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# Dominion Medical Monthly

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I

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VOL. III.]

TORONTO, ONT., AUGUST, 1894.

[No. 2.

## ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

### PAPILLOMA OF THE OVARIES.\*

BY DR. J. F. W. ROSS, TORONTO,

Lecturer in Gynecology in the Woman's Medical College; Gynecologist to St. John's Hospital,  
Toronto General Hospital, and St. Michael's Hospital.

Papilloma of the ovaries is a disease affecting women from early life until adult age. It is a disease that stands between malignant disease and non-malignant disease. It is supposed to be non-malignant, from a clinical standpoint, until the capsule of the tumour has been burst through by the budding outwards of the papillæ. I have seen quite a number of these cases, but have never yet operated on one, or seen one operated on before the budding through the capsule had taken place. I have seen the growth recur after its removal and produce multiple malignant stricture of the intestine. I have seen large papilloma removed when I think it would have been wiser to have left them alone, and I have myself opened the abdomen, found papilloma in an advanced stage, and closed the wound without doing anything further. The two following cases were operated on when the disease was comparatively in its infancy. Drawings are given representing the appearance of the tumours after their removal.

Case 1. Miss G., æt. 24. Two years ago the patient missed three menstrual periods; menstruation since then had been regular. The flow continued for six days. Nothing in the family history was found bearing on this subject. The patient felt a pain in the right side nine months ago, and in December, 1893, noticed a lump in the abdomen. Lately she suffered from severe pain, but had not been confined to bed. Her face looked puffed. On examination of the urine, albumen was found. Her appearance was somewhat sallowish and pasty-looking.

\* Read before Ontario Medical Association, June, 1894.

On examination of the abdomen a sulcus could be distinctly felt, that made me think that I was dealing with a case of double ovarian tumour. The uterus was found normal in size and in the median line. Malignant disease of the kidney was excluded. The diagnosis then lay between double ovarian cyst and a single cyst with two large locules. The patient's appearance was such, however, as would suggest papilloma, and in my experience, papilloma of the ovary has always been found affecting both sides.

On the 23rd of February, 1894, I made an incision in the median line, tapped the lower of the two tumours, and drew off a large quantity of fluid, drew out the tumour, and found a small budding spot showing at once that it was papilloma. I then tapped the other tumour that was situated higher up and on the right side, and removed it. It



CASE NO. 1

also proved to be papilloma. The tumour on the left side had budded a little more than that on the right side. On the 9th of March (fourteen days after the operation), her temperature became elevated to 101, her pulse to 116, and evidence of phlebitis in the left femoral vein set in. The leg was bandaged and elevated, and the patient not allowed to move. On the 18th of March (nine days later) the temperature was normal, pulse 84, respiration 20. Suddenly the patient complained of feeling very faint, and her pulse suddenly ran up to 160, and the respirations to 56. Drs. Temple and Graham saw her with me, and we concluded that she had a pulmonary embolism. For nine days the pulse ranged between 130 and 150, respirations ranged from 30 to 40. No one ever expected to see her recover. A blood-stained expectoration took place; this, however, was very small in quantity. A small area of pneumonic dulness with tubular breathing could be made out. Subsequent to this, phlebitis developed in the left axillary vein. She then made an uninterrupted recovery.

Case 2. Mrs. G., aet. 49. Mother of two children, had never suffered from any attack of inflammation. Menstruation ceased for nearly a year, and came on again February 5th, 1894; it lasted for two days, was very slight in quantity and accompanied

by no pain. In April, 1893, she suffered from pain in the right side, with sickness at the stomach. The doctor was sent for, and thought she was passing a gall-stone or a renal calculus. A lump was then discovered for the first time. One sister died of cancer of the orbit; no other history of growth in the family. Patient looked sallowish in colour and had a somewhat pasty appearance.

I wrote to the doctor, after examining the patient, as follows: "I look upon the case of Mrs. G. as very unfavourable. The case is one of double papilloma. Budding through the capsule has taken place and the papillomatous material can be felt by the finger in the vagina. Her sister died of cancer. The peculiar budding condition to be felt in the vagina in this case cannot be mistaken."



CASE NO. 2.

On the 6th of March I opened the abdomen in the middle line and found at once that my diagnosis was verified. The right ovary was removed without any trouble; there were only a couple of small adhesions. The other ovary was then drawn up from the cul-de-sac of Douglas, and it was found to be adherent to the peritoneum in one place. A large amount of budding had taken place through the capsule (to be seen both in the drawing and the photograph of the tumour after it was laid open). The budding piece of the tumour is to be seen beyond the circumference. The tumour was filled with purulent material that escaped during the manipulation required to lift the tumour of the left ovary from its situation in the pelvis. It very was firmly impacted. The abdominal cavity was flooded with this purulent material. There was some bleeding from pelvic adhesions, but this was stopped after a little sponge pressure had been applied. The abdomen was then thoroughly washed

out and drained. Silkworm-gut sutures were used to close the wound. The patient made an uninterrupted recovery.

