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THE

# CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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Business Management, J. E. BRYANT & Co., 61 Bay Street.

TORONTO, JUNE, 1888.

## Original Communications.

### TYPHOID FEVER *VS.* TUBERCULAR PERITONITIS.

BY R. L. MACDONNELL, M.D.,

Professor of Hygiene in McGill University; Physician to Montreal General Hospital.

Both in town and country, typhoid fever is still the disease with which the practitioner is most familiar, except, perhaps, the forms of phthisis. The climatic conditions under which we are living in Canada will always, in spite of the efforts of hygienists, render this disease a formidable enemy. The long, cold winter preserves animal and vegetable refuse, so that the accumulation of many months is suddenly exposed to a hot sun and kept continuously baking for months, until, in September, the outbreaks occur, and our hospitals become filled with fever patients. Continued cold keeps in a state of frozen preservation the contents of privy pits ready to rapidly permeate the soil as soon as the frost leaves the ground. One of the not uncommon features of this disease I propose to deal with, gathering my information from notes taken in the course of my own experience, viz., its great resemblance to tubercular peritonitis.

What is the connection between phthisis and typhoid fever?

Persons laboring under phthisis rarely become the subject of typhoid fever: so much is this the case that formerly it was thought that phthisis acted as a preservative. But the cases in which a typhoid fever complicates a phthisis cannot be so very rare, since we have met with such cases not unfrequently in hospital practice. Such a case as this, for example: A sailor, aged 24 years, presented himself at the Montreal General Hospital with a history of progressive emaciation, night sweats, cough, with copious purulent expectoration; both lungs are softening, and physical signs of a large cavity is found at the apex of the left. The temperature is high; about 101° or 102° at night. Improvement follows admission; but after a month's stay in hospital the temperature begins to rise slowly; the tongue becomes coated, afterwards dry, and the bowels become loose. In a few days typhoid spots are found on the abdomen. The fever runs its usual course, and ends in recovery. The condition of the patient as regards the phthisis seems quite unchanged after the effects of the fever have worn off.

But I have not found in actual practice that post-typhoid phthisis is so very commonly met with. True, there are cases where the temperature fails to remain any time at a normal standpoint, where the strength fails to return, and where an examination reveals the presence of mucous râles throughout both lungs, and where death occurs in from two to four months. It is probable that many such cases were never typhoid fever at all, but that the symptoms of the acute tuberculosis were mistaken for those of the fever.

The following case illustrates the case with which an erroneous diagnosis may be formed, and also the wandering course of tubercular peritonitis.

Elizabeth B., aged 18 years, had always been a somewhat delicate child, though during the five years which preceded her last illness she had never been seriously ill, and a history of tubercle was not to be found in the family. On the 2nd of June, 1884, she took to her bed, complaining of general lassitude. For the last fortnight she had not been well, though she could not explain from what she was suffering. No pain anywhere; rather pale; gums and conjunctivæ somewhat anæmic; pulse 100; regular temperature 100° in the morning; tongue slightly coated; appetite very poor; bowels somewhat confined; no abdominal tenderness. Typhoid fever was prevalent at the time; indeed some cases had occurred in the same terrace in which she lived. Mentally my diagnosis was made, and the next few days was to fix it decidedly.

June 3rd. No improvement to-day. Pulse and temperature a little increased. Slight tympanites perceptible. Patient says that she has noticed her abdomen enlarged for some months, and that she has for the same period suffered from uncomfortable sensations in that region. (I find this statement entered in my case book. It would have been well had more attention been given to the girl's story, but I attributed it to an attempt on her part to make light of the whole illness). There was no tenderness, and the percussion note was clear throughout the surface of the abdomen.

June 6-8th. Tongue becoming more heavily coated. Diarrhœa. Pulse is now 100-120, Temperature usually 101° to 102° at night. Urine febrile—no albumen, no sugar.

June 10th. Abdomen, though still distended, is not so resonant on percussion. After the administration of an enema, a large quantity of wind was passed, followed by relief to the uncomfortable feeling in the abdomen.

July 23rd. The resonance on percussion over the abdomen has gradually disappeared. It has now become evident that there is fluid in the peritoneum. The girth measurement has fallen from thirty-four to thirty-one inches, and distension is less manifest. The dulness on percussion is not movable, but persists in the left iliac and right lumbar regions when patient is on her right side, showing that probably it may be encysted. The heart is now displaced upwards. At this period of the case it was noted that the diagnosis was "cyst, ovarian or parametric, with mild typhoid fever superadded." The symptoms so strongly impressed themselves on my mind as being the result of the fever, that even at that time I could not rid myself of that idea. And yet there were certain symptoms that did not point to typhoid. After the event one can always be wise, and so on reading the notes I see that there are several features of the case to which due attention was not given. There were no spots perceived, nor was there ever localized tenderness; but more important than these, the appetite was always good, even when the thermometer stood persistently high at 101° and 102°. Every evening at about this time, too, the urine was copious and watery, sp. gr. 1005, no albumen, no sugar. This led me to hope that, perhaps, there might be a distended bladder, but the catheter brought away but half a pint of urine.

Aug. 13th. She had now improved. The appetite was fair, the general strength seemed to return, and it was thought that she was gaining in weight, but on every occasion on which I saw her in the evening the temperature was raised to 100° or 101°. There had never been cough, nor were any physical signs detected. The abdominal distension is diminishing. At present there is flatness in all the regions except the right lumbar. No alteration with change of posture.

Aug. 18th. Abdomen plainly diminishing in girth, and becoming irregular in outline; the left side becoming more prominent. General appearance excellent. She was taken to the country a few days ago, where she finds herself improving rapidly. Walks daily in the garden, and spends her time on the veranda. The high temperature persists. Noted to-day that "I am believing in the chronic peritonitis theory. 1. High temperature. 2. The clear space in the flank due to adhesion of intestine."

Aug. 26th. Mr. Lawson Tait very kindly consented to examine the case. The abdomen

then was still diminishing, so that it was plain that it was occupied by a large cyst. The uterus was free and quite unattached. As a result of our examination no fixed diagnosis was made, the choice lying between tubercular peritonitis, parovarian cyst, and congenital subperitoneal cyst. In any case, improvement was going on; the contents of the cyst were gradually disappearing, and there was a return of the general health. High evening temperature persists.

Sept. 4th. Girth, 27½ inches. Tumor is now plainly locular and much smaller.

Sept. 20th. Stronger, better, and is gaining flesh. Abdomen almost flat. Fluctuation in the tumor is by no means distinct. Nearly all the right side of the abdomen is clear upon percussion, as well as the left hypochondriac region. Beyond a doubt, an encysted tumor as large as an adult head lies on the left side of the abdomen. Girth at navel 25½ inches.

Nov. 15th. On her return to town improvement seemed to continue up to the end of October, when preparations were made to take her to the south for the winter, in order to obtain change of air. Previous to her departure she had complained of slight tickling cough, for which she had consulted a laryngologist. About the 7th of November she left for the United States when, after a few days' enjoyment of good health and spirits, she was suddenly attacked by severe cough, profuse night sweats, and debility. On her return to Montreal there were already advanced physical signs in both lungs. From that time to the date of her death, in December, some five weeks, the destructive process in the lungs was most rapid—large cavities forming in both. The temperature, too, ran very high, and death was the result of gradual exhaustion.

Here was a case originally regarded as typhoid fever, which, I feel certain now, was simply tubercular peritonitis from the start. Apart from the evidences of this diagnosis, which the reader can readily see, others were elicited by subsesequent investigation. The health had been gradually and imperceptibly failing for some months previous to the occasion of my first attendance. There had been a great disinclination for exertion and a feeble appetite.

The lesson to be learnt as to the diagnosis is mainly from the thermometer. From the time that the typhoid theory was abandoned, I do believe the temperature was not normal one single night. The figures kept telling of lurking mischief. It was impossible to avoid hoping for improvement and a return to health, when the shrinkage of the abdominal tumor was so evident. The attack on the lungs was, no doubt, latent for some time before the actual outbreak. As I did not see the patient for some little time before she started, there was no examination by stethoscope made just previous to the departure, so that it is not possible to say at what day within six weeks physical signs became manifest.

Unfortunately an autopsy could not be obtained. Dr. Osler, who had seen the patient in Philadelphia, found tubercle bacilli in the sputum.

In the following case the resemblance between these two diseases was even more strongly marked. The fever regarded at the outset as purely typhoid, and treated as such, ran a course which any physician in the world might have said was that of enteric fever. Not until the fifth or sixth week did my suspicions arise that probably we were dealing with tubercular peritonitis, and such a diagnosis was proved to be the correct one by the infallible proof of a *post-mortem* examination.

The patient, Maria D., aged 20, was admitted into ward 24 of the Montreal General Hospital, on the 20th of February, 1886, complaining of general debility and cough. There was a previous history of pleurisy, corroborated by the physical signs present. On admission, six months before she had fallen against a balustrade, striking the left side of the chest. No bad results were experienced until some days after, when severe pain at the seat of injury set in, which was shooting in character and hindered the breathing. These catching pains in the left chest lasted off and on until nearly a month ago, when the patient had for the first time an attack of chills with vomiting. At the same time a cough with considerable expectoration set in. Family history negative. She did not take to her bed until Monday, 15th February, when she noticed that her left foot and leg were swollen

and painful. For this she applied some lotion, after which pain and swelling disappeared, though she still remained feverish, and was obliged to remain in bed up to the date of her admission. Fairly well nourished, though the muscles are somewhat flabby; expression rather dull; a circumscribed flush on each malar eminence; good intelligence; sleeps well; skin, dry and hot; pulse, 120, weak and soft; temperature, 101° F.; respiration, 36. The heart sounds are normal, the respiration quick and shallow, and cough with expectoration of mucus is present. Vocal fremitus is deficient in the left infra axillary and infra scapular region. On left side there is marked dulness from eighth rib in the infra axillary region. Over this same area there was friction, both on inspiration and expiration. At the right base there were large and small moist râles The tongue is pointed, red at the borders and coated in the centre with white fur, slightly moist. Vomits sometimes, usually after food. Bowels regular. Abdomen evenly distended; no rash; slight tenderness over the right iliac fossa; no gurgling; spleen slightly enlarged. Urine, high colored, slight mucous cloud. Specific gravity 1030. No albumen; no sugar. At this point there was not any question of typhoid fever. The diagnosis was plainly to be found in the condition of the pleura. She was suffering from the effects of an old pleurisy with slight effusion, which might have been undergoing some purulent change. But it was subsequent to admission that symptoms appeared leading us to suppose that typhoid fever was present.

The course of the disease may be thus briefly stated:

*First week.* Very severe headache, for the relief of which the cold coil was kept applied; tympanites very troublesome. On one day the catheter was used to relieve the retention of urine. There was a complaint of pain in the right side of the abdomen. Morning temperature, 101° and 102°; evening temperature, 103° and 104°; pulse, 120 to 130; respirations, 40 to 45. Bowels moved once or twice a day. No fever spots.

*Second week.* Headache; abdomen less distended and less painful. Cough present, but not so troublesome; morning temperature, 100° and 101°; evening temperature, generally 102°, on one evening, 103°; pulse, 120 to 138; respirations, 40 to 54; diarrhœa (5 stools) on two days of the week.

*Fourth week.* Condition in the main unchanged; cough slight, but persistent; abdomen tympanitic; a moderate hemorrhage from the bowels occurred one day; temperature shows no sign of falling, reaching in one day 104° and usually touching 102° at night, never falling below 100° in the morning; pulse, 120 to 130. Slight diarrhœa on one day.

*Sixth week.* The temperature is lower, falling to normal once; abdomen, distended still; no diarrhœa. The apex of the left lung is suspiciously dull, and a few small moist râles were heard. The diagnosis of typhoid seems now uncertain.

For the remainder of the illness, the temperature remained unchanged, and was high to the last. Death occurring in the tenth week, being mainly the result of debility, accelerated by the persistent vomiting which set in during the last fortnight. The abdominal distension persisted. *Autopsy*—Tubercular deposit was found throughout the body, in the fallopian tubes, in the peritoneum, the pleura, lungs and kidneys. There was no evidence of recent typhoid fever.

## CASE OF SUPPOSED PERFORATION OF STOMACH FROM ULCER, FOLLOWED BY RECOVERY.

BY A. B. ATHERTON, M.D., L.R.C.P. & S. EDIN.

(Read at Toronto Medical Society.)

R. O'B., male, aged 50 years. For nearly two years previous to the present attack the patient has been troubled very much with pain and flatulence after food, accompanied with acidity and occasional vomiting. Fifteen months ago he had a severe attack of hematemesis and meæma, which caused syncope at the time, followed by extreme anæmia and considerable œdema of the feet and legs. It was only after six months that he was able to resume his ordinary work. The gastric symptoms still, however, persisted, and he was obliged to exercise much care as to his diet. He continued at his post of night-watchman and fireman at the gas works, where he had been employed for

about twenty years, till the morning of the 5th of January, 1884, when, at eight o'clock, he was suddenly seized with an excruciating pain in the epigastric region, which forced him to lie down then and there upon the floor, whence he was carried by some men to his home, which was close at hand. The pain was accompanied by vomiting of a small quantity of gruel-like mucous matter, tinged with blood.

I was at once summoned, and saw patient at 10 a.m. His condition then was as follows: Knees drawn up; complaining bitterly of pain in epigastrium, which was aggravated by drawing a long breath and by any movement of body; countenance anxious, like one in collapse; extremities and nose, cold; pulse, 60; and abdomen tender, tense, and somewhat tympanitic. I immediately administered a quarter of a grain of morphine hypodermically, and had bottles of hot water applied to the legs and feet. Vomiting occurred to a slight extent while I was in the house. The vomited matter was such as before mentioned. He informed me that he was feeling as well as usual with him, up to the moment when he was seized with the sudden and severe pain in the abdomen, which he described as feeling "as if a spike were being driven through" him. He had had nothing to eat since the evening before, except a light lunch at midnight. A movement of the bowels had taken place shortly before the attack. I ordered him to have nothing but a small bit of ice occasionally, and to keep perfectly quiet; one-fourth of a grain of morphine to be given p.r.n.

12 m. Less pain and no further vomiting; has taken one dose of morphine by mouth; extremities still cold; abdominal distension and tympanites more marked; liver dulness obscured. 3 p.m. Pain rather less acute; extremities not yet quite warm; pulse, 88; temperature, 99°.

Jan. 6th, 10 a.m. Took another quarter-grain of morphine during night; rested at intervals; no vomiting; reaction thoroughly established; abdomen is perhaps a little less tense and hard., but tympanites is extreme; pulse, 92; temperature, 99·6°.

Jan. 7th. Wind passed freely downwards this morning and during night; requires from one third to a half of a grain of morphine in twenty-four hours to relieve pain; pulse, 80; temperature, 97·6°.

