probable from the fact that a letter was received by the Quebec Secretary of the College from a dentist applying for enregistration under the Act in question. I need hardly say that a committee of the College has been appointed to examine and report upon this subject.

The hand of death has not been idle amongst our colleagues during the last three years. Perhaps in no former like period have so many men of mark been removed from our ranks. Several of them have been distinguished as teachers as well as practitioners, and have left their personal stamp upon many of us—such were Francis Hubert Larue, Jean Gaspard Bibaud, Peter Munro, George W. Campbell, Aaron Hart David, and William E. Scott. Some of them had been president of the College,

such was the last named, and Joshua Chamberlain and Henry Russell. And some had been governors, as kind old Alexis Thomas Michaud, Chas. Timothe Dubé. And the following the list of members belongs to that useful and honorable body, the general practitioners of the Province: W. Boswell, Quebec; Ed. D. Belleau, Ste. Michel; J. P. Coutre, Montreal; Phillipe Charest, Beauport; Alphonse Deschamp, Montreal; Isaie Demers, St. Jean D'Orleans; Fiset E. P. Morrison, Nicolet; G. E. Fitzpatrick, St. Jerome; L. Ephraim Olivier, Ex. M.P., St. Ferdinand d'Halifax, François Ainé Paradis, Ste. Isidore, Dorchester; Onesime Pelletier, Ex. M.P., St. Charles, Bellechase; E. H. Paquet, Montreal; Gaspard H. Turcot, St. Hyacinthe.

These our brethren are gone before us, and we are left to carry on their work. Whether it be in watching over the interests of the profession we love, or in teaching the *Ars Medica*, or in the humble but God-like work of healing the sick and relieving the suffering, let us prove faithful to our trust.

It was resolved, that the President's address be printed and circulated amongst the members of the College.

It was then moved by Dr. Osler, seconded by Dr. Lachapelle, that it be a suggestion to the incoming Board of Governors to consider the question of having such changes made in the present method of conducting the elections, that at the next Triennial meeting, each separate district shall elect their own representatives. It was moved in amendment by Dr. Fiset, seconded by Dr. Ladouceur, that the mode of election be not changed, but that it be suggested to the new Board that the Medical Act be so amended as to give to each existing judicial district, a number of representatives proportionate to the number of practitioners therein.

A second amendment was proposed by Dr. Gravel, seconded by Dr. Roy. That the practitioners of each judicial district shall elect their own representatives, who shall be chosen from amongst the members resident in such district.

In speaking to the original motion, Dr. Osler explained that this was a matter which had been thought of for some time.

That many were strongly of opinion that the change would be beneficial in the way of creating a stronger interest, in the country members especially, in the affairs of the College—in affording an opportunity for the election of a representative by those best acquainted with the merits of the several candidates, and in preventing the control of the election from falling virtually into the hands of a small number of city men. Many of those present expressed similar views, and favored the principle of territorial representation. Great opposition, however, was made to taking any definite action before the matter was once more laid before the general profession. After a long discussion it was moved by Dr. George Ross, seconded by Dr. Brunelle, That the proposals contained in the motions of Drs. Osler, Fiset and Gravel be referred to the incoming Board of Governors, be considered by them, and that a report with their views thereon be submitted at the next Triennial meeting.—Carried.

The ballot was then opened and continued until 5 p.m.

At 8 p.m. the meeting was re-opened. The following were announced as the representatives sent by the various Universities:

Laval University, Québec.—C. E. Lemieux and J. A. Sewell.

Laval University Montreal.—E. P. Lachapelle and A. Lamarche.

McGill University.—R. P. Howard and Geo. Ross.

Victoria University.—E. H. Trudel and W. H. Hingston.

Bishop's College.—F. W. Campbell and R. A. Kennedy.

Dr. Marsden, on behalf of the scrutineers, read the following list of elected governors:

City of Québec.—L. Larue, A. G. Belleau, W. Marsden, C. S. Parke, E. A. de St. George and Henry Russell.