Before going home she remained at the house of some friends. She was up and walking around several weeks after the operation, when a sudden pain, very violent in its character, shot down from the neighbourhood of the right kidney to the urethra; this was accompanied with a frequent desire to pass water, with spasm of the bladder. I was sent for, and on my arrival found the patient more comfortable, as a neighbouring doctor had been called in and had given her a hypodermic injection of morphine. There was no rise of temperature, but the pain was accompanied by vomiting. The pulse was slightly elevated. The question now came up, Was this a case of recurrence of the attack of renal colic from which she had suffered some four or five years before, or was there some sudden intestinal obstruction? A trained nurse was immediately obtained, and I watched the case with considerable anxiety. The symptoms all pointed to the passage of a renal calculus, but as I had seen a strangulated hernia accompanied by spasm of the bladder and frequent desire to pass water I felt that intestinal strangulation could not be excluded in this case. After a few days the vomiting ceased, and the pain disappeared. The patient then returned home quite convalescent.

The contents of the tumour were examined bacteriologically and found to be sterile. The water-colour sketch represents the tumours of Case No. 1; the other plate represents one of the tumours from Case No. 2, opened in the centre so that the budding in the interior can be readily seen. This condition of the interior is always found in cases of papillomatous growth of the ovary. The large process jutting out from the circumference of the tumour shows the portion that filled the cul-de-sac of Douglas, Though so large, this raw mass was only adherent at one spot. The adhesion was very limited.

I report these cases chiefly to lay stress upon the main features to be taken into account in making one's diagnosis. First, the peculiar sallownish and pasty appearance of the patient. Secondly, the peculiar feeling given to the finger by the papillomatous material after it has budded through the capsule. This cannot be mistaken when it has once been felt. I have been able, with accuracy, to diagnose five cases of papilloma of the ovary by means of the sensation given to the index finger in the vagina. This point has not been dwelt upon by the text-books; I do not know that I ever seen it mentioned in any text-books.

Papilloma has been supposed by some to arise from the corpus luteum and consist of vascular villous reddish-yellow proliferations.—(Peaslee).

Some authors state that these papillary growths may develop on the surface of a solid ovary or on the wall of a glandular spot.—(Garrigues).

True cancer of the ovary is usually unilateral, while papilloma, in my experience, is always bilateral. Cancer of the ovary is found secondary to cancer elsewhere, while papilloma of the ovary is never secondary to papilloma elsewhere. Papilloma of the ovaries is considered by many to be a form of medullary cancer, producing the true villous cancer. If this view be correct papilloma is essentially from its earliest stages a malignant disease. So few are operated on before the papilloma has budded through the capsule of the ovary that it is difficult to come to any conclusion regarding the immunity enjoyed by patients from whom the growth has been removed before the peritoneum has become infected by the perforation through the capsule.

There appear to be two forms of this disease recognized ; one, the superficial papilloma without any cystoma ; and the other, the papilloma cystoma. Such papillary degeneration or change may even take place in a dermoid cyst.

Papilloma sessile upon the ovary itself must be an extremely rare disease. In the cases I have seen of papilloma this variety has been absent. All the cases that have come under my observation have been essentially ovarian tumours that were papillomatous. The fact that ovarian papilloma proliferate inwards, and that they do not as a rule proliferate outwards until a later stage of their development, is one of the greatest arguments for early surgical interference when an intra pelvic cyst is found.

Another contention has been made, namely, that one form of papilloma is malignant and that there is another form of papilloma that is not malignant. An endeavor is made to prove this point from clinical experience. This question must be left for future consideration. It has been stated by more than one writer that removal of the tumor may prevent a general infection of the system. The number of years through which the patients were watched subsequent to operation is not stated in such reports. We know that patients may live for years after the removal of cancer of the breast, and that cases in which it does not ultimately recur if the patient lives long enough must be extremely rare.

The papillary excrescences have been likened to stems of coral. This comparison is a very good one. Coral forms are very various, but there is one form that looks very much like a budding papilloma of the ovary.

It has been stated that this form of growth is accompanied by ascites. It has been stated that ascites is nearly always one of the characteristics of malignant disease in the abdomen. I have no hesitation in contradicting this statement. We have just as frequently ascitic fluid in the abdomen accompanying fibroid tumors and ovarian tumors if the peritoneum has been at any previous time the seat of inflammation.

I found in a recent work that the poor gonococcus is credited with one more sin, and papilloma is supposed to follow on the trail of a gonorrhœal salpingitis. Another statement has been made that my experience does not bear out, namely, the fact that papilloma of the ovary is found in one out of ten ovariectomies. I do not believe they occur in anything like so large a proportion of the cases.

The so-called papilloma of the peritoneum is frequently written about, but must be very seldom seen. Diffuse cancer of the peritoneum and tubercular disease of the peritoneum simulate very closely the appearance of the peritoneum found in cases operated on for papilloma of the ovary after a papilloma has infected the abdominal cavity. The contents of papillomatous tumors frequently has the appearance of laudable pus, but, on bacteriological examination, such pus or degenerated colloid material will be found to be sterile.

## ON TUBAGE AS ACCESSORY TREATMENT IN CERTAIN CASES OF SEPTAL DEFORMITY.\*

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By PRICE-BROWN, M.D., Toronto.