Jan. 8th. Took only one quarter of a grain of morphine during last twenty-four hours; feels weak, from want of food he thinks. An enema of brandy and gruel (strained) was given yesterday, but it returned an hour afterwards; pulse, 88; temperature, normal. Abdominal distension grows somewhat less marked, but the tympanites still entirely obscures the normal dulness of liver; to have an enema of beef tea to-day, and may take a tablespoonful of milk and lime water every half hour.

Jan. 9th. Enema soon came away, milk and lime water seemed to agree with him, and it was ordered to be continued in double quantity. only some uneasiness now complained of in abdomen. About one-fourth grain of morphine taken since yesterday. Abdomen grows softer. Pulse, 80; temperature, normal.

Jan. 11th. Much the same; bowels regular; has taken nothing yet but the milk and lime water; was troubled somewhat during the night with flatulence; omit morphine; may try some light solid food; also to take five grains of maltopepsyn three times a day.

Jan. 15th. Doing well; abdomen now nearly natural in size and resonance.

Jan. 23rd. Going about the house, feeling pretty well.

In August, 1886, while on a visit to Fredericton, N. B., I saw patient on duty at his old post at the gas house. He told me that he continued to be troubled with dyspepsia, but had not been laid up since last report.

*Remarks.*—Notwithstanding the favorable recovery of the above case, we cannot but think the diagnosis of gastric ulcer, followed by perforation, is the correct one. The long previous history of gastric disturbance, coupled with the severe hæmatemesis and meæna point unmistakably to ulcer of the stomach as the lesion then present; while the sudden and excruciating pain in the epigastric region, accompanied with vomiting, and followed by rapid development of tympanitic distension and collapse, can only indicate some perforation of the alimentary canal, with escape of at least gas into the peritoneal cavity. When I found my patient in such

an alarming condition, I at once advised him to send for his clergyman and prepare for the worst; but when he showed some symptoms of improvement after a few hours, I began to think I must have been mistaken as to my diagnosis ofgastric perforation. On consulting "Ziemssen's Cyclopædia," however, I found on page 228, of Vol. VII., the following words: "When perforation occurs, that most disastrous event in the course of gastric ulcer, the only treatment in most cases is to induce euthanasia. Energetic measures are, however, not to be neglected, in view of the fact, that recovery occasionally occurs under these circumstances (Ross, Schliep,) apparently because the stomach was empty at the time of the perforation."

On pages 153-4, Vol. I., of the same work, Liebermister states that in rare cases perforation of the intestine in typhoid fever is followed by recovery. He affirms that he had seen four such. I, myself, believe that I saw one undoubted example in the autumn of 1884. The perforation occurred during the fourth week of the disease, and was ushered in by pain in abdomen and a severe rigor, followed by rapid and marked tympanites. The delirium and ataxic symptoms, previously present in a pronounced degree, at once vanished, with the onset of those of perforation.

In view of the fact, that an occasional instance of recovery from these kinds of perforation of the viscera is met with under medical treatment alone, it becomes a serious question whether a resort to laparotomy is ever justifiable. While sympathizing strongly with those who are striving to push the triumphs of surgery into new fields, I cannot think that this one will ever yield them much fruit.

In regard to cases of perforation from typhoid ulceration, the general condition of the patient, as well as the risk run of disturbing a piece of gut weakened by other ulcers will, I believe, never permit of surgical measures obtaining much, if any, success. Again, in cases of gastric perforation the situation of the lesion is often such, that in order to reach it, a somewhat prolonged operation will be necessary, and this is not likely to be safely borne by a patient already suffering from symptoms of severe shock.

At the late meeting of the German Surgical Society, a paper was read by Herr Steinthal on the surgical treatment of perforations. He, himself, reported three cases, all of which ended fatally. Frank reported two cases for typhoidal ulcer; both patients died. Doelgar had operated four times for perforative peritonitis, with one recovery. (The report in the New York *Medical Record* does not state the cause of the perforation in these cases.) Fillmann had operated once successfully in a case of perforating ulcer of the stomach.

Until our German friends can improve upon this record, I imagine most of us will rest content with less active treatment in these cases.

## Selections.

*We are indebted to* DR. NEVITT *for the translation from the Italian and to* DR. WISHART *for the French.*

### REPORT OF THE ROTUNDA HOSPITAL FOR THREE YEARS.

*Forceps Cases.*—There were 203 forceps cases, a percentage of 5.96, or one in 16.75. Of these, six died, but only two from septicæmia, one having a fœtid discharge when admitted. In the other case the child was dead and œdematous when delivered; placenta adherent, removed, when it, with the discharge, was found to have a very fœtid smell; slight post-partum hemorrhage. The six cases gave a mortality of 2.95 per cent., or one in 33.83 in forceps cases. The forceps are not applied in the hospital unless there are positive indications to warrant their application, either on the part of the mother or the child. Those on the part of the child that are considered as indicating danger to life are a very quick or a very slow fœtal heart, or the escape of meconium *per vaginam* when the head presents. Dr. Neville's axis-traction forceps are those most frequently used. Mr. Lane thinks it has many advantages over the axis-traction forceps with rods, being more portable, more easily applied, distends the perineum less, can be used, if desired, as a simple forceps, can be more easily cleansed, and there is no danger of injuring the vagina by the mucous membrane being caught between the blades and the rod.

*Treatment of Retained Placenta, especially when Placenta is adherent.*—Mr. Lane divides the subject into two classes: 1. Cases of simple retained placenta. 2. Cases of retained adherent placenta. The first class he divides into two heads: Cases without irregular contraction, and cases of irregular contraction. The treatment of retained placenta without irregular contraction is very simple, provided the bladder be empty; but simple as it is, Mr. Lane thinks that the hand is often passed unnecessarily into the utterus to remove it. It is often said that the hand should exert steady pressure on the fundus during the third stage of labor; but if this be not properly done, instead of doing good, it will actually do harm, for, as the fundus is occasionally deflected to either side, usually the left, when pressure is made in the mesial line in the hope of expressing the placenta, the later flexion is still more increased thereby, folding the uterus as it were on itself, and pressing the placenta toward the fundus rather than from it through the os. He thinks that the present practice in the hospital, moving the fingers lightly over the uterus, is preferable, and much less tiresome to the hands of the operator. Of simple retained placenta he has seen some cases in which the placenta was immediately expelled when the fundus was raised out of an abnormal position and without pressure.

Cases of irregular or hour-glass contraction are sometimes met with in the third stage, and are said to occasionally occur naturally, but I believe it is much more frequently produced artificially, by the hand being placed during this stage not on the fundus, but somewhat lower down—possibly at the ring of Bandl—and pressure and friction there continually used, exciting and causing the circular fibres situated in that particular part of the uterus to contract tonically. If this contraction-ring be below the edge of the placenta, it will prevent it from getting down into the lower segment of the uterus, or it may be gripped by the ring, in either case, perhaps, necessitating the introduction of the hand for its removal. Cases of retained placenta, due to irregular contraction, may be sometimes overcome, Mr. Lane thinks, by removing the hand from the uterus, and douching it out well, preferably with hot antiseptic solution, but with plain water if the hot solution be not at hand.

When the placenta is adherent, Mr. Lane believes the proper treatment is to pass the hand or the fingers into the uterus and detach it, but he considers that if the operator's hands be not perfectly aseptic, this is the most dangerous operation in midwifery, except Cæsarean section. It is not always possible to keep the hand within the membranes during the operation, owing to the friable nature of the placenta, necessitating the removal of small pieces at a time. In the Rotunda an anæsthethic, usually chloroform, is almost always given, in order that the hand may be passed a second time when there is any doubt whether all the placental tissue has been removed. In the three years of the report 37 cases of adherent placenta were removed, a percentage of 1.08, or one in 91.95. Of these 37 patients six died, a mortality of 16.2. But of the six deaths only two were due to septicæmia.

*Laceration of Perineum.*—When the perineum is lacerated over .75 inch the practice is, having douched out the vagina with antiseptic solution, to suture immediately, either with silk or catgut (continuous suture for the latter). The stitches are inserted deeply so as to bring the whole of the torn surface into apposition, and the results have been very satisfactory. If the torn surfaces be not accurately apposited the lochia would probably collect between the edges of the wound, causing them to become unhealthy, especially if the discharge be fœtid, and this condition, when once produced, is likely to go deeper, possibly invading the whole depth of the perineum, causing the stitches to slough out, and the wound to gape wide open.

*Retention of Membranes.*—In cases of retention of a portion of the membranes the practice in the Rotunda is to make gentle traction, having as a rule tied a ligature on it as close to the vulva as possible, thus gaining a firm hold so that it can be twisted, thus reducing the likelihood of its breaking. "Should the membranes break well inside the vulva, the best course is to allow them to remain there, but the douche may be used, which may possibly cause the piece to come away, and will in any event be beneficial if an antiseptic solution be used. This course is far preferable to introducing the fingers or the

hand, whereby air is introduced—a fertile source of fœtid discharge. As to hemorrhage I do not consider it is ever traceable to the retained membrane, but to the imperfect contraction, which is the very cause of the membrane not being expelled."

*Prophylactic antiseptic treatment of ophthalmia neonatorum* is never adopted until the disease is actually manifest. Both eyes, even though only one shows symptoms, are then treated with nitrate of silver solution, eight grains to one ounce, pieces of lint dipped in cold water being kept constantly on the affected eye or eyes. When only one eye is affected it is well to have the other bandaged up so as to prevent contamination. The number of cases for the three years was .99 per cent., say one in 100, which is very low.

Infantile asphyxia is treated by Schultze's plan. First the finger is passed into the child's mouth, and the mucus removed as far as possible. The child is then placed on its back, and the operator's hands are put under its back so that they lie at each side of the spine, the fingers in the direction of the child's lower extremities, and its head resting, or partially resting, between the ulnar sides of the operator's hands. The index fingers are then passed underneath the axillæ from behind forwards, the remaining fingers continuing to support the back. The operator now stands up, allowing the child to hang with its feet downwards. The child is now swung upwards so as to cause the legs to fall over the body, and the thorax to be compressed by the thumbs, and then after an interval the legs are swung back to the original position so that the child will be as it were in the vertical or standing position whence it is again hoisted to the second position. This movement is repeated eight or ten times, and then the child is placed in a warm bath for a few minutes, during which time any mucus that has collected in the larynx is removed by aspiration through a catheter. Care should be taken not to jerk the child during the movements, lest some of the viscera be injured.

*The Incubator*, Mr. Lane is satisfied, has been the means of saving the lives of many infants in the hospital, since, notwithstanding the efforts of the mothers to keep them warm, the extremities of the children sometimes become œdematous and frequently assume an almost erysipelatous appearance, feeling quite cold and accompanied with an inability to draw the breast, and marked fall of temperature; but when these children are placed in the incubator an improvment is visible in twenty-four hours, and generally after another twenty-four hours the child seems completely restored. Such children always get wine-whey.—*Medical Journal and Examiner.*

## ON THE PATHOLOGY AND TREATMENT OF PERNICIOUS ANÆMIA.

Dr. Paul Sandos reports the case of a female patient, aged 31, which presented all the typical symptoms of pernicious anæmia, great pallor, extreme weakness, irregular fever, retinal apoplexy, and disturbances and irregularities of the organs of circulation and digestion.

Blaud's steel pills and pepsine with hydrochloric acid had no effect, and the condition of the patient grew worse. Appetite entirely failed, and the debility became excessive; she was no longer able to sit up in the bed, was listless and apathetic, ceased to reply, and refused any kind of nourishment. The breath was most offensive, the œdema about the ankles had increased, and the pulse rose to 120. A speedily fatal termination was apprehended. Under these circumstances Dr. Sandos resorted to washing out the stomach. Only a small quantity of curdled milk was evacuated, and the washing out was continued until the water passed off perfectly clear.

The patient immediately felt greatly relieved, and was enabled to drink small quantities of milk and beef-tea during the same day. The fever completely ceased after the first washing out the stomach, and never returned. Further washing out improved the general condition of the patient, who left the hospital perfectly well. Dr. Sandos draws from this case the following conclusions:

1. The disturbances of the digestive organs, which occur during the course of pernicious anæmia, and which hitherto were considered as merely symptoms, seem, at least in certain

cases, to be rather the cause itself of the disease.

2. These digestive disturbances very likely set up decomposition and fermentation in the stomach and intestinal canal, the resorption of products of which is able to call forth the symptoms of pernicious anæmia.

3. Washing out the stomach, combined with enteroclysis, seems to be the most adequate treatment of cases originating from this cause.

4. In cases of this kind the designation of the complaint "pernicious anæmia, might be changed into the appropriate term "dyspeptic anæmia."—*London Medical Record.*

## THE VALUE OF IODOL.

Dr. Assaky has made a number of experiments to determine the value of this compound. It should be a yellow-brownish powder, inodorous when recently prepared, almost insoluble in water, soluble in alcohol, ether, fatty oils, and crystallizable in acetic acid, and should contain from 85 to 89 per centum of iodine.

In Assaky's hands, operation wounds that were dusted over with iodol healed by primary union. In sloughing and suppurating wounds it proved an excellent antiseptic, rapidly drying up all purulent secretion. Since it is not toxic, it may be used in large quantity without inconvenience. Assaky claims that it is highly probable that it destroys pyogenic organisms. It gives excellent results when used in and on wounds having a tendency to ulcerate, and transforms them in a short time into freshly granulating surfaces. While it is a good dressing for indurated chancres, it gives variable results when used on soft chancres.

When taken internally, in doses of from 40 centigrammes to 2 grammes a day, it does not cause functional troubles, even when continued for a long time. It causes slight congestion of the nasal and conjunctival mucous membranes, but this disappears when large doses are taken.

It does not cause albuminuria, but, on the contrary, it has perhaps a curative action in some cases of albuminuria. It has given good results in tertiary syphilitic affections, and in surgical scrofuloses, acting more rapidly than the alkaline iodides.