District of Québec.—Lieut.-Gov. Robitaille, Côme Rinfret, Chas. Gingras, Malcolm Guay, P. E. Grandbois, Jos. Marmette and L. T. E. Rousseau.

City of Montreal.—T. A. Rodger and J. L. Leprohon.

District of Montreal.—Jules Prévost, P. E. Mignault, D. A. Hart, N. H. Ladouceur, J. A. Duchesneau, Jos. Lanctôt, E. Lafontaine, H. A. Mignault and E. Marcil.

District of St. Francis.—Thos. Larue, F. X. Paré and F. J. Austin.

District of Three Rivers.—D. B. Desaulniers, Hon. J. J. Ross and F. B. Dame.

A vote of thanks was then passed to the retiring president, Dr. Howard, and the late Board of Governors, for the energy and faithfulness with which the affairs of the College have been conducted during their term of office.

A meeting of the new Board was held immediately afterwards, and the following officers were elected :—

President, Dr. C. E. Lemieux ; Vice-President for Quebec, Hon. Dr. Ross ; Vice-President for Montreal, Dr. Hingston. Secretaries.—Quebec, Dr. A. G. Belleau ; Montreal, Dr. F. W. Campbell. Registrar, Dr. L. Larue ; Treasurer, Dr. E. P. Lachapelle. Examiners for the preliminary examination, Professors Miller, Howe, Verrault and Laflamme. Assessors.—For McGill University, Drs. Church and E. P. Mignault. For Bishop's College, Drs. Rodger and Leprohon. For Victoria University, Drs. Angus McDonnell and Ladouceur. For Laval University (Quebec), Drs. Marsden and Roy ; (Montreal), Drs. John Reddy and O. Raymond.

The Board then adjourned until September next in Quebec.

SUMMER SESSIONS.

The eighth annual summer session of the McGill Medical School was brought to a close by the clinical examinations at the hospital on the 3rd and 4th. In 1876 there were only 20 students in attendance, about one-eighth of the class ; the numbers have gradually increased, and this year 62 men, nearly one-third of the enregistered students of the school remained for the practical and clinical courses. Of these 39 were final men ; 6 were third year, and 17 were second year students. In Toronto the additional session held for the first time this summer, has been very well attended at both schools. At the meeting of the Ontario Medical Council last month, Dr. H. H. Wright moved that the summer sessions be made compulsory. Though the motion did not carry, good will come of it, and it certainly would

be no hardship if every student was required to take at least one extra session.

In the examination for the clinical prizes offered by Dr. Osler to the students of the summer session, the following paper was given :—

PART I.—WRITTEN PAPER—2 HOURS.

- I.—Give a detailed account of the symptoms known as uræmic, with references to the cases you have seen.
- II.—What is the Jacksonian epilepsy? How would you proceed to locate, approximately, the lesion?
- III.—Discuss the special features in any four cases of pneumonia you have studied during the session?
- IV.—A. B., aged 43, a strong, well built man; served ten years in the army; for the past 12 or 15 years has been a blacksmith. Is a moderate drinker; has not had rheumatism or syphilis. General health has been excellent. For three or four months past has been short of breath, particularly on exertion, and he enters hospital complaining of this together with cough and inability to lie down. No œdema of feet; no albumen in urine. Area of heart's dulness increased: impulse diffuse; double murmur at base; visible pulsation in arteries. Your diagnosis. Discuss etiology, explain the symptoms; give prognosis and treatment.
- V.—Describe some of the initial (preataxic) symptoms of tabes dorsalis.
- VI.—Discuss the following case :—
I. S., æt. 7, admitted with membranous sore throat and a slight rash. Strong suspicion that it was scarlet fever. Throat symptoms predominate. There is albumen in the urine. After ten days illness, convalescence. Patient up and about for a week, when urine diminished in quantity, became highly albuminous, and contained numerous casts. Dropsy of legs set in. Breath a little short. Three days after onset of these symptoms, patient was found, at time of visit, almost cyanotic. Respiration, 65; pulse, 120, fair volume. Is conscious; urine very scanty.