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Deviations of the nasal septum are of such frequent occurrence among all civilized races, that we need not wonder at the number and variety of methods practised for their removal. Each method of operation is often eulogized by its advocates as superior to all others, and histories of cases are cited, as direct evidence of the truth of the statement. Still, while granting all that can be said in favour of the many ways of treatment, every operator will admit, I think, that cases sometimes occur in which mere operative measures are insufficient unless supported by accessory treatment of a more than ordinary character.

Judging from personal experience, I think this is particularly true of that class of cases characterized by extensive adhesions between the septum and middle and inferior turbinated bones. I do not refer to cases where synechiæ or cicatricial bands, due to inflammatory action, are stretched across the central nasal cavity binding the two sides together; but to those cases, usually traumatic in their origin, in which the anterior end of the vomer, the lower part of the perpendicular plate of the ethmoid, and the triangular cartilage, unitedly forming the central portion of the septum, are crowded over, and pressing directly against the turbinateds, have produced osseous and cartilaginous union. These are cases in which the patency of the entire nasal cavity, subsequent, to operation and during the process of healing, becomes a subject of the greatest importance.

In another class of traumatic cases, the injury is confined chiefly to the nasal cartilages. The vomer and the ethmoid may be unaffected, but the crushing of the external nose may be so severe that, during the process of internal repair, the mucous membrane is extensively destroyed, the resulting cicatrization producing almost complete stenosis.

In both classes of cases, we have in tubage a most valuable aid in the way of accessory treatment, and with the hope that other rhinologists will give it a more extensive and thorough trial, I append the histories of several cases, which have during the last two years fallen into my hands for treatment. I am satisfied that in these cases, had I resorted after operation simply to sprays, the use of the cotton tampon, the ordinary rubber plug, brushing and similar procedure, the results either to patients or operator would not, by any means, have been of so satisfactory a nature.

*November, 1892.*—Case 1. Miss F. McD., æt. 17 years. Her father and sisters had large Roman noses, and during childhood her own is said to have been of a similar type. At the age of ten years she had a severe fall, lighting on the bridge of the nose and effectually depressing it. This was followed by an abscess, which discharged a great deal of pus, and eventually healed. Five years later she was taken to a surgeon in Vermont to have the nose elevated. He made an incision from the left inner canthus down the angle of the nose adjoining the cheek, and across the left ala. Then dissecting the soft tissues back, he transfixed the nasal bones with needles, and

\*Read at the Laryngological Section of the American Medical Congress, at San Francisco, June, 1894.

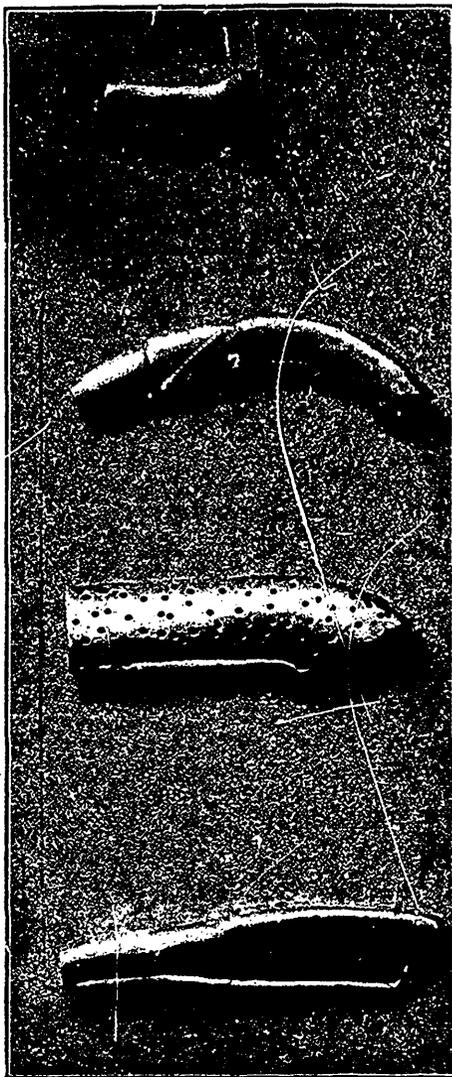
attempted to raise them to the normal position. The nose was returned and sutured, and the transverse needles left in situ for a time. Probably owing to the length of time which had elapsed between the periods of injury and surgical treatment, the result was not very satisfactory. The cicatrix had almost disappeared, but the bridge was only slightly raised.

FIG. 1.

FIG. 2.

FIG. 3.

FIG. 4.



When she came to me two years later it was largely on account of nasal stenosis. On examination, I found the cartilaginous septum crushed down and completely distorted. Its position, instead of being vertical, had become irregularly diagonal. On the right side there was still sufficient mucous membrane to make a fairly free passage after sawing off the projecting cartilage. But on the left, which contained the bulk of the septum, there was almost complete stenosis. The cicatrization had destroyed the mucous membrane to such a degree, that a cocaine probe could only be passed through the centre of the choana, and that with difficulty. Posterior to the stricture the lumen did not seem to be defective.