It may be used in powder, in a glycero-alcoholic solution, in gauze or iodolated collodion, in ethereal solution, or it may be incorporated with vaseline or lanolin.—*L'Union Médicale.*—*Medical Journal and Examiner.*

UTERINE HEMORRHAGE IN PREGNANCY.—*Parish.*—Case of hemorrhage from the uterus in a woman eight months pregnant. Whether a case of placenta previa or not, Dr. Parish said that the proper treatment here was to put the woman to bed and keep her there, and not allow her to rise from it for any purpose whatever. He advises a physician who has a case of placenta previa, or suspected placenta previa on hand, to provide himself with a Barnes' dilator. In a dangerous hemorrhage, this will not only dilate the os for delivery, but will also act as a tampon. It is not well to keep a dilator in the office as you keep other instruments, because the rubber loses its elasticity in about two months, and is then useless. If you have no dilator, use the tampon; though, of course, only when absolutely necessary. He does not approve of absorbent-cotton for tamponing, as recommended by Parvin; for he says that the cotton, on account of its great attraction for fluids, in likely to favor the hemorrhage rather than to check it. For his own part he prefers a long strip of muslin or linen, such as an ordinary roller bandage, soaked in bi-chloride. Especial care should be taken that the material is tightly packed around the os; then the vagina is to be filled; and finally external pressure kept up by a T bandage. If in delivery it is necessary to perform version, give an anæsthetic, in order to relax the uterus, and thus avoid the laceration of it, otherwise almost certain. After delivery, hypodermic injections of ergot, injections into the uterus of hot water, or even a styptic applied to the internal surface of the uterus, will stop the bleeding if the inertia of the uterus is too great for proper contraction.—*Medical Times.*

ANOTHER CASE OF APPARENT CURE OF CANCER OF THE STOMACH BY CUNDURANGO.—The readers of the *Times* will remember the report of the remarkable results obtained by L. Riess in the Berlin Municipal Hospital with

cundurango in gastric cancer. In the *New Yorker Medszinische Presse* for April, Dr. Franz Foerster reports four cases presenting all the symptoms of cancer of the stomach which were treated with this drug. In two cases no favorable effect was noticed; in the third he believes that life was prolonged, while in the fourth case a positive and permament cure resulted. The diagnosis must, of course, remain somewhat in doubt; but the symptoms and physical signs present were strongly indicative of the disease mentioned. The treatment of gastric cancer is in general so entirely hopeless that any addition to our theraputic resources, which promises even partial relief from the distressing symptoms, is deserving of a hearty welcome. The testimony of all recent writers upon the subject is to the effect that cundurango is well borne in these cases; that it arrests vomiting, reduces the pain and stimulates digestion. With the added hope of producing a cure, an additional reason is presented to give the remedy a trial. Dr. Foerster used a fluid extract of the drug given in half-drachm doses, with syrup, three times a day.—*Medical Times.*

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STERILIZED FOOD FOR INFANTS.—It is a curious fact that, while all older people are chiefly fed on sterilized food, infants are fed on food peculiarly adapted, by its composition and fluid state, to offer a home to bacteria. In treating some cases of summer diarrhœa, directions were given that all milk used for infants should at once, on receipt, be steamed. After this it was kept covered and on ice, if possible. The result was that the little patients began to pick up, and were soon well. The ordinary milk supply of a large city is a day or more old, slightly acid and contains many growing bacteria. Fresh milk sterilized, or collected sterile and protected from organisms, undergoes no changes, even after the lapse of indefinite periods, except the separation of the fats. If bacteria are present, a great variety of changes may occur. As milk affords such a fine medium for growth, all efforts to rid it of bacteria must be governed by the use of poisons—germicides—or some physical condition inimical to their life. The first method is not admissible in foods, while the other offers little chance of success except by heat. Cold retards their growth; but does not kill. Boiling is undesirable, but steaming produces but slight changes in the milk, and is efficient. —*American Journal, Medical Science.*

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RUPTURE OF THE RADIAL NERVE, RESULTING FROM A COMPLICATED LUXATION AT THE RIGHT ELBOW JOINT. SUCCESSFUL SECONDARY NERVE SUTURE.—By Dr. G. Ledderhose, Strassburg.—The author records a case of traumatic division of the radial nerve, with consequent paralysis of all the muscles of the hand and forearm supplied by it. The patient, a woman, aged 32, sustained a compound dislocation backward of the bones of the forearm at the elbow joint on the right side. There was, after reduction, suppuration and consequent fixation of the forearm in the semi-flexed position, with the paralysis above-mentioned. The wounding of the soft parts occurred on the right side of the elbow-joint. Five months after accident the author operated, dissecting out the radial nerve, whose torn extremities were fixed in cicatricial tissue around the joint. The torn ends were pared obliquely, opposed, and sewed directly with silk; the nerve trunk was fixed also by sutures to the surrounding parts. Primary union. Cases of this kind are extremely rare. Hamilton or Drewitz do not mention them in any of their statistics. The soft parts are generally in these luxations injured on the inner side of the joint. It is of little moment whether silk or catgut is used in sewing the nerve. On the other hand, tension of the nerve may be provided against by fixing it as above to the surrounding structures. The first movements in the paralyzed muscles appeared from eight to twelve months after suture of the nerve, corresponding to cases and experience of other authors. —*Zeitschir. f. Chir., in Annals of Surgery.*

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NEW METHOD OF REDUCING STRANGULATED INGUINAL HERNIA.—G. S. Perro reports successes by the following method:

After the pelvis has been raised on a pillow, and the thigh flexed and abducted, the operator grasps the scrotum and the hernial tumor, bends it slightly over and against the wall of the abdomen, and presses upon it in such a manner that

the index finger of the right hand is carried into the inguinal canal, and in the direction of the horizontal ramus of the pubis by a turning and boring motion. In a short time the strangulated part slips back into the abdomen, and the other part of the hernia follows. By this method Perro has succeeded in reducing six cases of strangulated hernia after his colleagues had spent from twelve to thirty hours in vain attempts at reduction.—*Centralblatt für Chirurgie.*

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Effects of Antipyrine.—M. Laborde, (Academy of Medicine) sums up its physiological or toxic effects as follows:—

1. *Local Effects*—Hypodermically, it produces local anæsthesia, preceded by painful sensations, necessitating combination with cocaine. It is this local action which produces its painful effects upon the digestive mucous membrane, especially when administered fasting. Hence it is best to give it at the beginning of a meal. The intestinal pains and diarrhœa occasionally produced may be also set down to this local action.

M. Germain See, in order to overcome these effects, administers with the antipyrine bicarbonate of soda, seltzer, or other gaseous waters.

2. *General Effects.*—Antipyrine effects the vaso-motor system powerfully, produces erythematous rash, which disappears of itself. By its action upon the nerve centres, are produced also vertigo, sleeplessness, coldness of the extremities, etc.

Germain See administers as much as gr 150-180 per diem, but gr. 45-60 should be the limit, and the appearance of the rash a contra-indication. The aged are especially easily affected by the drug.—*Journal de Médicine.*

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Mode of Reduction of Humerus.—Fernandez Abril in *El Genio medico-quivur gico*, describes a simple process for reducing luxations of the humerus.

Until now it appears that all practitioners have settled themselves (by admitting instinctively as a dogma and teaching it in their methods), on the fact, that the humeral head necessarily rises to meet the glenoid cavity, and not that the cavity should descend to meet the humerus. So it is, that in all their methods the trunk is fixed and the arm is made to move from its situation by tractions direct or indirect, and more or less skilfully combined, hence the diversity of processes. The capital difference in what I am about to point out consists in this principally—in inverting the proposition—holding the humerus fixed and cautiously separated from the trunk, to make the glenoid cavity descend and not the humeral head. Amongst the advantages for this process he claims.

1. Chloroformisation is not needed.
2. The pain is slight.
3. The time occupied is very short.
4. Skilled assistants are not required, indeed the patient, as it were, becomes the surgeon and the surgeon the assistant.
5. Finally it requires no costly and complicated apparatus, a simple crutch being all that is necessary.

Thus, this simple apparatus is placed in the axilla, the patient standing, the surgeon holds the hand of the luxated arm, with moderate force making traction in a downward direction, at the same time telling the patient to permit himself to lean forward as though about to kneel. Nothing further is required. The transverse extremity of the crutch serves as a suitable wedge to roll the luxated bone into its normal position, and the click which is immediately perceived announces the reduction.—*La Cronica Medica.*

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Occipito Posterior Presentation Converted into an Anterior by Rectal Manipulation.—Dr. Carbojal (*Gaceta de Mexico*), relates the case of a multipara, 32 years of age, in labor at term, maternal organs normal, fœtus apparently normal and presenting with the occiput right posterior. Labor had continued for 48 hours, the water had not broken and the os was not thoroughly dilated. Three hours later the membranes had ruptured, and the waters escaped. Pains strong and frequent. The os had dilated and was dilatable. Chloroform was given and the hand introduced by the vagina, and a tetanic irregular contraction of the inferior polar zone of the uterus discovered, which prevented the progress of the shoulders, the head being in the second third of the cavity. To overcome this tetanic contraction chloroform

was pushed to profound anæsthesia, and advantage taken of the opportunity afforded, to pass two fingers of the right hand through the relaxed sphincter into the rectum, where the parital portion of the head could be easily touched by directing them towards the right sacro iliac symphysis, and passing beyond this drew the occiput forward and to the right, until it was near the ilio pectineal eminence at the extremity of the transverse diameter of the upper strait. On withdrawing the fingers the head immediately resumed its primitive position. Not having assistance to turn the body by external manipulations, and being unable to accomplish this by the mixed method, forceps were applied and delivery slowly effected. The case is interesting, since it shows that cephalic version may be accomplished by rectal manipulations.—*La Cronica Medica.*

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THE SUBCUTANEOUS USE OF ERGOTINE IN DIABETES AND ALBUMINURIA.—According to the observations of Dr. Deheune, ergotine, or ergotinine, given subcutaneously, will cause the temporary and often the permanent disappearance of the glycosuria, polydipsia, polyuria, emaciation, and weakness of diabetes. These symptoms disappear in a regular order; the polyuria and polydipsia disappear after five to eight injections; the glycosuria lessens after the second or third injection, and disappears after the tenth or twelfth. The glycosuria reappears if the treatment be stopped too suddenly. This disappearance is permanent after six or eight weeks of treatment. The injections are perfectly harmless. By this treatment diabetics can be prepared for any surgical operation, particularly cataract. He injects six to ten drops, sometimes more, daily.—*L'Union Médicale.*

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TREATMENT OF BILIARY CONCRETIONS—(AFTER JACCOUD).—1. *Treatment of the onset of biliary colic.* To lessen the pains give either subcutaneous injections of morphia (gr. ⅙) or antipyrine (ʒj during the day) by the mouth or hypodermically. If vomiting be present, use only the hypodermic method. Inhalations of chloroform are dangerous, and must be proscribed.

2. *Subsequent treatment.* In order to destroy the existing calculi and hinder the formation of others treat as follows:

| | |
|---|---|
| Ether | ʒiv |
| Essence of turpentine | ʒij |

℥ Sig. ℥ 30-45 daily for 6-8 months. Combine with the above, Carlsbad or Vichy water. As to diet, the food should be simple; fats, spices and farinaceous foods must be forbidden. Moderate exercise should be taken daily.—*Journal de Médecine.*

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SULPHUR IN SCIATICA.—Dr. Duchesne mentions in the *Journal de Médicine de Paris* that he some years ago employed with complete and permanent success a method of curing sciatica which is better known in this country than in France—viz., enveloping the limb in a thick coating of flowers of sulphur, spread on flannel. His patient was a middle-aged lady, and a single night of this treatment entirely sufficed to effect her cure. Dr. Duchesne remarks that he was induced to try this method by hearing M. Henri Guéneau de Mussy speak at a meeting of the Société de Thérapeutique of the great satisfaction it had given him when he had practised it in England. —*Lancet.*

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ANTIPYRINE IN THE TREATMENT OF SEMINAL EMISSIONS.—Thor, of Bucharest, has been experimenting with antipyrine in the treatment of these affections. He advises the patient to take from seven to fifteen grains of the drug on retiring. In seventeen cases he has completely cured the complaint, without any unpleasant consequences. According to Beart, antipyrine is useful in neurasthenia of the sexual organs; but in these cases from one to two grains a day should be given.—*Revista de Cincia Medicas.*—*Buffalo Medical Journal.*

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ANTIPYRINE IN LABOR.—At a meeting of the French Academy of Medicine, a paper by Dr. Queirel was read, in which he claimed that antipyrine is a valuable drug in labor, as it calms the excitement of the parturient woman and lessens her pain. Its influence is most beneficial in the first stage of labor; and it does not interfere with its progress at all.—*Med. and Surg. Reporter.*

## Therapeutical Notes.

For Impetigo.—Gaucher employs the following pomade:

| | |
|---|---|
| Boric acid | ʒss |
| Glycerine of starch | ʒi |
| ℳ | |

—*Journal de Médecine.*

Iodoform Gauze (Vienna Hospital).—

| | |
|---|---|
| Iodoform | ʒiss |
| Glycerine | ʒiij |
| Alcohol | pints 1¼ |

This is sufficient to prepare 11 yards of gauze.—*Journal de Médicine.*

Ipecac in Hæmoptysis.—Bernabei (*Boll. del. sci. med. di Siena; Gazz. med. ital. Lombard,*) feels confident of always being able to check phthisical hæmoptysis within a few hours by giving two grains of powdered ipecac every fifteen minutes.—*N. Y. Medical Journal.*

For Headache of Dysmenorrhea.—

| | |
|---|---|
| Tinct. piscidia erythrina | ʒss |
| Bromide of lithium | ʒss |
| Orange flower water | ʒiii |
| Syrup | ʒii |

Teaspoonful dose, to be taken in two days.

—*La Cronica Medica.*

A Hæmostatic Remedy.—Huchard (*Therap. Monatsh.*), recommends the following prescription to arrest hemorrhage:

℞ Ergotin

| | |
|---|---|
| Quin. sulph. | āā 30 gr. |
| Pulv. fol. digitalis | |
| Ext. hyoscy. | āā 3 gr. |

F. pil., No. xx.

Sig. 5 to 8 to 10 pills daily.—*Medical Chronicle.*

To Extract Teeth Painlessly.—Hénoque and Frédet (*Soc. de Biol.*), recommend ether in the form of spray in the neighborhood of the external auditory meatus. This acts on the branches of the trigeminal in the face, thus producing anæsthesia sufficient to extract teeth without pain. This method is easy and free from danger. (*Therap Monatsh.*)—*Medical Chronicle.*

For Anæmic Headache.—

| | |
|---|---|
| Valerianate of caffein | grs. xv |
| Croton chloral | grs. xxx |

For four doses, two to be taken in a day.

Also,

| | |
|---|---|
| Nitrite of Sodium | grs. ii |
| Orange flower water | ʒiss |
| Syrup | ʒss |

To be taken in two doses during the attack.

—*La Cronica Medica.*

The best Solvent for Corrosive Sublimate.—Garré is quoted by the *Fortschritte der Médicin,* in reporting his experiments on permanent solutions of corrosive sublimate. He found acetic acid the best adjuvant for dissolving corrosive sublimate, as follows:

| | |
|---|---|
| Acid. acetic concen. | ℳ 8. |
| Hydrarg. bichlor. corros | gr. 15. |
| Aquæ font. | 1 quart |

—*Medical News.*

The Treatment of Flatulent Dyspepsia.—*The Journal de Médecine* of March 11, 1888, gives the following formula:

Bismuth. subnit.,
Magnesiæ pulv. āā gr. 30.
Belladon. Pulv.,
Zingib. pulv. āā gr. 3.

Mix carefully, and divide into ten powders.