PART II.—1 HOUR.

Report upon a case; diagnosis and treatment.

PART III.—20 MINUTES.

Oral, including microscopical examination of blood, sputum, urine, etc.

The first prize (microscope) was awarded to G. A. Graham of Hamilton, Ont., and the second (\$25 worth of books) to W. A. Ferguson, B.A., of Richibucto, N.B.

Personal.

J. B. Loring, M.D. (McGill, '83), left for London on 30th ult.

Drs. Covernton and Burns, of Toronto, spent a few days in town last month.

W. K. Ross, M.D. (McGill, '83), of Goderich, Ont., has gone to London to pursue his studies.

Dr. Lefebvre (late of Brockville), surgeon to the Algoma division of the C. P. R., was in town last month.

Wm. Stephen, M.D. (McGill, '81), has been elected one of the physicians to the Montreal Dispensary.

Dr. Logan, of Ottawa, has been elected President of the College of Physicians and Surgeons of Ontario.

E. McNeil, M.D. (McGill, '83), is practicing at Kensington, P.E.I., having taken the practice of Dr. Darragh of that place.

Dr. Jukes, late surgeon to the N. W. Mounted Police, has been appointed Registrar of the districts of Regina, Souris and Touchwood.

We regret to hear that by a fire on the 14th ult. Dr. Youker, of Sterling, Ont., lost many valuable effects, including his diploma, class tickets, etc.

We were glad to have an opportunity of meeting Dr. A. McLane Hamilton, of New York, the well-known neurologist, who was in town on professional duty on the 3rd and 4th.

Dr. Theophilus Parvin has been elected Professor of Obstetrics in the Jefferson Medical School, Philadelphia, *vice* Dr. Wallace. Dr. Bartholow succeeds the latter as Dean of the school.

—Dr. T. A. Foster of Portland, Me., was recently on a visit to this city on business connected with the Union Mutual Insurance Company, of which he is the principal medical officer.

Prof. Humphrey, of Cambridge University, the well-known Anatomist, has resigned the chair of Anatomy and taken that of Surgery. He has been succeeded by Prof. MacAllister, of Dublin University.

Dr. Sawyer of Chicago was in town for a couple of days last week (to see a case of "Railway Spine") in the interests of

the Chicago & Grand Trunk Railroad. We congratulate the Road in having its professional welfare in the hands of such an accomplished and able man.

George Herbert Burnham, M.D. (Trinity, '75), F. R. C. S., Edin., has returned to Canada after a prolonged absence, and intends practicing his profession in Toronto as an oculist and aurist. Dr. Burnham succeeded Dr. Buller in the Royal London Ophthalmic Hospital, and as at first junior and then senior house surgeon enjoyed for three years the unequalled advantages of that institution. He has since been on the continent at the great eye and ear clinics. It is a matter of congratulation when the graduates of our Canadian schools, after a prolonged course of study in a specialty, return to their native country to practice.

Medical Items.

—The Female Medical School at Kingston, has received sufficient money guarantee from citizens and others to ensure financial success.

—The British Medical Association meets in Liverpool on the 31st inst., Dr. Waters as president. Dr. Fenwick, the retiring president of the Canada Medical Association, leaves on the 21st to attend the meeting.

—An excellent pamphlet of 20 pages "On the Disposal of Sewerage," has been issued by the Ontario Board of Health for distribution throughout the province. The circulation of such literature will do much to educate the people on the laws of health.

—The Toronto school is receiving considerable public support. By a slip of the pen we stated in our last issue that the faculty was composed chiefly of "Trinity" School of Medicine Lecturers. We meant "Toronto". We wish, in the interests of the school, we could have said "Trinity and Toronto."

SIR ASTLEY COOPER TRIENNIAL PRIZE.—Competitors must send their essays to Guy's Hospital before 1st January, 1886. The money value of the prize is £300. It is open to the whole world, and will be given for the best essay or treatise on diseases or injuries of the nerves and their surgical treatment, together with operations performed upon nerve trunks in the treatment of various diseases, and descriptions of the changes which ensue in the structures as well as in the nerves themselves from the operations.