Retaining, of course, that portion of the septum which still acted as support to the depressed bridge, and preserving what little mucous membrane remained, I cut out the balance of the cartilage with saw and bistoury, as it was the cause of part of the obstruction, and was too unshapely to be utilized. On its removal, however, the soft alar tissue collapsed, closing in some measure the space produced by the operation. This difficulty was met for a time by the use of a hard rubber plug, but whenever it was removed the choana would at once collapse. Dr. Grant's vulcanite tubes would probably have suited this case. Unfortunately, I did not possess them; and so, as a last resort, had a silver one made of a shape to suit the nose. It was narrower in the centre than at either end, to secure it in position after insertion. During the time that the young lady remained in the city for treatment, I had the tube modified in form so as more accurately to fit the passage, and for cleansing

purposes instructed her how to remove and return the tube at regular intervals. (Fig. 1.)

In March last, after an interval of more than a year, the patient's father called upon me to report progress. He said that for several months his daughter continuously wore the tube I provided. But, as it became loose, she took it to a jeweller and had another made after the same pattern, but larger. This she was now wearing. The choana was becoming more open, but she still required assistance in nasal respiration, and before having any further alterations made in the tube, he would bring her in for examination. This, however, up to the present he has not found necessary.

*February, 1893.*—Case 2. Mr. N. McM., machinist, æt. 38. Mr. McM. has had chronic nasal and throat catarrh for years. He dates his trouble to a blow, breaking and deflecting the nose to one side, which he received in boyhood.

The right nasal cavity was unusually wide, the septal cartilage presenting a deep concavity. The left naris was tolerably clear in upper portion, but not enough so to allow of respiration, except when the walls were held ajar, while the lower half of the front portion of nasal cavity was obliterated by cicatrization. It was evident that it would be impossible to afford relief to respiration without removing a portion, at least, of the dense cicatrix, and that the cicatrix removed would be followed by another, without a suitable instrument could be adjusted to the part, and worn continuously for a long time.

My first operation in this case was the reverse of successful. I excised sufficient of the dense fibrous tissue to make a free nasal opening, and adjusted an improvised silver tube. For a time it worked well, and the patient attended to it regularly and efficiently. By and by he disappeared, and I saw nothing more of him for a number of months. When he came back in December, he said he had spent the summer and fall in Winnipeg. The tube, after a time, had been troublesome to insert, and for two months he had not tried to put it in. On examination, I found that the whole wound had filled up again with cicatricial tissue. On consideration, I concluded to operate the second time in a somewhat different manner. Instead of excising down to the floor of the inferior meatus, and making a wound so extensive as to prohibit the possibility of extension of mucous membrane over its surface, I excised only the upper part of the cicatrix, with the hope that the healthy mucous membrane of the superior meatus would have sufficient vital power to gradually cover the raw surface of the middle region.

After the operation I inserted a part of a gum elastic catheter until I could get a suitable tube made. I had this variously modified until it assumed the shape of the accompanying Fig. 2. Through it the patient breathes more freely than he has done for years. He takes it out, regularly cleans it, and returns it. The concave side is the lower one. The bulge on the tube was placed to insure retention, and at the same time to give width to the passage; while it presses towards the concavity mentioned as existing on the right side of the septal cartilage. The hope is that by wearing this or a similar tube for a year or two, the passage will become so open and the parts so endowed with new mucous membrane that the patient will be able to breathe normally without any artificial assistance whatever. His throat catarrh has already greatly abated.

*August, 1893.*—Case 3. Mr. T., medical student, æt. 21 years. Had originally a Roman nose. Ten years ago it was broken and depressed by a blow from a cricket

bat; now it is straight with thickened bridge. Nasal breathing difficult, chiefly on left side; nasal tone of voice; catarrhal throat, attended by constant hoarseness. Upper septum on left side, except at the summit, has united with external wall of the nasal cavity and is solidified. Lower portion has been broken and protrudes as a sharp, upright spur—the two filling up the lumen and almost occluding it.

Under cocaine, I sawed out the spur and removed a segment of the septum, cutting both sides of it up to the free mucous membrane of the superior meatus. The parts were kept open by use of albolene tampons replaced daily. During this period, several projecting nodules were touched by galvanocautery or removed by chisel. After the first few days I substituted silver tubes in place of the tampons. They served a good purpose, but when in Washington, in September, I succeeded in securing one at the Surgical Instrument exhibit of the Pan-Med. Cong., which was much better suited to the case. I regret that I could not obtain the name of the originator. The photograph, Fig. 3,\* exact size is here given. It was worn daily by the gentleman for several weeks, then for a few hours only at regular intervals. Subsequently the intervals became longer; and when I last saw him he had finally laid it aside, considering its further use unnecessary. His respiration was unobstructed, while the throat catarrh, hoarseness and nasal intonation had all been relieved.