A powder should be taken in peppermint water twice daily.—*Medical News.*

Antipyrine Hypodermically.—To overcome the intense pain and tenderness which, as a rule, result from the hypodermic use of antipyrine, Dr. Foughay says: "I provide myself with a 50 per cent. solution of antipyrine, of this I three quarters fill my Pravae syringe (about gr. vi.); then I finish filling the syringe with a 10 per cent. solution of cocaine (about gr. ⅓). I inject when the skin is loose, and by this means the injection is painless, and afterwards the spot pricked is not tender.—*Gazette des Hôpitaux.*

Anthrarobin in Skin Diseases.—Anthrarobin is a yellow powder, soluble in 10 parts of pure glycerine, and in 5 parts of absolute alcohol at 100°1. Topically applied it gives a sensation of smarting and stains the skin yellow. Thera-

peutically it ranks between chrysarobin and pyrozallic acid. Inferior to the former, superior to the latter, it seems to be exempt from all the inconveniences of the first mentioned. Liebermann and Behrend apply it topically, either in the form of the alcoholic tincture, the saturated glycerine solution, or the pomade, 10 per cent. to 20 per cent. Its indications for use are those of chrysarobin, which are not so well tolerated.—*Journal des Hôpitaux.*

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TAPEWORM CURE.—Dr. Bettelheim, Vienna (*Centrabl. f. klin. Med.*), recommends keratinised pills, which only dissolve in the small intestine, the seat of the worm. His prescription is as follows:

℞ Extr. fil. maris. æth.
Extr. punic. gran..... āā 150 gr.
Pulv. jalapae ..... 45 gr.

M. F. pil. keratinisat, No. 70.

Of these, the patients take 15 to 20 on the day before the "cure." On this day, they likewise fast. On the "cure" day, they take the rest within two or three hours. The "cure" lasts seven to nine hours, without the fast day, and on that day, the patients have to take purgative enemata. (*Deut. med. Woch.*) - *Medical Chronicle.*

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TREATMENT OF PRURITUS VULVÆ.—Verrier (*Gaz. d. Gyn.*), recommends the following:

℞ Acid. carbol..... 7½ gr.
Morphii acet..... 6 gr.
Acid. hydrochl. dil..... 45 m.
Glycerin..... 150 m.
Aq. destill..... 180 m.

A sponge dipped into this lotion is to be applied to the itching spot.

Dr. v. Campe (*Cenrtalbl. f. Chir.*), recommends galvanism—6 to 10 elements of Spamer's small apparatus. He relates a very obstinate case which had been unsuccessfully treated by uterine and vaginal injections, sitz baths, excisions of large pieces of skin, salicylsalvemull, and cocain. Under electric treatment the patient got better, and after 15 applications of 10 minutes each she was cured.—*D. med. Woch.*

THE
# Canadian Practitioner.
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JUNE, 1888.

## ONTARIO MEDICAL ASSOCIATION.

The meeting for this year promises to be one of unusual interest. The following are the subjects selected for discussion:—

Neurasthenia—Dr. D. Clark.

Coroners' Inquests—Dr. J. H. Richardson.

Use of Pessaries—Dr. J. A. Temple.

Bacteria, and their Influence on the Blood and Tissues—Dr. C. Sheard.

Sutures and Sections in Gun-shot Wounds of the Intestines—Dr. W. Oldright.

Laparotomy for Intestinal Obstruction—Dr. L. McFarlane.

Discussion in Surgery. Subject, "Urethral Discharges." Opened by Dr. Grasett.

Discussion in Obstetrics. Opened by Dr. A. A. Macdonald. "The Diagnosis of Obscure Pelvic Ailments."

Discussion in Medicine. Opened by Dr. Mullin, Hamilton. "Malaria as a Cause of Disease."

Discussion on Ophthalmology. Opened by Dr. Burnham. "Some Affections of the Eye of Interest to the General Practitioner."

Papers promised by guests of the Association:—

Dr. Wyeth, New York, "Plastic Operation for the Closure of Urethro-rectal Fistulæ," and "Intestinal Sutures."

Dr. A. W. Johnstone, Danville, Ky., on "Soft Myoma."

Dr. C. C. Rice.

Papers contributed by members:—

"On the so-called Moral Insanity," Dr. Workman.

"Idiopathic Glossitis," Dr. Hunt, Clarksburg.

"Congenital Goitre," Dr. A. F. McKenzie, Wingham.

"Treatment of Inguinal Hernia," Dr. Robinson, Brampton.

"Compound Fracture of Humerus, illustrating Extension as secured by New Modification of Sayre's Short Hip-splint," Dr. C. M. Smith, Orangeville.

"Rest in Neurasthenia," Dr. A. H. Walker, Dundas.

"Craniotomy," Dr. Harrison, Selkirk.

"Intubation of Larynx," Dr. Stark, Hamilton.

"Empyema," Dr. Whiteman, Shakespeare.

"Antiseptic Treatment of Wounds of the Hand," Dr. Olmstead, Hamilton.

"Operation on Bone," Dr. Dupuis, Kingston.

"Notes of Clinical Importance in the Physiological Researches of 1887," Dr. H. A. McCallum, London.

"Leucocythæmia," Dr. McPhedran.

"Life Insurance, and the Relation of Medical Men thereto," Dr. James Thorburn.

"Uterine Electrolytic Apparatus," Dr. A. M. Rosebrugh.

"Puerperal Eclampsia treated by Pilocarpine," Dr. Irving, Kirkton.

"Empyema," Dr. Holmes, Chatham.

## RESULTS OF THE COUNCIL EXAMINATIONS.

The results of the recent examinations of the College of Physicians and Surgeons of Ontario caused consternation, almost amounting to a panic, amongst medical students. Out of 242 primary candidates, 111 were rejected, or about 46 per cent. Out of 167 final, 70 were rejected, or about 44 per cent. The proportion of unfortunates is certainly large, and the question naturally arises—was the examination too severe? The Council demands 50 per cent. as a minimum in each and every subject. The rule in most of the Universities is to demand 50 per cent. as a minimum on the aggregate, and 33 per cent. a minimum on each subject. There is a material difference in these requirements, and we certainly think that 50 per cent. for a minimum at a pass examination is very high.

Sometimes a certain discretionary power is allowed an examining board, and a candidate who has done well on the whole, but has come a little below the standard in one or two subjects may be "marked up" to the required standard. At the last meeting of the Council such power was taken from the examiners, and if a candidate had an average of say 70 per cent. on the aggregate, but had only 48 per cent. on one subject, say chemistry, he must, under this rule, be rejected.

In such a case, however, the board is allowed to report favorably to the Council, and the Council acting on such report may pass the candidate. Unfortunately it happens that the Council would thus be considering the merits of individuals known to them by name, while, on the other hand, the examiners in session are deciding the merits of of unknown students with certain designations. We think the Council should choose a board in whom they have perfect confidence, and allow them the usual discretionary powers.

There is a general consensus of opinion that the examiners at the recent examination did their work conscientiously and well, and the results on the whole are satisfactory to the profession. It appears that, with few exceptions, the students who attended faithfully to their practical work in the laboratories and hospitals passed, while those who neglected such work were rejected. It is unfortunate that a few good men failed. Such accidents happen at all examinations, and may depend on such causes as poor health, etc., which cannot be provided for.

## CONVOCATION OF THE MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The first Convocation since the re-establishment of the Medical Faculty of the University of Toronto, was held in the Convocation Hall of the University, on Friday, May 25th. The presence of a large number of physicians from various parts of the province was extremely gratifying to the friends of the Faculty. One of the most interesting features was the appearance of so many candidates for the degree of M.D. We cannot do better in this con-

nection than quote the graceful remarks of the Minister of Education, who expressed his "delight at the long list of men of wide medical experience who came to receive from the Vice-Chancellor the second degree (M.D.), thus dedicating their well won reputations to this college, and evidencing their confidence in it by this action."

After the degrees had been conferred and the medals and scholarships presented, short addresses were delivered by the Dean of the Medical Faculty, Dr. W. T. Aikins; Dr. Richardson, the President of the Medical Alumni Association; Dr. Daniel Clark, Superintendent of the Asylum for Insane, Toronto; Hon. G. W. Ross, Minister of Education; Dr. Wilson, President of University College, and the Vice-Chancellor. A full report of the proceedings appeared in the Toronto daily papers, and there is, therefore, no necessity for us to give a more extended report in our columns.

We have much pleasure in agreeing with the sentiments generally expressed as to the vast importance of the work which is being done by the college. We have to congratulate the University on the brilliant prospects of its re-established Faculty. We hope that the warm sympathy which is shown by the public and the profession, will stimulate the Senate and the Teaching Staff to still greater exertions to elevate the standard and advance higher medical education.

## SUMMER SESSION FOR MEDICAL STUDENTS.

We understand that the Council will consider the advisability of making attendance of medical students on at least one Summer Session compulsory. We are thoroughly in accord with the views expressed on the subject by the Canada *Lancet* in its May issue. The article referred to strongly recommends the Council to take action in the matter. Attendance on a Summer Course is made compulsory by McGill, and the rule is popular with the students.

There are many reasons for the establishment of Summer Sessions in Ontario Medical Colleges. An opportunity would be thus afforded for supplementing the ordinary work of the Winter Sessions by courses thoroughly practical in character. Some of the lectures now given during the winter might be transferred to the summer. This would afford some relief to the students who, at present, receive too many didactic lectures during the ordinary sessions. It would be a great boon to those who wish to attend the hospital during a portion of the summer, but are unable to obtain any practical instruction worth mentioning without duly organized Summer Session teaching. It would be in accord with the spirit of the times in giving increased facilities for practical work, and thus advancing medical education in the Dominion.

## REJECTED.

There is something very sad about being rejected at an examination. It is especially so for the unfortunates, who seldom realize to the fullest extent that justice has been done. The synonymes are various—one is plucked, another is spun; a very sad-looking youth has got left, another didn't get there; one is all up, another is all out; some one else is stranded; and so it goes. By whatever name you call it, the meaning is generally pretty well understood.

When it comes to accounting for the misfortune in each individual case the reasons given are varied. One has been ill, another had hard luck in getting the questions he knew least about, another was nervous. Such reasons as these are so well known that we need not mention more. We beg leave, however, to call attention to another, which is too frequently forgotten—Candidates are frequently plucked because they don't know their work. We hear much about luck; well, when a man is on the border line there is, of course, a chance as to whether he will pass or fail, and such chance may give rise to bad or good luck, as the case may be. Which is the bad and which the good depends a good deal on the way you view the matter. In the interests of the general public, it would be better to have all the doubtful men sent back for further study.

## THE QUEEN'S PARK, TORONTO.

It appears that the lease of the Queen's Park from the University to the city of Toronto has been declared by the courts to be forfeited, after having run for about thirty years. We cannot say that we are surprised at such a termination. Ever since the granting of the lease the city officials have manifested a culpable indifference with regard to carrying out the conditions of the contract, and we believe we are correct in asserting that not one of the conditions in question has been complied with without previous compulsion on the part of the lessors. All remonstrances, however, seem to have been in vain; for no one can assert that an honest effort was ever made towards maintaining the avenues as they were originally, or creating a park such as was intended when the University made its magnificent but mistaken gift. The splendid trees, which once graced the avenues and rendered them the pride and boast of the city, are a thing of the past, thanks to neglect and ignorance; whilst the remainder of the property, which the city undertook to improve and keep as a park, has been turned into a mere common, almost impassable to respectable citizens on account of the rough sport which has been permitted there. Even Sunday in the so-called park is not without its indecent exhibitions, as Monday's paper generally informs us. In the present position of the matter justification of the city is out of the question—even in the Council Chamber one of the Aldermen is reported to have made the significant remark, that "it is not much of a park any way."

Under such circumstances a renewal of the lease on the old terms woud be a breach of trust. A lease which was practically a gift was a gross mistake in the first instance. The city had no claim whatever to any such favor, and it is a question if its bestowal was not a breach of trust on the part of the University authorities of the time. True, it was expected that the city would give the institution some substantial support in return, but a few years' dealings with the Council soon undeceived them on that point. Indeed, the whole history of the case goes to show that the city never was, and never should be, entitled to the free use of provincial property of enormous value; and any disposition to repeat the blunder of thirty years ago will be universally condemned by the friends of the University throughout Ontario.

## MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF TORONTO.

A Medical Alumni Association of the University of Toronto has been formed, and has already received the most encouraging support. The first meeting, held in the University, was a large and enthusiastic one. It was a peculiarly happy circumstance that the oldest medical graduate, Dr. Richardson, was unanimously elected as the first President. It was especially gratifying to see such a large number of graduates outside of Toronto taking an active interest in the organization.

The first dinner of the Association, held on the evening of convocation day, at the Queen's Hotel, was a remarkable success in every way. The President, Dr. Richardson, acted as chairman, and the 1st Vice-President, Dr. Thorburn, filled the vice-chair. It was a pleasant way of completing what will be long remembered as a memorable day in the life of the University.

We predict for the Association a bright future, and hope, that as the medical faculty becomes strong, this Society will also increase in strength, and do much to create a cordial and friendly feeling among the graduates in all parts of the country.

## THE ACTION OF PTOMAINES.

At a recent meeting of the German Surgical Society, in Berlin, some interesting experiments were made by Herr Brieger demonstrating the action of certain ptomaines when injected into inferior animals. "He injected into a rabbit a solution of tetanine, obtained from the amputated arm of a man suffering from tetanus. In about five minutes the animal exhibited all the symptoms characteristic of traumatic tetanus in the human subject.

The injection of a solution of neurine caused first a flow of a thick fluid from the nose; then profuse salivation appeared, and later the ani-

mal suffered from dyspnœa, became paralyzed, and died in convulsions.

The third ptomaine was mytilotoxine, obtained from diseased mussels. When given to a man suffering from tetanus it caused a relaxation of the clonic spasms, but in animals it did not have the same effect. An animal poisoned with this toxine had head-drop, dyspnœa, convulsions, and paralysis."

These experiments would appear to demonstrated that, in some cases at least, the poison produced by bacteria is the cause of trouble rather than the organisms themselves.

## THE LESLIE DEFENCE FUND.

In addition to the amount reported in our last number, the following gentlemen have subscribed the sums placed opposite their names :—

Dr. I. A. Temple, $10 : Dr. R. A. Reeve, $10 ; Dr. Graham, $10 ; Dr. Cameron, $10; Dr. Wagner, $5 ; Dr. Thorburn, $5 ; Dr. Strathy, $5 ; Dr. Burnham, $5 ; Dr. Powers, Port Hope, $5 ; Dr. W. B. Geikie, $5 ; Dr. A. H. Wright, $5; Dr. A. A. Macdonald, $5 ; Dr. Henderson, Kingston, $5 ; Dr. Atherton, $4 ; Dr. Riordan, $2 ; Dr. Hamilton, $2 ; Dr. J. Ferguson, $5 ; Dr. Ianson, $1.

We would be glad if those gentlemen, who through procrastination or forgetfulness have not already contributed, would kindly send in their names, together with the amount of their subscription, that the whole matter might be closed by midsummer.

Dr. Thorburn sent the following note, which well represents the feeling of the profession :

I beg to enclose $5 to the fund of the Leslie trial. I think that we are bound in honor to assist worthy members in resisting wrongs. This case is one that calls upon the profession. I have carefully read the evidence, and consider that there is not anything that could have been done by the most careful and scientific man to have prevented the fatal sequence.

I am, yours truly,

JAMES THORBURN.

May 5th, 1888.