F.R.C.P.—It is with much pleasure that we congratulate Dr. Osler, Prof. of Physiology in McGill University, upon his election as a Fellow of the Royal College of Physicians of London, Eng. As most of our readers are aware, this is the highest honor the profession can bestow. It always means the appreciation by the very best judges of good scientific work well done. The Canadians who have succeeded in winning this coveted degree are very few, and in each case the entire profession may consider itself honored by the selection of one of its members for such a marked distinction.

—The annual meeting of the Ontario Medical Council was held in Toronto on the 12th, 13th and 14th of June. The retiring President, Dr. Bray, of Chatham, in reviewing the work of the year made several important suggestions, particularly that of a uniform bill for all the provinces. The motion of Dr. H. H. Wright for compulsory summer sessions was not adopted by the Education Committee. The finances appear to be in a tolerably satisfactory condition; great difficulty is experienced in collecting the annual assessment fees, the arrears amounting to over \$5,000. A committee consisting of Drs. A. A. Fenwick, Lavell, MacDonald Bray, Bergin, Cranston and Logan were appointed to review the curriculum of study.

—Walt. Whitman, the "Good Grey Poet" as his friends love to call him, has an ardent disciple in Richard Maurice Bucke, M.D., the able Superintendent of the London (Ont.) Asylum, who has issued a volume (D. McKay, Philadelphia), giving an account of his life and writings. A genuine Bohemian, without fixed place of residence or occupation, one period of his life is deeply interesting. For three years during the civil war, Whitman moved through the army hospitals as a ministering angel, nursing, cheering and consoling the wounded. His "Specimen Days" contains graphic descriptions of the horrors of that war, aggravated in many instances by imperfection and failures in the medical department. Of "Leaves of Grass" this is scarcely the place to speak, although there are those who think both author and his poetry peculiarly suitable for the

consideration of journals devoted to one section of medicine. That he 'rudely ignores and overrides the instinct of silence' on sexual matters, many think with District-Attorney Stevens of Boston, who interdicted the book, but his upholders say with much reason, "they who think they find him obscene, in truth find nature obscene, find themselves obscene." His admirers claim that he is the prophet of a new era and "Leaves of Grass," the gospel of a new dispensation—the Bible of Democracy. Lest any should fear the spread of such heretical notions, we hasten to add that according to one disciple, it takes seven years to appreciate the work, and Dr. Bucke himself for many months could see nothing in it, and after eighteen years does not fully understand it, indeed, has doubts if he ever will.

—Since the introduction of *Maltopepsyn* into the Dominion of Canada, some four years ago, its rapid and increasing demand, arising entirely through the support of the medical profession, until it now stands at the head of all remedies of its kind, proves conclusively its intrinsic merit and superiority of formula over all other digestive remedies. This is still further attested to by the signatures of nearly all the leading physicians of Canada, and the fact that during the past year it has met with the support of the profession in England, and is rapidly gaining a large sale throughout Great Britain. At this season of the year *Maltopepsyn* is invaluable as a specific for infants' troubles such as cholera infantum, etc.

Beef Peptonoids.—From the unqualified endorsement that this preparation has received from several of the leading physicians in the United States (particularly those who had charge of the late President Garfield), it is certain to receive much attention from the profession here. As a concentrated and partially digested food, its administration in the convalescent stages of any disease, whether by the mouth or per rectum, will, judging from the data before us, be followed invariably by the best results. The history of several cases is given in the *New York Medical Record*, in which this agent was employed most satisfactorily. For rectal alimentation it appears to have no equal. The composition of "Beef Peptonoids" (being a concentrated Powdered Extract of Beef partially digested, and combined with Gluten of Wheat), warrants its claim of being a most valuable nutrient; but in addition to this, it contains sufficient peptone to assist the digestion of any food that may be used at the same time, which materially increases its importance.