*February, 1894.*—Case 4, Mr. P. B., æt. 18 years, was brought to me by his father, a leading physician of London, Ont. He had a large prominent nose; the whole organ being turned somewhat towards the left side. The left nostril was freely open and the transverse diameter, opposite the central portions of the middle and inferior turbinateds, exceedingly wide. The right side of the columnar and triangular cartilages filled up the anterior naris and pressed against the right ala. On separating the sides of the choana a probe could be passed easily along the floor of the inferior meatus, and also, when curved, from the front to the back of the superior meatus. The whole central part of the passage was, however, completely solidified by cartilaginous and bony union between the septum and the middle and inferior turbinated bones, for a horizontal length of about an inch, and height of half an inch. The naso-pharynx was covered by thick, tenacious, ropy mucus, which was very difficult to remove. The youth was pallid in colour, and had been troubled with a harrassing bronchial cough all winter.

The only possible cause that could be assigned for the deformity was a severe blow from some hard substance, which he remembered to have received on the left side of his nose a number of years earlier.

Dr. B., the patient's father, was under the impression that the best relief that could be obtained would be by septal perforation. It is needless to say, however, that with such extensive adhesions such an operation, to say the least, would be impracticable. After thorough examination, it seemed to be a case in which, owing to the youth of the patient, advantage might be taken of the comparatively soft condition of the vomer and plate of the ethmoid, and hence, admirably suited for treatment by tubage after operation.

Under 15% sol. of cocaine, I sawed out as wide a section of the triangular cartilage as I could without producing perforation; then with a thick saw, cut through the bony adhesions between the septum and turbinateds, completely severing them. After hæmorrhage had abated I applied cocaine again, and forced into the chink a flattened,

\* I do not think the perforations in the tube referred to are of any advantage; at the same time there is a possibility of producing sepsis.

thin, but somewhat wide, silver tube. For the first twenty-four hours there was a good deal of maxillary neuralgia, but the tube retained its position. The second day it commenced to loosen and slip forward. Another tube was made somewhat larger, with a bulge on its outer surface, near the posterior end, to help to retain it in place. Before its insertion, a portion of the lower part of the middle turbinate had to be removed by galvano-cautery, as it threatened to fill up the passage. The lumen of the tube was narrow, not sufficient for full respiratory purposes. Still albolene could easily be forced through it by atomizer, and also along its superior and inferior sides. After remaining under treatment for several days, the patient went home with instructions to remove the tube for cleansing purposes as often as required.

Three weeks later he came back for further treatment. For the last few days he had been unable to get the tube fully back into position. On examination I found some parts of the cut surfaces healing satisfactorily, and being gradually covered with mucus membrane. Some granulation tissue in the centre required removal, but the general lumen was all that could be desired, and breathing through the nostril, when the tube was out, was easy. I had the same tube lengthened somewhat, its lumen slightly increased and the bulge for retention made a little larger. After removing the granulations it was again placed in position. It is represented in Fig. 4. When Mr. B. returned home I expected that in a few weeks he would be able to dispense with its use, and breathe almost, if not entirely, as well through the restored nostril as through the other.

*April 27th.*—I have again had a visit from Mr. B. There has been continuous improvement, free respiration and cessation from suffering; but as healing is not as yet perfect, he will continue to use the tube at stated intervals for some weeks to come.

Besides these, there are a number of other cases in which, during the early periods of treatment, I have used silver tubes to advantage, but as they bore no distinctive marks, they are only worthy of a passing notice.

On looking over my case-book of private practice for the year and a half covered by the history of the cases mentioned, I find a record of forty cases of deviation of nasal septum sufficiently severe in character to require operation. Hence the number of cases requiring tubal treatment has been limited to ten per cent.

In conclusion, I would like briefly to emphasize two points: 1, that our cases of septal deformity, whatever their origin, should not be treated according to any cut-and-dried rule, but that each case be dealt with distinctively upon its merits; 2, that in irregular cases, having their origin chiefly in traumatism, we have no better adjunct to successful treatment than that afforded by careful and discriminate use of silver tubage. Any good silversmith can mould that soft, non-corrosive, pliable metal into the required shape. Its smooth-polished surface will give cool, aseptic support and compression to the incised tissues, eminently favouring epithelial repair; while the lumen of the tube will allow a free passage of air, so essential to thorough cleansing as well as respiration. The possibility of the slipping of the instrument through the posterior choana can be guarded against by a proper oversight in the construction of the tube, and by duly warning the patient. In the number of times that the tubes have been inserted, collectively, by all my patients, which number must amount to several hundreds, this accident never occurred but once. On this occasion it slipped a little too far into the passage, and while the family physician was attempting to extract it, the tube glided over the palate and out of the mouth.

## PSYCHIC HEALING.\*

BY GEO. M. AYLSWORTH, COLLINGWOOD.

Having devoted some time to the study and practice of this form of healing in connection with my ordinary work as a physician, I thought, when asked to read something at this meeting, that a short paper on this subject might prove of interest to some of the members.

Mesmerism, psychometry, clairaudiance, clairvoyance, hypnotism, mind healing, christian science and treatment by suggestion in the present state of our knowledge, in my opinion, must be regarded as one genus. To these, some would add homœopathy, when dilutions above the tenth or twelfth are used. There can be no doubt entertained by anyone who investigates these things honestly, that there are things seen, heard and done—described under one or other of these names—which cannot be explained upon a physical basis, as we at present understand physics.