Galt has carried the by-law authorizing the the issue of $8.000, for a town hospital.

## SUPPLEMENTAL EXAMINATIONS FOR THE MEDICAL COUNCIL.

In our last issue we urged the advisability of having more than one examination during the year for the Medical Council. We are glad to know that there is a general feeling among the profession in favor of holding a second or supplemental examination in the fall. The Board of Examiners, who should be in the best position to judge, have recommended it, and so far as we know, the members of the Council are inclined to grant it. The rejected candidates will appreciate very highly the action of the Council if they are allowed to present themselves at a second examination this year—say, in the month of October.

## NOTES.

The *Index Medicus* is not yet self-supporting.

The Japanese are distinguished for their longevity.

*The Nursing Record* is the name of a new weekly journal recently issued in London.

Miss Florence Nightingale is reported to be now an invalid, confined almost entirely to her room.

Medical demonstrations are becoming a popular source of entertainment in Parisian drawing rooms.

Sauin reports a case of epithelioma uteri, caused by the retention of a pessary for eleven years.

Dr. Steigenberger, of Buda-Pesth (Rundschau) reports the infection of a child through the milk of a tuberculous nurse.

Professor Böllinger has published the details of a case of primary actinomycosis of the brain in a patient 26 years of age.

Tenders have been invited for the erection of a Maternity Department in connection with the Winnipeg General Hospital.

The Congress of American Physicians and Surgeons will hold its first session at Washington, September 17th, 18th and 19th.

Our good friend *The Canada Medical and Surgical Journal* is to be re-christened, and will soon be known as *The Montreal Medical Journal.*

The *Wiener Klinische Wochenschrift*, the organ of the Royal Imperial Medical Society of Vienna, appeared for the first time on April 5th. Dr. Riehl is editor. Both Billroth and Bamberger contribute to the first number.

Schucking has seen good results follow injections of iodine and Fowler's solution in cases of subinvolution of the uterus accompanied by a flabby condition of the organ, and resulting displacement, operative interference being rendered unnecessary.

TORONTO GENERAL HOSPITAL.—The total number of patients treated at the hospital during the month of April was an advance over the same month of last year, being in all 986, divided as follows: Resident patients, 424; outdoor, medical and surgical clinic, 383; eye and ear department, 179. There were 25 births in the maternity department, and 17 deaths altogether during the month.

BRITISH COLUMBIA LEADS.—We are informed that of the large class offering themselves for the examination of the Ontario College of Physicians and Surgeons forty per cent. were referred to their studies. In British Columbia, however, all of the candidates who went before the examining board failed to show themselves possessed of the required degree of proficiency. The Pacific province evidently has a Chinese wall erected against incompetent men. Perhaps it would be as well to state that there were but two candidates over there.

THE ETIOLOGY OF DIABETES MELLITUS.—Von Peiper (*Deutsche Med. Woch.*) gives the following history, bearing upon the etiology of diabetes: A maiden, 17 years of age, in perfect health, drank a glass of ice cold water when greatly heated after dancing at a ball. She again danced, but noticed that her thirst remained unquenched. When she returned home she complained of strangury. She immediately commenced to lose her strength, and in less than five months the urine contained large quantities of sugar. Under treatment, improvement took place in two months.

MEDICAL COUNCIL OF BRITISH COLUMBIA.—At a meeting of the Medical Council, the following officers were elected for the ensuing year: President, Dr. Davie; Vice-President, Dr. McGuickan; Registrar and Secretary, Dr. Milne: Treasurer, Dr. Hannington. Examiners were appointed as follows: Dr. Davie, Surgery; Dr. DeWolf Smith, Medical Jurisprudence; Dr. McGuigan, Physiology and Pathology; Dr. Milne, Midwifery and Diseases of Women and Children: Dr. Powell, Medicine: Dr. Hannington, Materia Medica: Dr. Tunstall, Chemistry and Pathology. It was decided that the next meeting be held in Vancouver in November next.

ETHICS ONCE MORE.—We have been requested to mention what may not be known to all the members of the various medical societies, that it is contrary to the code of ethics adopted by the Ontario Medical Association, to advertise the treatment of special diseases.

The second section, art. 1, third paragraph of the code, reads as follows, viz., "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals *affected with peculiar diseases.* . . . . These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Succi, having completed his fast, the Accademia Medico-Fisica of Florence has given him a diploma. The document runs thus (*Lancet*): "We, the undersigned, do certify that Signor Giovanni Succi, of Cesenatico, in the Romagna, African traveller and explorer, has completed at Florence a fast of thirty days—from the midnight of the 1st to the midnight of the 31st of March of this year,—subjecting himself to all the regulations imposed by the Committee of Surveillance created *ad hoc*, and to all the scien-

tific observations of the Commission nominated by this Academy, the result of which will be made *publici juris* at as early a date as possible. We further declare that by his courageous experiment, and by his scrupulous fulfilment of every moral pledge undertaken by him toward us, Signor Succi has deserved well of science."

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We are glad to notice that Dr. J. R. Briggs, formerly associate editor of the Texas *Courier Record of Medicine*, has entered upon a new venture in connection with preventive medicine, having undertaken the editorship of the *Texas Health Journal*. This is a monthly publication of 32 pages in magazine form; the first issue being published July 1st, 1888. "The *Journal* will be devoted exclusively to the science of health; keeping constantly before the public mind such rational principles of sanitation and dietetics as experience and observation have taught are conducive to the health, happiness and comfort of a people."

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LETTER FROM APOSTOLI.—Among the many flattering letters received by Dr. A. M. Rosebrugh, on the completion of his series of papers on "Electro-therapeutics in Gynecology, which appeared in THE PRACTITIONER, the following from Apostoli will be read with interest:

PARIS, 5 Rue Molière.
29 Avril, 1888.

*Monsieur et Savant Confrère:*

On vient de me communiquer un de vos articles, paru dans "THE CANADIAN PRACTITIONER" sur mon traitement electrique des tumeurs fibreuses de l'utérus. Il m'a paru si bien fait et si bien écrit que j'ai beaucoup regretté de ne pas avoir la collection complète de tout ce que vous avez publié à ce sujet là. Aussi, je prends la liberté de venir vous le demander et de vous remercier a' l'avance de toute la justice que vous m'avez rendue.

Je serais heureux, mon Cher Confrère, que des relations scientifiques suivies s'etablissent entre nous et je vous adresse l'expression de mes meilleurs sentiments confraternels.

APOSTOLI.

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From the *Mail* of May 19th, we clip the following touching incident, upon which it is quite unnecessary to moralize:—The Ontario College of Physicians and Surgeons has built a high wall around and about the practice of medicine in this province. Now and then they add another tier, until the struggle to get over the wall is hardly worth the exertion it costs—at least, that is what is being said by many who are anxious to get inside. Occasionally a kicker appears on the scene, shines in full splendor for a brief day, and then is snuffed out in the most unceremonious manner. One of this class illuminated the Police Court yesterday. His name is J. H. Stewart, and he appeared to answer a charge of practising as a medical man without the necessary sheep's skin. The case went against him, and he was fined $100, with the option of thirty days in gaol. His wife, who was also charged with a breach of the Medical Act, was discharged.

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LIST OF THE QUALIFED MEDICAL PRACTITIONERS REGISTERED IN BRITISH COLUMBIA.—

Victoria— J. C. Davie, G. A. Dearden, J. L. Hall, F. W. Hall, E. B. C. Hanington, H. Harrison, J. S. Helmcken, J. D. Helmcken, W. Jackson, J. B. Matthews, G. L. Milne, R. R. Morrison, A. McSwain, I. W. Powell, W. Renwick, E. Stevenson, J. A. Duncan.

New Westminster—R. J. Bently, H. M. Cooper, John Garrow, T. S. Hall, J. M. McLean, L. R. McInnes, T. R. McInnes, W. A. D. Smith, C. J. Fagan.

Vancouver—D. L. Beckingsale, J. W. Lefevre, H. E. Langis, W. J. McGuigan, A. M. Robertson, G. F. Bodington, D. B. Irving.

Nanaimo—L. T. Davis, R. S. B. O'Brien, E. A. Praegar, W. W. Walkem.

Wellington—Duncan Eberts, W. H. McN. Jones.

Kamloops—Sibree Clark, Edward Furrier, S. J. Tunstall.

Chilliwhack—J. C. Henderson.

Revelstoke—D. L. Mc Alpine.

Spallumacheen—E. J. Offerhaus.

Cowichan—H. Robotham.

Comox—W. Redmond.

Donald—J. A. Sweat, G. Sanson.

Clinton—M. S. Wade.

Barkerville—H. Watt.

B. B. Clarke, W. M. Hendrickson, R. McDougall.

## RESULTS OF RECENT MEDICAL EXAMINATIONS.

### VICTORIA UNIVERSITY.

The following gentlemen have passed the examination for the degree of M.D.C.M.:—Geo. Bell, Samuel McKibbin, John S. Hart, Robert K. Anderson, Chas. B. Langford, Albert W. Stinson, M. E. Gillrie, Thos. H. Little, Geo. A. Dickenson, P. W. Thompson, Jas. A. Cross, Thos. A. Ferguson, G. Silverthorn, J. J. Broad, T. P. Weir, Frank J. Dawson, Wm. C. Barber, John Carruthers, Geo. F. Jones, Silvester N. Young, John Grant, Thos. Webster, R. G. Montgomery, J. C. Patton, W. C. Gilchrist, Geo. R. Watson, J. G. Hutton, D. H. Piper, Walter Hamilton, F. W. Kitchen, J. A. Ross, Opie Sisley, J. A. Millican, J. Tyrrell, J. McGillawee, Lambert Watson, F. J. Bradd, W. R. S. George, Thos. Bulmer.

*Honor List.*—Surgery: Class I.—1, Langford; 2, McKibbin; 3, Little; 4, Dickenson; 5, Anderson, Silverthorn (æq.). Class II.—1, Hart; 2, Stinson: 3, Cross; 4, Gillrie, Ferguson (æq.); 6, Bell, Millican (æq.); 8, Weir.

Medicine: Class I.—1, Dickenson; 2, Bell; 3, Little; 4, Langford; 5, Young; 6, Carruthers; 7, Hart; 8, Stinson. Class II.—1, Patton, Thompson (æq.); 3, Barber, Webster (æq.); 5, McKibbin; 6, Cross, Dawson, Jones (æq.).

Midwifery: Class I.—1, Stinson, Cross (æq.). Class II.—1, Bell; 2, Grant, Webster, Langford (æq.); 5, Barber, Hart (æq.); 7, Anderson; 8, Gilchrist, Carruthers, McKibbin (æq.); 11, Dawson: 12, Montgomery, Kitchen, Broad (æq.).

Medical Jurisprudence: Class I.—1, Gillrie; 2, Anderson, McKibbin (æq.). Class II.—1, Bell; 2, Hart.

Surgical Anatomy: Class I.—1, Stinson; 2, Ferguson, Ivey (æq.); 4, Hart; 5, Anderson; 6, Dickenson; 7, McKibbin; 8, Turnbull, Silverthorn, Gillrie (æq.); 11, Dawson; 12, Tyrrell. Class II.—1, Bell; 2, Hamilton; 3, Gilchrist, Clendenan (æq.); 5, McNaughton, Ross (æq.); 7, Cross, Armstrong (æq.).

*Primary Examination.*—The following have passed the Primary Examination:—J. L. Turnbull, J. A. Ivey, Cole, E. Bull, A. G. Aldrich, T. E. Kaiser, R. C. Dougan, B.A., A. B. Field, J. D. McNaughton, C. W. Clendenan, W. E. Gimby, J. E. Forfar, C. D. Lockyer, J. H. Gimby, M. Armstrong, S. Douglass, R. Rowan, A. A. Smith, J. S. Harris, J. S. Tweddle.

*Honor List.*—Descriptive Anatomy: Class I.—1, Turnbull; 2, Bull; 3, Kaiser; 4, Ivey; 5, Clendenan; 6, Field. Class II.—1, Dougan; 2, McNaughton; 3, Aldrich.

Physiology: Class I.—1, Turnbull; 2, Ivey; 3, Bull. Class II.—1, Kaiser; 2, Aldrich; 3, Dougan.

Materia Medica and Therapeutics: Class I.—1, Bull, Ivey (æq.); 3, Aldrich, McNaughton, Turnbull (æq.); 6, Field.

Theoretical Chemistry: Class I.—1, Turnbull; 2, Bull. Class II.—1, Kaiser; 2, Field, Aldrich (æq.).

Botany: Class I.—1, Bull. Class II.—1, Turnbull.

Practical Chemistry: Class I.—1, Turnbull; 2, Bull; 3, Aldrich. Class II.—1, Kaiser.

### THE ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS.

*Final Examinations.*—E. C. Arthur, Brighton; A. E. Ardagh, Barrie; C. N. Anderson, Comber; L. Auld, Toronto; G. H. Bowlby, Berlin; G. Bell, Owen Sound; E. R. Bishop, Brantford; D. Bechard, Stony Lake; W. J. Bradley, Ottawa; F. T. Bibby, Brighton; W. C. Barber, Toronto; D. T. Bell, Alliston; L. F. Cline, Springfield; D. M. Campbell, St. Thomas; Miss S. Carson, Strathroy; W. P. Chamberlain, Morrisburg; S. Cummings, Hamilton; J. C. Connell, Kingston; Frank P. Cowan, Toronto; Miss Agnes Crane, Philadelphia; C. P. Conroy, Martintown; W. J. Campeau, Amherstburg; D. W. Campbell, Port Huron; W. H. Chilton, Dunlop; Miss A. Dixon, Kingston; W. H. Downing, Kingston; J. M. Eaton, Lakeview; Elizabeth Embury, Napanee; L. A. Fere, Toronto; J. H. C. F. Fisher, Bailieboro'; A. J. Fisher, Wiarton; C. H. Francey, Gormley; J. G. Ferguson, Cookstown; T. Ferguson, Toronto; J. C. C. Grasett, Simcoe; N. D. Gunne, Seaforth; A. J. Hunter, Rochester, Mich.; A. N. Holson, Innerkip; J. F. Hart, Prescott; W. H. Harris, Canton; C. W. Haentschell, Pembroke; E. H. Horsey, Ottawa; C. B. H. Haurey, St. Thomas: L. J. Hyttenrauch, London; W. H.