I believe all of these phenomena, depend for a *medium* to *transmit* the *force*, upon the universal ether, and for a *force* upon that which proceeds from sentient living beings.

The English words "thought" or "mind" seem to me all-sufficient to describe this force.

We know that this ether sustains the innumerable planets in equilibrium while they move in their respective orbits with great rapidity. We know that it transmits light and heat, and believe it transmits sound and permeates every atom of the universe, and that it therefore permeates us. We know that thought or mind, like electricity, of which it is, perhaps, but an amorphous form, does influence matter. Tuke, in his book, "The Influence of the Mind Upon the Body," gives many instances, and a large percentage of them are of so homely a character that we have, most of us, experienced them ourselves. As instances: having seen some loathsome sight which, at the time, produced emesis or syncope, the mere recollection of it brought back to us suddenly, after a lapse of time, will reproduce the symptoms. The mildness or violence of the symptoms reproduced in this way depends upon the sensitiveness of the person so affected.

We have all experienced the peculiar creeping sensation produced by a slate pencil, as it was held at right angles to a slate and drawn over it, and most of us have felt the same sensation in a lesser degree when we have seen a pencil held in the same relative position, and passing through the same motions, though the point of the pencil may not be in contact with the slate at all and no sound whatever has been produced. Again, the patient who had an extreme dislike to purgatives, and having prepared a draught to take as he went to bed, placed it at his bedside, intending to take it after he had retired. But before his courage reached the necessary point to enable him to drink it, he dropped asleep and did not wake until next morning, when he was purged as efficiently as though he had followed out his intention. He found that he could repeat this process indefinitely.

A somewhat similar instance came within my own experience, where a man had been stealing mellons from a garden, and finally got one that had been loaded with tartar emetic, which produced its physiological results. He afterwards, in a spirit of bravado, stole some fruit from a garden where a warning against poison was posted, and although there was no poison present, it acted quite as promptly. All of you are

\*Read at County of Simcoe Medical Association.

familiar through reading, if not by personal experience, with the relaxing effect fear has upon the sphincters. But these instances all prove the influence of the mind over its *own* body.

Taking a step further, we find Buchanan quoting, with approval, in his *Psychometry* from Goethe's writings: "One soul may have a decided influence upon another merely by means of its silent presence. It has often happened to me that when I have been walking with an acquaintance and have had a living image of something in my mind, he has at once begun to speak of that very thing." I have, myself, met such instances. "I have also known a man," Goethe says, "who, without saying a word, could suddenly silence a party engaged in cheerful conversation, by the mere power of his mind. Nay, he could also introduce a tone which would make everybody feel uncomfortable. We have all something of this force within us. . . . It is possible, nay, even probable, that if a young girl were, without knowing it, to find herself in a dark chamber with a man who designed to murder her, she would have an uneasy sense of his unknown presence, and that an anguish would come over her which would drive her to the family parlor."

And we know that in art, the quality of the poem, the picture, the statue or the music, is the thought its author embodies in it. The more we can think the same thought, or experience the same emotion that is seeking expression in a work of art, the more its power over us. The ability to be thus influenced is largely a gift, though the gift can be cultivated, and thus increased, and it is not pure intellect, as evidenced by Carlyle's want of appreciation for art. A person who is impressed by a work of art, is under the influence of extraneous thought, which, originating in the sentient living being, the artist, is a force projected through the universal ether,—the medium—upon the mind of the person so impressed, the work of art being merely an instrument of precision.

The person who is most impressed by a work of art is also the person most capable of influencing others by work in some department of art. In spiritualism, this person would be called a medium; in psychology, a psychic; but a better word, which covers all classes in the present state of our knowledge, would be the one recently coined—a sensitive.

As it is true that an artist influences his fellow-being by the thought he embodies in his work, so it is true that one mind can influence another through the medium of the ether without the aid of instruments, such as a work of art, written or printed words, physical contact, verbal suggestions, etc. It is also true, and very easily demonstrated, that these aids render the process so easy and so universal that it passes without remark, unless the manifestation should be extraordinary. This form of influence is the lowest form in which it is manifested, and is the only one with which I have any experience as an operator.

The instrument I have used is the spoken words, and I have used it solely as a remedial agent, and it is now known as "Treatment by Suggestion."

Most human beings are susceptible to this influence, but the susceptibility varies immensely. Dr. Liebeault, of Nancy, furnishes the following statistics: Out of 1,014 patients, 27 were uninfluenced, 33 had drowsiness, 100 had light sleep, 460 had heavy sleep, 232 had very heavy sleep, 31 had slight somnambulism, 121 had advanced somnambulism. Prof. Beaunis states that about twelve per cent. are uninfluenced, and Van Eeden, of Amsterdam; Moll, of Berlin; Wetterstrand, of Stockholm; Bramwell, of Goole; Kingsbury, of Blackpool; Cruise, of Dublin, and Tuckey, of London, give about the same results.

In my cases, I asked the patient to look steadily at the bright end of a metallic thermometer case, and then talked to them in a quiet, monotonous tone of voice.

Out of some forty cases, twelve were uninfluenced, but some attempts were made under very unfavorable conditions.

I will present the notes of a few of the, to me, more interesting, hoping that I shall in this way escape being tedious.

Case 1.—Uterine and ovarian congestion of long standing, acting upon an hysterical organization had induced an hyperæsthetic condition of scalp, constant headache, sleeplessness, whole body cold, especially hands and feet, severe pain the whole length of the back extending around both sides and down the legs; so nervous that noises such as slamming of a door would cause her to scream two or three times.

After relieving the uterine and ovarian congestion to a great extent, the above symptoms resisted all treatment for six weeks. First attempt at hypnotization, a complete failure; second attempt, sleep lasting two hours was induced, and as a result of suggestions the coldness of body and limbs relieved. Pain much better. Hyperæsthesia of anterior portion of scalp, where my hand was placed, gone. Treatment repeated seven or eight times at varying intervals. All the symptoms disappeared. Improvement of general health remarkable. In three weeks took a situation, where she remained in fair health for at least a year.

Case 2.—Aged 50. Pensioner, suffering from chronic rheumatism and valvular disease of the heart. Had been in bed and under active medicinal treatment for one month without benefit.

First attempt unsuccessful, second and third attempts induced sleep, with relief of all symptoms. Sound sleep all night, a luxury unknown to him before, although he would take a grain of morphia. Kept well for ten days, when rheumatism returned; have had him under observation at times ever since—eighteen months. Have treated him many times, of which I have no record, and never without temporary relief.

Case 3.—Aged 18. Some four years before, had severe injury to back of head from fall, and has had severe headaches ever since, until now it extends to fourth or fifth dorsal vertebra and to right shoulder. Gets little or no sleep. Pain unbearable. First attempt in the evening induced sound sleep until morning; rose free of all symptoms and did a heavy days' work without any return; slight headache the second day. Improvement was not permanent but hypnotism never failed to give temporary relief.

A remarkable circumstance in connection with this case: I undertook to remove a tooth for her while hypnotised, but was unable to persuade her before hand that it would not give any pain. She was readily hypnotised and was unconscious of pain, such as pinching, sticking pins into the skin, touching the cornea, etc., and would obey any suggestion except that she open her mouth. This she would not do, nor could I get it open by any justifiable force. I then wakened her, and after talking to her for a time, obtained her consent to have the tooth extracted. Upon the second attempt she opened her mouth without hesitation, and the tooth was removed without her knowledge.

One swallow does not make a summer, nor one case establish anything, but this was to me a very interesting incident, bearing upon the much disputed point as to whether a person could be compelled to do criminal acts when hypnotized to which they would be violently opposed when awake.

Case 4.—Child born two days before, and was doing remarkably well at 11 a.m. At 1 p.m. a neighbor went hurriedly into the room and announced the death of a child of the same name as one of her older children. She took a violent chill,

followed by fever, and I saw her two hours later. She then had a temperature 104, pulse 130, and was wildly excited. Believing it to be due to the fright, I sat down beside her and began suggesting sleep, and in ten minutes she was asleep. I saw her two hours later, and learned she had just awakened; found pulse and temperature normal and there was no further bad results.

Case 5.— Aged 28. Suffering from gastritis. Treated her to the best of my ability for ten days with little apparent benefit. During this time she got almost no sleep, though I gave her a grain and a half of morphia, which caused half an hour's sleep. The evening following I attempted to hypnotise her and caused sleep for several hours during the night and again the next day. She began to improve at once, and was able to sleep as well as usual from that time on. She declined any further treatment by suggestion.

My conclusions are that the general practitioner of medicine should study this subject and should use it in his practice, and should agitate until it is taken from the hands of unprofessional people in Canada, as it is in Germany and France, where it is illegal for anyone but physicians or scientists to practice it.

30 Third St., Collingwood.

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## REMOVAL OF AN INTERARTICULAR FIBRO-CARTILAGE FROM THE RIGHT KNEE JOINT.

BY ROBERT HARBOTTLE, M.B., BURFORD, ONT.

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On March 10th, 1894, an interarticular fibro-cartilage, whose extreme measurement in width was twelve centimeters and in length nineteen centimeters, and weight was 620 milligrammes was removed from the right knee joint of an active, healthy farmer, aged about forty years. Water well boiled, then cooled to sterilize it, was put in a fountain syringe convenient, to wash out the wound during the operation, as I prefer that way to sponging or using cloths which are in the way of the operator at times, require one to stop operating oftener, obscure the wound and, except rendered aseptic, may communicate contagion. The party had chloroform administered when lying on a table, having on it a rubber for drainage in the operation, and at its foot a large vessel into which the drainage would run, the body from the knees down hanging over the edge of the table. The room being as clean as possible, with good country air, and with instruments and appliances which were to be in or near the wound sterilized by placing one hour or longer in alcohol rect. after their ordinary cleaning, and the part washed with water, then with alcohol rect., a common sewing needle, sharp, stiff, but with its temper drawn out, as watchmakers know how to do it, by heating it in a spirit lamp blow-pipe flame on a copper sheet till its color reveals that the temper is out, by its passing through these colors in the following order, as near as I can give them: light straw, blue, dark straw, light straw, then at last gray, then cooled slowly in the air, with the result that it will bend and not break, then polished and put in a handle of imported dogwood, such as jewelers use to clean dust out of clocks, etc., which is convenient from the size and form in which they are bought, yet possessing all the strength and flexibility needed, was pushed through the skin, fat, joint ligament on the anterior and inner aspect of the joint, between the ligamentum patellæ and the inner part of the head of the tibia and through the interarticular fibro-cartilage to fix it, after it had been moved to that position. Then a direct incision one and one-half inches long, was made at the inner edge of the interarticular fibro-cartilage, as it was then fixed in position,