Jeffs, Hoords; D. Jamieson, Kars; C. J. W. Karn, Woodstock; D. A. Kidd, Beaverton; J. H. Kennedy, Lindsay; C. B. Langford, Kent Bridge; B. Lammiman, Solina; T. H. Little, Owen Sound; Miss A. Lawyer, Morrisburg; A. Myers, Barrie; W. H. Merritt, St. Catherines; D. C. Myers, Toronto; C. N. Mallory, Escott; J. H. O. Marling, Toronto; P. MacNaughton, Norwood; A. B. Macallum, Toronto; R. D. Moffatt, West Winchester; C. Morrow, Russell; A. J. Macdonnell, Morrisburg; A. W. McCordick, North Gower; J. B. H. McClinton, Black Bank; P. McLaughlin, Dunkeld; Miss M. McKay, Stellarton, N.; E. McGrath, Campbellford; M. A. McLaughlin, Toronto; M. A. McFarlane, Arnprior; J. A. McDonald, Kintail; L. G. McKibbon, Toronto; J. McGillaway, Shakespeare; D. McLennan, Renfrew; D. R. McMartin, Martintown; J. G. McCarthy, Sorel, Que.; D. D. McDonald, North Lancaster; John A. Neff, Springfield; T. O'Neil, Belleville; J. F. Palling, Allandale; J. C. Patton, Toronto; Mrs. A. L. Pickering, Toronto; John Proudfoot, London; P. C. Park, Durham; E. H. Robinson, Hamilton; E. Reavly, Port Robinson; M. Steele, Arm Bank; W. H. Smith, Toronto; E. Sisley, Toronto; J. A. Scott, McIntyre; A. W. Stinson, Codrington; D. J. St. Clair, Ann Arbor, Mich.; R. B. Struthers, Montreal; O. Taylor, Princeton; P. W. Thompson, Toronto; F. G. Thompson, Queensboro'; A. F. Tufford, Aylmer; H. B. Thompson, Barrie; R. E. Towle, Kintore; J. P. Vrooman, Yarker; J. S. Wardlaw, Galt; T. P. Weir, Toronto; G. R. Watson, Woodstock; R. E. Walker, Orillia; A. W. Whitney, Morrisburg.

*Primary*.—Passed with honors: L. F. Baker, Whitby; E. Ball, Weston. Passed: A. G. Aldrich, E. H. Adams, Toronto; J. S. Agar, Chatham; D. Archer, Burketon; Miss M. Agar, Chatham; H. F. Amall, Barrie; C. W. Allingham, Warkworth; T. A. Beaman, Centreville; G. T. Bigelow, Port Perry; Miss M. Brown, Fingal; E. J. Boyes, Miss S. P. Boyle, Toronto; G. D. Cram, Carleton Place; W. J. Campeau, Amherstburg; C. P. Clark, St. Mary's; C. B. Coughlin, Hastings; F. R. Clark, Colborne; D. W. Campbell, Port Huron; C. W. Clendennan, West Toronto; E. M. Copeland, London; R. Clannonhouse, Eganville; G. Chambers, Woodworth; C. B. Carveth, Port Hope; T. S. Cullen, Toronto; W. H. Clutton, Dunlop; — Clerihewein, Brockville; R. P. Dougan, Thorold; S. Douglas, Marsh Hill; Miss A. Dickson, Kingston; F. A. Drake, Cayuga; J. F. Dolan, Belleville; J. E. Forfar, W. J. Fletcher, Toronto; C. E. Hall, Millgrove; A. B. Field, Blackstock; M. Ferguson, Harriston; A. Freeland, Kingston; A. Gaudier, Fort Cologne; N. D. Gunne, Seaforth; J. B. Gamble, Toronto; J. J. Gee, Fisherville; W. A. Grey, Elliott; M. E. Gillrie, Toronto; C. B. H. Haney, St. Thomas; J. Holdcroft, Tweed; D. H. Hutchinson, Ingersoll; W. C. Herriman, Lindsay; G. M. Harrison, Selkirk; R. Hill, Aylmer; L. J. Hyttenrauch, London; Miss M. Hutton, Forest; A. T. Hobbs, London; R. H. Houver, London; A. N. Hayes, Parkhill; R. M. Hillary, Aurora; W. Hamilton, Beaverton; J. A. Jay, Jarvis; A. S. Ironsides, Toronto; Miss E. J. Irvine, Brampton; W. A. Jones, Clandeboye; O. L. Kilbain, Toledo; T. E. Kaiser, Edgely; W. C. Little, Barrie; H. O. Lanfear, Newburg; C. M. Lang, Owen Sound; Miss Ida Lynd, Owen Sound; A. J. MacAuley, Frankford; J. R. MacDonald, Wingham; J. A. MacDonald, Toronto; M. T. MacFarlane, Ridgetown; E. Macklin, London; W. E. Morrison, Elmwood; R. A. MacArthur, Toronto; W. H. Mulligan, Toronto; A. J. Macdonnell, Morrisburg; O. F. Macdonald, Toronto; O. E. McCarty, Belleville; R. McGee, Collingwood; D. K. McQueen, Ripley; J. D. McNaughton, North Keppel; J. W. S. McCullough, Dundalk; W. A. McPherson, Prescott; P. W. H. McKeown, Toronto; J. S. McCarty, Sorel, Quebec; D. D. McDonald, North Lancaster; W. B. Nesbitt, Toronto; John Noble, Arthur; C. B. Oliver, Motherwell; R. H. Orton, Guelph; J. A. Paterson, Port Elgin; C. J. Patterson, Toronto; F. W. Penhall. Guelph; F. Preiss, Tuscarora; W. H. Philip, Waldemar; W. M. Pugh, Milverton; P. C. Park, Durham; L. E. Rice, Embro; R. Rowan, Stouffville; T. B. Richardson, Listowel; E. Reavly, Port Robinson; R. W. Rooney, Shelburne; A. L. Reed, London; C. Sheppard, Toronto; J. L. Smith, Monk; A. M. Spence, Teviotdale; R. B. Struthers, Montreal; R. Striell, Toronto; H. A. Stewart, Toronto; G. A. Shannon, Teviotdale; J. M. Sifton, Thamesford; A. H. Speers, Merton; F. H.

Starr, Brooklin; D. Smith, Belmont; C. L. Starr, Brooklin; W. D. Springer, Nelson; J. R. Stone, Parkdale; W. J. Turnbull, Newton; R. Towle, Kintail; J. F. Wren, Medina; N. Walker, Toronto; H. W. Welch, Toronto; Mrs. H. A. Walker, Pitt's Ferry; F. Walsh, Guelph; A. E. Walker, Toronto; H. T. H. Williams, London; A. A. Weagant, Hoasic; George Wright, Wheatly; F. Zwick, Belleville.

UNIVERSITY OF TORONTO.

The following is a complete list of the candidates who succeeded in passing the examina- for the degree of M. B.:

W. C. Barber; Geo. Bell, Owen Sound; F. T. Bibby, Brighton; C. Bollen, Port Adelaide, Australia; W. H. Clutton, Dunlop; S. Cummings, Hamilton; F. J. Dawson, Toronto; G. A. Fere, Toronto; J. G. Ferguson, Cookstown; T. A. Ferguson, Toronto; John Grant, Somerville; Walter Hamilton, Beaverton; J. Galloway, Beaverton; T. M. Hardie, Ottawa; G. F. Jones, Balsam; F. W. Kitchen, Paris; C. B. Langford, Kent Bridge; T. H. Little, Owen Sound; A. B. Macallum, Toronto; J. T. Manes, Churchville; J. McGillawee, Shakespeare; A. Ochs, Hespeler; J. C. Patton, Toronto; J. A. Scott, McIntyre; E. Sisley, Toronto; W. H. Smith, Toronto; A. W. Stinson, Codrington; P. W. Thompson, Rosedale; R. E. Towle, Kintore; T. P. Weir, Newburg; J. W. Willmott, Unionville.

The winners of medals and scholarships in the various years are as follows: Gold Medal —G. A. Fere, Trinity. Silver Medal— J. Galloway, Toronto. Third Examination— First Scholarship, J. H. Collins, Toronto; Second Scholarship, G. Chambers, Toronto. Second Examination—First Scholarship, L. F. Barker, Toronto; Second Scholarship, W. H. Philp, Toronto. First Examination—First Scholarship, J. A. Henderson, Toronto, and W. N. Barnhart, Toronto, equal. Second Scholarship, W. H. Langrill, Toronto, and T. W. Schlenker, Toronto, equal.

*The Class Lists.*—Below will be found the standing of the candidates in the Honor Classes and in Class III.:

*Final Examination.*—Medicine, Clinical Medicine, Surgery, Clinical Surgery, Surgical Anatomy, Obstetrics, Gynæcology, Forensic Medicine, Pathology, and Pathological Histology, Hygiene: W. C. Barber, George Bell, S. Cummings, W. H. Clutton, F. J. Davidson, J. G. Ferguson, John Grant, Walter Hamilton, T. M. Hardie, *F. W. Kitchen, *C. B. Langford, T. H. Little, A. B. MacCallum, G. T. Manes, J. McGillawee, *J. C. Patton, J. A. Scott, †E. Sisley, A. W. Stinson, P. W. Thompson, R. E. Towle, *T. P. Weir, J. W. Willmott.

*Fourth Year.*—Medicine: Class I.—Galloway. Class II.—Smith, Fere. Class III.—Ochs, Bibby, Bollen, Jones.

Clinical Medicine: Class I.—Smith, Galloway, Fere. Class II.—Ochs, Bibby, Jones. Class III.—Bollen.

Surgery: Class I.—Smith, Galloway, Ochs. Class II.—Fere. Class III.—Bollen, Bibby, Jones.

Clinical Surgery: Class I.—Fere. Class III. —Bollen, Ochs, Bibby, Galloway, Smith, Jones.

Gynæcology: Class I.—Galloway. Class II. —Fere, Ochs, Smith, Bibby. Class III.— Bollen, Jones.

Forensic Medicine: Class I.—Fere, Bibby. Class II.—Galloway, Jones, Smith, Ochs. Class III.—Bollen.

Hygiene: Class I.—Galloway, Fere. Class III.—Ochs, Smith, Jones, Bibby, Bollen.

Medical Psychology: Class I.—Jones. Class II.—Fere, Smith. Class III.—Bollen, Bibby, Ochs, Galloway.

J. A. Ferguson, obtained first-class honors in surgery, second-class honors in medicine and gynæcology, and third-class in clinical medicine, clinical surgery, forensic medicine, hygiene, medical psychology.

*Third Year.*—Medicine: Class I.—M. E. Gillrie, W. A. Smith, J. H. Collins, G. Chambers, A. J. Wilson. Class II.—W. R. G. Phair, C. P. Clark, W. A. Sangster, W. W. Baldwin. Class III.—G. Silverthorn, J. T. Campbell, J. B. Gamble, W. J. Earley, R. H. Palmer, E. Meek, W. J. Armstrong, R. J. Stone, H. McColl, C. J. McNamara.

Clinical Medicine: Class I.—G. Chambers, Collins, Gamble, Baldwin, Smith, Wilson, Clark,

*Surgical Anatomy taken at previous examinations.

†Ægrotat standing in Pathology and Materia Medica of second examination.

Wigle. Class II. — Campbell, Silverthorn, Palmer. Class III.—Sangster, Armstrong, Meek, Phair, Earley, Gillrie, McColl, McNamara, Stone.

Surgery: Class I.—Smith, Armstrong, Campbell, Meek, Gillrie, Collins, Sangster, McNamara, Chambers, Willson, Phair. Class II. —Gamble, Clark, Silverthorn. Class III.—Wigle, Stone, McColl, Palmer, Earley, Baldwin.

Clinical Surgery: Class I.—Gillrie. Class III.—McColl, Armstrong, Clark, Gamble, Silverthorn, Phair, McNamara, Willson, Meek, Sangster, Smith, Chambers, Baldwin, Campbell, Collins, Earley, Palmer, Wigle.

Surgical Anatomy: Class I.—Chambers, Collins. Class II.—Clark, Earley, Campbell. Class III.—Silverthorn, Armstrong, Smith, Wilson, Baldwin, Phair, Gamble, McColl, Palmer, Sangster, Stone, Wigle, McNamara, Meek.

Obstetrics: Class I.—Collins, Chambers, Smith, Wilson. Class II.—Gamble, Sangster, Clark. Class III.—Bibby, Gillrie, Phair, Campbell, Armstrong, Baldwin, Bollen, Wigle, Silverthorn, Palmer, Earley, McNamara, Palmer, Meek, McColl.

Pathology and Pathological Histology: Class I.—Smith, Phair, Wilson, Gamble, Gillrie, Chambers, Collins. Class II.—Sangster, Campbell, Meek. Class III.—Baldwin, Armstrong, Palmer, Stone, Clark, Silverthorn, McNamara, Earley, McColl, Wigle.

Therapeutics: Class I.—Chambers, Collins, Wilson. Class II.—Smith, Phair, Gillrie, Gamble. Class III.—Bollen, Sangster, Meek, Armstrong, Campbell, Wigle, Silverthorn, Stone, Baldwin, McColl, McNamara, Earley, Palmer.

T. A. Ferguson obtained first-class honors in clinical medicine, surgery and pathology; second-class honors in medicine and obstetrics; and third-class honors in clinical surgery, surgical anatomy and therapeutics.

C. McLachlin, obtained second-class honors in clinical medicine, surgery and obstetrics; and third class in medicine, clinical surgery, surgical anatomy, pathology and therapeutics.

To take subjects of the third examination again: Medicine, F. A. Wigle; Clinical Surgery, J. R. Stone.

*Primary Examinations.*—Anatomy, Physiology, Materia Medica, Chemistry, Inorganic, Organic and Medical, Biology, Histology—E. H. Adams, G. T. Bigelow, ‡P. Bollen, C. E. Flatt, W. Bryans, *J. F. Hanley, John Noble, G. A. Shannon, †L. C. Sinclair.

*Second Year.*—Anatomy: Class I.—L. F. Barker, J. S. Agar, M. T. McFarlane, W. C. Morrison, W. H. Philp, C. L. Starr. Class II. —R. A. McArthur, Miss E. J. Irvine, Zwick, W. McGillivray, W. M. Pugh, T. G. Cullen, A. V. Michell, R. A. Gordon, D. H. Hutchinson. Class III.—R. Shiell, W. C. Herriman, J. A. Macdonald, C. B. Carveth, E. F. Bowie, W. L. Bond, R. H. Mason, E. F. Irvine, R. A. Hardie, J. L. Smith, D. Archer, T. Russell, A. S. Ironside, J. A. R. Robinson, P. W. H. McKeown, C. Bollen, N. Watkin, J. H. Burger, J. A. Forfar, R. U. Bray, A. S. Bueglass, W. A Baker.

Physiology: Class I.—Barker, Morrison. Class II.—Zwick, Bowie, McArthur. Class III.—Bollen, Gordon, Archer, Philp, McKeown, Agar, Ironside, Hutchinson, Robinson, Russell, Carveth, Shiell, Starr, Hardie, Macdonald, McFarlane, Smith, Miss Irvine, Burger, Bond, Bueglass, Herriman, Baker, McGillivray, Forfar, Cullen, Michell, Irwin, Mason, Walker, Pugh.

Materia Medica: Class I.—Barker, Philp, Pugh. Class II.—Morrison, Macdonald, Smith, Zwick, McFarlane, Carveth. Class III.—Cullen, W. R. G. Phair, Hutchinson, Shiell, Agar, Starr, Hardie, Bollen, Forfar, Bond, Ironside, Michell, Archer, Gordon, Baker, Bowie, McLachlin, Irwin, McArthur, Russell, Burger, Earley, Bueglass, Herriman, W. W. Baldwin, Robinson, C. J. McNamara, Miss Irvine, McKeown, McGillivray, Mason, Bray.

Chemistry (Organic and Inorganic).—Class I.—Barker. Class II.—McKeown, Hardie, McArthur, Macdonald. Class III.—Forfar, Gordon, Smith, Starr, Walker, Herriman, Philp, Russell, McFarlane, Hutchinson, Bowie, Robinson, McGillivray, Burger, Miss Irvine, E. Meek, Archer, B. Ironside, Morrison, Bond, Shiell, Mitchell, Bray, Cullen, Carveth, Baker, Zwick. Organic only.—Agar, Bueglass, Irwin, Mason.

Histology: Class I.—Barker. Class II.—

*To take Organic Chemistry again.

†To take Histology again.

‡Inorganic Chemistry taken at a previous examination.

Philp, McFarlane, Ironside, Morrison, Miss Irvine, Shiell, Pugh, Bowie. Class III.—Agar, Carveth, Starr, Zwick, Hardie, Robinson, Smith, Cullen, Herriman, Archer, Baker, Hutchinson, Bond, McKeown, Mitchell, Macdonald, Gordon, Bray, Burger, Russell, Forfar, McGillivray, Mason, Irwin, Walker, Bueglass.

E. Strain, passed in anatomy, physiology, materia medica, chemistry and histology. C. F. McGillivray, passed in chemistry.

To take subjects of the second examination again.—Physiology, R. V. Bray; materia medica, N. Walker; medical chemistry, J. S. Agar, A. S. Bueglass, E. B. Irwin, R. H. Mason.

*First Year.*—Anatomy: Class I.—1. W. N. Barnhart; 2. W. F. Langrill; 3. J. A. Henderson; 4. C. F. McGillivray; 5. Schlenker, J. Dow, G. P. Macartney, A. W. Heaslip, G. McGorman, R. J. Crawford, G. McKenzie. Class II.—T. S. Bennett, P. McG. Brown, J. Reeves, W. G. Hutt, J. H. Wesley, (æq.), P. A. Gillespie, J. Watson, (æq.), W. L. Hilliard, P. C. Hill, R. S. Whiteley, J. E. Hett. Class III.—Ross, Donald, A. A. Williams, R. L. Langstaff, and F. McConagh, (æq.), J. A. Amyot, and V. Page, (æq.), T. H. Henry, P. W. H. McKeown, G. Wells, B. E. Thompson, J. S. Almas, and O. Teeter, (æq.) F. T. Green, W. R. Hunter, J. H. Closson, A. E. Awde, H. P. Millan, L. H. Campbell, J. Dargavel, and G. K. Shirton (æq.), A. M. Clark, E. J. Gilray, W. J. Senkler, A. Boultbee, J. S. McCullough, R. A. McArthur, R. Shiell.

Physiology: Class I.—McGillivray, Amyot, Crawford. Class II.—McGorman, Henderson and Schlenker (æq.), Langrill and Teeter (æq.), Hilliard. Class III.—A. S. Ironside, J. A. R. Robinson, Shiell and Ross (æq.), Clark, Dargavel, Whitney, Reeves and Williams (æq.), Hill, D. L. Heggie, T. T. Cullen, McCartney and Page (last three equal), Hunter, Hutt and McCullough (last three equal), Brown and Thompson (æq.), Gilray, Green and Hett (last three equal), Bennett and Heaslip (æq.), Boultbee, Barnhart, McConaghy, McKenzie and Watson (last three equal), Henry, Langstaff and Wesley (last three equal), Closson, Dow, Millard, Shirton and Wells (last five equal), Awde and Senkler (æq.), Almas and Gillespie (æq.), D. McLean, Campbell.

Chemistry and Natural Philosophy: Class I.—Barnhart, Henderson, Schlenker. Class II.—Langrill, McCartney and Watson (æq.), McKenzie. Class III.—Bennett, Dow, Henry, Gorman, Ross, Thompson, Shiell, Brown, Amyot, Crawford, Hill and Reeves (æq.), McCullough, Gillespie, Millard, Hutt and Wells (æq.), Hett, Heaslip, McLean, Wesley, Boultbee, Clark, Hilliard and Whitley (last three equal), Langstaff and Teeter (æq.), Hunter, McConaghy and Williams (last three equal), Gilray, Dargavel, Shirton, Page.

Practical Chemistry only: Class III.—J. S. Agar, R. V. Bray.

Biology: Class I.—Barnhart, Langrill, Amyot, Schlenker. Class II.—Henderson, Williams, Dow, Brown and Clark (æq.). Class III.—Whitley, Ross, Bennett, Hilliard, Closson, Crawford and Hutt (last three æq.), McCartney and Reeves (æq.), Hill and Hunter (æq.), McGorman Langstaff and Teeter (æq.), Shiell, Heaslip and Wesley (æq.), Hett, McKenzie, Shirton, Dargavel and McCullough (æq.), Awde, Campbell and Henry (last three æq.), Thompson, Boultbee, Gilray, Watson and Wells (last three æq.), Green and Page (æq.), Gillespie, Senkler, McLean and Millard (æq.), Almas.

Zoology.—Agar, Bray.

G. L. McBride obtained first-class honors in anatomy and passed in physiology, chemistry and biology. J. R. Arthur obtained second-class honors in physiology and passed in anatomy, chemistry and biology. D. F. Webster obtained second-class honors in biology and passed in anatomy, physiology and chemistry. A. E. Clendennan, J. Forest, and J. C. Smith passed in anatomy, physiology, chemistry and biology. R. J. Dwyer passed in anatomy, physiology and biology.

To take subjects of the first examination again: Anatomy, D. McLean; chemistry, J. S. Almas, A. E. Awde, L. H. Campbell, J. H. Closson, R. J. Dwyer, F. T. Green, W. J. Senkler; biology, F. McConaghy.

*Primary Examination.*—Anatomy, physiology, materia medica, chemistry—inorganic, organic and medical biology, histology: E. H. Adams, G. F. Bigelow, P. Bollen, U. Brigans, C. E. Flatt, J. F. Hanly, John Noble, G. A. Shannon, L. C. Sinclair.

P. Bollen will take organic chemistry again. J. F. Hanly will take histology again. L. C. Sinclair took inorganic chemistry at a previous examination.

## Meetings of Medical Societies.

### TORONTO MEDICAL SOCIETY.

STATED MEETING, April 26th.

Dr. Atherton in the chair.

Dr. Caven, for Dr. McPhedran, presented a case with the following history: F. C., aged 32 years, consulted the doctor about an umbilicated sore on each hand which had appeared five days previously. He had been shoeing a horse with a sore foot, accompanied by swelling of the leg, and farcy-like lumps along the abdomen; the nose and throat being, however, free from disease. When examined, both hands were swollen, especially the left, as were also the epitrochlear and axillary glands and the lymphatic vessels along the forearm. A day or so later, a sore appeared on the outer part of the left nostril, with much swelling of the face. Considerable fever occurred for a few days, but the appetite continued good throughout. The sores were cauterized with nitric acid repeatedly, but scabs formed; and the sores extended at the circumference undermining the skin and discharging sanious pus. This continued for some time, when the sores began to cicatrize and healing resulted.

SELF-MUTILATION.

Dr. Powell presented both testicles, removed by a man 24 years of age, while in a state of melancholia, with a blunt knife. In addition to this, the man had incised the abdominal wall for some distance, so that the omentum protruded. The wounds were dressed with sublimate gauze, and the patient was doing well in hospital.

Dr. P. H. Bryce then read a most interesting paper entitled *Eczema* as a *Constitutional Disease*. In discussing the paper,

Dr. Graham expressed the opinion that *eczema*, due to a constitutional cause, might run a local course, the latter outlasting the removal of the former. Gouty people were often eczematous, and under these conditions the treatment of the gouty diathesis may remove the skin affection. An irritable condition of the stomach and bowels will reflexly set up an eczema.

Dr. Acheson contended that the good results obtained by a treatment with saline aperients combined with local applications, went to show that venous congestion was one important cause of eczema.

Dr. Bryce replying, said, he was not inclined to favor the theory of a provoking virus circulating in the blood, but that it was possible for ptomaines, the result of imperfect digestion, to be absorbed and to poison the vaso-motor centre, thus setting up the eczema.

ANNUAL MEETING, May 3.

Dr. Nevitt in the chair.

Dr. Powell presented a patient upon whom he had recently operated for

HALLUX VALGUS

of the right foot, complicated by a large bunion. The deformity and the bunion had caused the man much pain, and prevented him from steady employment. The operation was performed after the manner of Prof. Hamilton. The head of the metatarsal bone of the great toe being removed piecemeal with the bone forceps. The results were excellent. Fibrous union was hoped for. German surgeons had lately remedied this deformity by removing a portion of the head of the second metatarsal, and so obtaining room for the great toe.

Dr. Machell presented *ovaries and tubes* removed from a patient under his care. There were no adhesions, and the case did well.

Dr. Nevitt, the retiring president, then read his

ANNUAL ADDRESS,

giving a *résumé* of the work done, and also some wholesome words of advice for the future. There had been 23 members added during the year; 34 meetings were held; and 14 papers read. The cases and the pathological specimens presented had been very numerous. If

WRITTEN CLINICAL HISTORIES

were more frequently read and discussed by the

members, the interest in the meetings would be greatly increased.

The elections then took place, and the following officers were chosen: President, Dr. Machell; 1st Vice-President, Dr. Atherton; 2nd Vice-President, Dr. Spencer; Recording-Secretary, Dr. Cuthbertson; Corresponding-Secretary, Dr. Cane; Treasurer, Dr. Wishart; Councillors, Drs. Graham, Cameron, and Reeve.

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STATED MEETING, May 10th.

Dr. Machell, the President, in the chair.

Dr. Duncan presented a small growth removed from the first phalanx of the fourth finger of an infant shortly after birth. It was attached by a pedicle simply, to the epidermis, and there was a depression but no rudiment of a nail. He was of the opinion that it might be of the nature of supernumerary digit.

Dr. Sheard opened a discussion on

MOTHER'S MARKS.

Dr. Johnson stated that a British army surgeon, in a paper eight years since, put down 85 per cent. of all cases of mother's marks as hereditary. He could not agree that the specimen presented was a rudimentary digit.

CARBOLIC ACID IN CARBUNCLE.

Dr. Atherton in three cases of carbuncle lately, had made injections of ℥ xv. of 5 per cent. solution of carbolic acid in the outer border of the hard swelling every three-fourths of an inch apart, previous to making a crucial incision. As a result there was no extension of the disease, and recovery ensued in a few days. The pain in every case was greatly relieved. By the preliminary injection of the acid, its good effect was increased. In one case after incising, he had scraped the diseased tissue away, but the case did not appear benefited thereby.

Dr. Johnson said that in a Kentucky hospital he had seen carbuncles treated by carbolic acid and olive oil (one in three), applied on a probe armed with cotton. Each hole being swabbed out in turn. The poultice used was made up of yolk of egg, honey and flour, and was claimed to be of great service in cases of carbuncle.

Dr. McPhedran asked if Dr. Atherton had found the carbolic acid act as a local anæsthetic in the cases cited. He used the acid with glycerine in earache. It relieved the pain most effectively, and frequently abated inflammation. English surgeons were at present greatly in favor of scraping out carbuncles. The poultice above mentioned could have little virtue else than as due to the heat and moisture.

Dr. Machell had treated a carbuncle of the back of the neck, measuring 9 x 9, with injections of a carbolic solution and applications of collodion. Recovery ensued after five months. The collodion seemed to control the spread of the disease.

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STATED MEETING, May 17, 1888.

Dr. Machell in the chair.

NECROTIC TONSILITIS

was the title of the paper read by Dr. McPhedran, in which he sketched the history of two cases of pseudo-diphtheria, and emphasized the necessity for making careful distinctions between this form and true diphtheria.

Discussion ensued, in which Dr. Ferguson referred to the literature on the subject, and said that this was the phlegmonous sore throat of Dupuyten and Lawrence.

Dr. Carson objected to the wholesale fashion in which many practitioners spoke of all cases of sore throat as diphtheria, thereby frequently causing unnecessary trouble and anxiety.

Dr. Cameron contended that, as in many cases it was impossible to determine for some days what might be a simple tonsilitis or an attack of diphtheria, it was better to err on the side of safety than imperil lives by neglect of precautionary isolation. In regard to the paper, the disease mentioned was merely an old foe under a new name. While the second case was one of phlegmonous sore throat, he was inclined look upon the first as one of diphtheria.

Dr. McPhedran stated in reply that the term necrotic was one applied by Strumpel, and signified that the disease was destructive and yet not diphthertic, accompanied by little swelling or infiltration. The first case was not one of diphtheria, as the disease was very severe, and yet very circumscribed. In his own practice he isolated all cases where there was any room for doubt. According to Jacobi, the exudation of

diphtheria might occur in the crypts of the gland alone, and so avoid the eye. One authority states that it is not necessary in diphtheria to have any deposit.

D. J. G. W.

## Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIR,—A suggestion for the consideration of the gentlemen forming the Council of the College of Physicians and Surgeons, might not come amiss at the present moment, their annual meeting being so near.

For years, with the utmost difficulty, the Council has been able to collect the annual fee of one dollar from those practising in the province. This reluctance to pay, arising from the conviction in the minds of the profession that they received no value in return, which, I am bound to say is not shared by many more conversant with the laborious work they have undertaken and the general results obtained.

Be this, however, as it may, there appears to be a strong feeling that it was not the intention of the Government or the original framers of the Act, to grant privileges to the Council to expend the means at their command in the magnificent structure at present approaching completion, entirely too stupendous for its legitimate labors. The amount of capital and assets now possessed, and unpaid assessments, reaches to a figure quite beyond the expectations of those who were first at the helm; and to judge from the number of applicants for degrees and for the various examinations, annually paying for the privileges of the college, together with those already mentioned as contributing their annual moiety, in a very few years these assets will make the college one of the large monetary institutions of the city, and a temptation to the councillors of the future to divert the surplus into channels not wholly in accord with the intention of the Act.

The Council, as composed during the past few years, has been doing excellent work in stiffening both the entrance and exit examinations, and the profession at large is in hearty sympathy with them in every effort they make in this regard; but there are many other ways by which much benefit can be given to their constituents other than regulating examinations, and I venture to suggest to them that they set apart annually certain sums, ranging from $100 to $500, for special original work in various practical departments of science, the establishment of a series of lectures similar to the Galstonian, Cartwright, Lumlean, and others, to be delivered at their annual meeting, or, if found practical, in each of the five or six principal cities of the province. Then, prize essays on selected topics of practical every-day value to the general practioner in Ontario, these to be the property of the college, to be by them printed and distributed to every one of its graduates gratuitously, or to those only paying their annual fee.

I venture to say, that every man in the country would be benefited, and would get a fourfold return for his dollar, which, then, he would willingly give. Besides being simply an examining board, as at present, the College, in adopting some such advanced form of post graduate education, would be looked up to, and command the respect the importance of its mission demands. The adoption of a series like the lectures I mention, and their distribution to all those unable to attend and hear them, would mark a departure in the history of the College of liberality and advancement of the science, similar to that which obtains in other large centres of medical education, and do much more to elevate it in the estimation of the profession and the public, than any other single effort in other directions.

Setting apart certain sums as post graduate rewards for original contributions or research in such subjects as, in the opinion of the College council, were of special importance and value to the general practitioner in Canada, would be a great incentive to the whole body of the profession to extend their observations in the directions pointed out by the special subjects, as well as stimulate the efforts of others with the hope of securing the honor of the reward. The value of such encouragement can hardly be estimated; and a spirit of concord and affection between the College and it graduates would be an immediate outcome, which at some future time might be required and not found wanting.

In any of these ways, the College could, to a slight degree, return a value to its members and be fulfilling, in its higher capacity, one of the duties it owes to itself and to its members. Feeling convinced that the only legitimate purpose to which the income of the College can be put is in increasing the sum of knowledge of the whole medical body. There exists, no doubt, in my mind that any departure such as has been suggested here, or on such similar lines, as the wisdom of the Council might adopt; would be supported most cordially by the profession, nor is there any hesitation on my part to respectfully offer them through your columns.

Faithfully yours,

J. E. WHITE.

## THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

### AIM.

This Association has been formed to provide a Reference Medical Library for the use of the profession throughout the Province. All engaged in original investigation, or desirous of making contributions to medical literature, must have felt in the past the pressing need that existed for such a collection of books, which, as occasion arose, they could consult. Valuable libraries are frequently broken up under the hammer of the auctioneer which should find a fitting resting place upon the shelves of this Institution, and not only confer benefit upon the profession at large, but serve as a lasting memorial to the physicians who laboriously collect them at great expense.

### ORGANIZATION.

By the concerted action of several bodies representing the profession in Ontario, *i.e.*, the Council of the College of Physicians and Surgeons, the Ontario Medical Association, and the Toronto Medical Society, a committee was appointed in 1887, whose members have secured incorporation under the above title, in compliance with the statute regulating library associations. This provisional board has elected interim officers, and is engaged in the preparation of a constitution and by-laws, which will be submitted to the first annual meeting.

### FINANCIAL POSITION.

Stock books having been opened, a canvass of the local profession was made, and upwards of $3,000 have so far been secured. The shares are placed at $5 each. The nominal capital is $10,000, all of which, it is hoped, will shortly be subscribed for.

### LOCATION.

The Council of the College of Physicians and Surgeons has shown its cordial and practical sympathy with the objects of the Association, in placing at its disposal, at a nominal rental, a large and well-lighted room, situated in its magnificent and commodious building, recently erected at the corner of Bay and Richmond Streets, Toronto. This room is on the first floor of the building, adjacent to the elevator, and hence easy of access at all times. It has been provided with shelving also, and is steam-heated.

### ANNUAL MEETING.

The first annual meeting of shareholders will be held on Wednesday, the 13th of June, at five o'clock in the afternoon, in the Library of the Normal School, during the session of the Ontario Medical Association, so as to give every member of the same an opportunity to be present.

### OPENING.

It is hoped that arrangements will be so far completed that the library and reading room may be opened by the 1st of July, with a full list of the best medical journals upon the tables, and more than 1,000 volumes upon the shelves. These latter will include complete series of the leading journals for the past fifteen years.

### MOST PRESSING NEEDS.

Donations of books, journals, reprints, pamphlets, etc., in fact of everything, bearing upon, or treating of medical science, are required, and will be doubly valuable if sent in at once. No publication, however small or seemingly unimportant will come amiss, as they may be used in completing sets, or for the exchange list. Probably every physician in Ontario has some books or journals, which he can easily spare to aid in making this library complete.

The approaching meeting of the Provincial Medical Association will bring many to the city.

It will greatly aid the committee if each physician bring with him whatever he can spare for the library. Donations of books should be directed to the curator, at 259 Simcoe Street, Toronto, and he will be very glad to send to any part of the city for parcels of which he may receive notification by post card.

The Provisional Board of Trustees is composed as follows:

President, Dr. Graham; Vice-Presidents, Drs. Arnott, Burns and Henderson; Secretary, Dr. Wishart; Curator, Dr. N. A. Powell; Treasurer, Dr. McPhedran; Librarian, Dr. R. A. Pyne; Members, Drs. J. W. Roseburgh, Mullin and Nevitt. To any of whom subscriptions or donations of books may be sent.

D. J. GIBB WISHART, *Sec'y.*

## Book Notices.

*The Professional Reference Lists.* FRED. D. VAN HOREN.

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*Abstract of Proceedings of the Michigan State Board of Health.*

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*Annual Announcement of the Ontario College of Pharmacy. Thirteenth Term, 1888.*

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*Proceedings and Addresses at a Sanitary Convention held at Traverse City, Michigan.*

---

*Annual Announcement of the Medical Department of the Tularie University of Louisiana.*

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*Proceedings of the Canadian Institute, Toronto, April, 1888.* Toronto: The Copp, Clark Co. (Limited).

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*The Neural and Psycho-Neural Factor in Gynæciac Disease.* By C. H. HUGHES, M.D., St. Louis. (Reprint.)

---

*The Intra-Uterine Stem in the Treatment of Flexions.* By A. REEVES JACKSON, A.M., M.D., Chicago. (Reprint.)

---

*Infant Feeding, especially with reference to subjects with Infantile Eczema.* By L. DUNCAN BUCKLEY, A.M., M.D. (Reprint.)

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*First Annual Report of the Provincial Board of Health of New Brunswick, for year ending Dec. 31st, 1887.* Fredericton, 1888.

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*Clinical Notes on Pruritus.* By L. DUNCAN BUCKLEY, A.M., M.D., Attending Physician to the New York Skin and Ear Hospital. (Reprint.)

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*Annual Report of the Canadian Institute. Session 1886-7,* being part of Appendix to the Report of the Minister of Education. Ontario: Warwick & Sons, Toronto.

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*Nasal Polypus, with Neuralgia, Hay Fever and Asthma, in relation to Ethmoiditis.* By EDWARD WOAKIS, M.D., London. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. Price $1.25.

For a review notice of the work, see page 138, April number of THE PRACTITIONER.

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*A Synopsis of the Physiological Action of Medicines prepared for the use of students of the Medical Department of the University of Pennsylvania with the approval of the Professor of Materia Medica.* By LOUIS STARR, M.D., JAMES B. WALKER M.D., W. M. POWELL M.D. Third edition, interleaved and enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St., 1888; Toronto: Wm. Williamson & Co., 5 King St. West.

The above title gives a good idea of this little book of 72 pages.

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*A Compend of Human Physiology.* Especially adapted for the use of medical students. By Albert P. Brubaker A.M., M.D. Demonstrator of Physiology in Jefferson Medical College. Fourth edition, revised and enlarged, with illustrations and a table of physiological constants. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1888.

This compend of physiology is the outgrowth of the author's system of examination in the quiz room during a number of years. A few figures and additional matter have been added to this edition.

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Mrs. De Buffington says her husband suffered from suffusion into the plural, but the doctors drew off the water with an exasperator, and now he is incandescent.—*Weekly Med. Review.*

## Personal.

Dr. Arnott, of London, has returned from California.

Dr. James Stewart, of Montreal, sails for Germany on the 9th June.

Dr. J. McKenzie has commenced practice on Dunn Avenue, Parkdale.

Dr. J. H. Lowe has opened a private hospital for ladies at 102 Maitland St.

Dr. Edward, sen., of London, has resigned his seat on the Medical Council of Ontario, owing to ill-health.

The celebrated New York oculist, Dr. F. G Loring, died suddenly in New York, April 23rd, aged forty-seven.

Dr. Brett, of Banff, formerly of Winnipeg, has been nominated as a candidate for the North-west Legislature.

Dr. H. G. Mackid, of Seaforth, has passed the examination for the L.R.C.P. & S.Ed., and L.F.P.S. Glasgow.

Dr. Campbell, of Belmont, will shortly move to London, and his place will be taken by Dr. D. M. Campbell, lately of St. Thomas.

Dr. Hans von Hebra, son of the celebrated old professor, has been appointed *Primararzt* for Syphilis and Dermatology in Vienna. .

Mr. Clement Lucas was appointed surgeon to Guy's Hospital, in place of Mr. Thomas Bryant, retired, and appointed consulting surgeon.

Dr. J. B. McArthur, of London, has been elected by acclamation to the Medical Council of Ontario, for the Malahide and Tecumseh division in place of Dr. Edwards, resigned.

House Surgeons for General Hospital for coming year:—Dr. W. C. Barber, Georgetown; Dr. A. E. Ardagh, Barrie; Dr. T. P. Weir, Napanee; Dr. C. B. Langford, Kentbridge; Dr. F. P. Cowan, Toronto; Dr. F. G. Thompson, Madoc.

The following gentlemen are expected to attend the meeting of the Ontario Medical Association:—Dr. J. Leonard Coringer, Dr. Wyeth, Dr. G. H. Fox, Dr. C. C. Rice, Dr. Wylie, all of New York; Dr. A. W. Johnstone, Danville, Kentucky, and also our Montreal, Detroit, and Buffalo friends.

Medical Alumni Association of Toronto University. — The following officers were elected: President, Dr. J. H. Richardson, Toronto; 1st Vice-President, Dr. Thorburn, Toronto; 2nd Vice, Dr. Tye, Chatham; 3rd Vice, Dr. Eccles, London; 4th Vice, Dr. Rae, Oshawa; 5th Vice, Dr. Shaw, Hamilton; Secretary, Dr. McPhedran, Toronto; Treasurer, Dr. J. F. W. Ross, Toronto. Councillors—Drs. Oldright, Toronto; Burt, Paris; J. H. Cameron, Toronto; C. Barnhardt, Owen Sound; Smale, Wroxeter; Mullin, Hamilton; J. H. Duncan, Chatham; Robinson, Unionville; McLellan, Trenton; Spohn, Penetanguishene.

## Miscellaneous.

Inaugural Ode of the Medical Alumni Association of Toronto University.—By Dr. P. H. Bryce, of this city.*

*Aliquid pro Nobis Sociis.*

Tempora mutantur et nos illis
Mutamur: You say but how is this?
Some old saw sayeth that in seven years
This *corpus mutabile* once disappears,
*Disjecta membra* we are thus become;
Our whole of discrete molecules a sum
Some raging Eurus them has quickly borne
North, south and west; as, from us rudely torn,
Our vital parts have gone, from first to last,
"Into the infinite azure of the Past."
But we of primal undefined clay
*Re* this broad statement must demand our say:
Of nineteenth century material are we
And claim our right t' agree or disagree.
Is it of *epiblast*, of skin and hair,
That we so quickly become worse of wear?
An eyelash gone? For this our Dinah weeps
As in the porridge matutinal it steeps.
Or epithelial pavement layer, which
By process osculatory 'll enrich
The choicest viands of our Dulcinea,
And form the base of onomatopœia?
Surely these sages of earth's early prime
Were sadly out in measurement of time!
No Ephemerides are we; we lack

* Delivered at the first Annual Dinner, Queen's Hotel, May 25th.

Their spotted wing, their parti-colored back!
Yet some of those old cynics strangely hit
Were transcendentalists without knowing it
Upon the real essences of things:
For *laminæ dorsales*, those modal wings
Which inturn, forming that medullary groove
For tissue cerebral whose convolutions move
Our higher selves to nobler action, fraught
With argosies of good though lofty thought,
Are epiblastic too: So it's not strange
If our past years, in some thrice seven, should change
The thoughts which give the outward seeming to our lives.
But in the cells of this to-day survives
The impress of those earlier years, to each
A life ideal, and to-night we reach,
Hand over hand, as men of following years
Join hands together, till to each appears
In memory the joyance of his college days
As one great present, and lingering it stays,
Making him strong to act and labor for the good
Which, yet, is nascent, though he fainly would
See it in his own time, the ripened fruit.

To-night in pleasant mood we here recruit
The somewhat worn and tired epiblastic cells,
Or what remains of them, in magic spells
Cast over us by incense from the fires
On Cuban hill-sides set. When such expires—
My friends, I pray you, let it not be yet!
We'll smoke the homely but more soothing calumet!

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THE LIFE OF MATTHEW ARNOLD, FROM A MEDICAL STANDPOINT.—The life and death of Mr. Matthew Arnold have a lesson of hope and a warning for the large number of persons who suffer from heart disease. Twenty-five years ago he consulted Dr.—now Sir Andrew—Clark, and was told he had valvular disease of the heart, but advised that if he exercised reasonable care it need not at all interfere with his career. For many years he rigidly adhered to the recommendations as to regimen and exertion which were given to him, and it is interesting and encouraging to recall that all his serious work in criticism, education, and theology was done within the last twenty-five years. His reports and essays on middle-class education, the *Essays in Criticism, Literature, and Dogma*, all belong to this period. Such a life is a striking proof that heart disease, even of a type generally accounted serious—for Mr. Arnold had disease of the mitral and aortic valves—need not interfere with the labors or the enjoyments of a successful career, provided only that the limitations and moderate restrictions to which the individual must submit are frankly recognized. Emboldened by long impunity, patients are disposed to come to believe that the precautions have been unnecessary, and to relax their vigilance at the very time when the approach of old age renders all more or less liable to weakness of the heart. The Arnold family are a remarkable instance of family predisposition to disease of particular structures; the father of Dr. Arnold of Rugby, Dr. Arnold himself, and now two of his sons, have all succumbed to chronic heart disease.—*British Medical Journal.*

## Births, Marriages, and Deaths.

### BIRTHS.

MCPHEDRAN.—On April 26th, at 84 College Avenue, the wife of Dr. Alexander McPhedran of a son.

PHILLIPS.—On Friday, the 27th of April, at 67 Ross Street, Winnipeg, the wife of T. Graham Phillips, M.D., of a daughter.

STUART—On the 28th of April, at Newmarket, Ont., the wife of Dr. A. Stuart of a son.

### MARRIAGES.

LOGAN–JACOBI.—On May 2nd, at Ardoch, Dakota, by the Rev. W. T. Parsons, Dr. J. Ramsie Logan, of Grand Forks, Dakota, second son of the Rev. Wm. Logan, Fenelon Falls, to Lillian, eldest daughter of E. R. Jacobi, manager of the Bank of Ardoch.

MELDRUM–LITTLE.—On the 9th of May, at the residence of the bride's father, Princeton, Ont., Dr. J. A. Meldrum, of Stratford, to Lizzie, daughter of Rev. James Little.

### DEATHS.

CORBETT.—On Tuesday, May 8, at Port Hope, Susan Rutledge, beloved wife of Dr. R. A. Corbett, aged 50 years and 7 months.

MCPHATTER.—On the 8th of May, at Guelph, Maud Mary, the beloved wife of N. L. McPhatter, M.D., aged 24 years and 6 months.