extending up and down the limb through to the capsular ligament, then a smaller incision in the centre of the former, and in the same direction, not to cut the capsular ligament crossways, judging this would give a better chance of healing and lose less synovial fluid, was made, when the point of the interarticular fibro-cartilage came in view, white like ivory. A broad artery forceps, having a toothed scoop-shaped mouth was inserted into the joint, well under the interarticular fibro-cartilage, and when judged safely in position, the fixing needle was withdrawn from the interarticular fibro-cartilage and the latter scooped easily out, as the mouth of the forceps behind and the capsular ligament in front kept it from slipping. The wound was at once approximated by hand, to prevent synovial fluid escaping from the patient becoming hilarious and demonstrative with his leg from chloroform, and the leg held by an attendant. Except from the above leg motion, very little fluid escaped during the operation, as the hole in the capsular ligament was as small as consistent with safety and the forceps, then the forceps and interarticular fibro-cartilage filled it pretty well, and it was not cut crossways of the limb lower than the interarticular or fibro-cartilage, though I do not object to losing some fluid as, if inflammatory action should set in in the knee joint, the quantity of fluid secreted would prevent the wound in the ligament healing by oozing out through the then weak part in the ligament. Five stitches to close the wound entirely were taken with silk thread that had been for some time in a five per cent. mixture of carbolic acid in water; then pure iodoform in quantity was put on the wound to cover it, and alcohol rect. put on the skin around the sore, and over it a virgin para rubber about three and a half inches square, which was kept a few minutes in alcohol rect.; then over the rubber was some Linton moist gauze of Johnson & Johnson's make, containing iodoform ten per cent., then a clean cotton pad, then the ordinary bandage round the joint. Then the leg was fixed from moving at the knee joint by a splint which conformed to the shape of the posterior aspect of the leg, and extended from the middle of the thigh to the ankle, being made by a carpenter for the occasion, though a straight splint padded with batting would do. Legs vary much in shape, hence the necessity of a splint, if made of wood, which is handiest and very serviceable, being made as the case needs. Small binders around the leg at the top and bottom of the splint, and just below the knee, tacked to the splint, and sewed moderately tight, so that they and the splint do not move, suit. The patient was lifted from the table to a bed, remaining quiet there a few days; then crutches were procured, and in a week the patient walked on them half a mile to the station, and went home alone by train. For four weeks the splint was kept on, the wound being dressed three times at a week apart. The slight exudation from the wound glued the edges of the rubber to the leg, and the wound healed by first intention without any pus in it, and with no inflammation of the joint. Gentle motion was tried when dressing it at the end of the second and third weeks, to try the joint as to whether adhesions might be forming, or the joint be getting a little stiff from lack of use. I consider rest to the joint for a time to be an essential part of its good treatment, and paying in good results; also, that the interarticular fibro cartilage can be more easily removed, as above, by cutting at its inner side, and scooped out, as above, through a smaller perpendicular opening, than by cutting direct on its centre and making a larger opening to remove it, losing more synovial fluid, and taking longer to heal, and being more subject to infection from air entering the joint.

# Dominion Medical Monthly.

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*All literary communications, exchanges, and books for review, should be addressed to the DOMINION MEDICAL MONTHLY, 50 College Street, Toronto.*

*Address all business communications to the Publishers, THE MEDICAL PUBLISHING CO., OF TORONTO, Box 418, Toronto, Canada.*

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TORONTO, AUGUST, 1894.

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## THE PRINTING CONTRACT OF THE MEDICAL COUNCIL—A PERSONAL EXPLANATION.

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We have never in these columns endeavoured to detract from the influence of any of our contemporaries, and we regret very much that an article which appears on page 442 of the *Ontario Medical Journal*, compels us to enter into a certain amount of personal explanation. We believe that no good can result from the airing of private differences in the public press, and we do not propose to be dragged into any vulgar discussion of these matters. The validity of the statements made in that journal can best be decided by a consideration of the following facts.

We should prefer to take up the *Journal's* statements *seriatim*, but the facts can be best presented by taking them chronologically. The *Journal* says that (when we were connected with it) "articles and letters were put in without the knowledge of the Managing Editor, which were used for personal purposes, and were doing the *Journal* a great amount of harm." The Managing Editor was acquainted previous to publication with the contents of every article and letter which ever appeared.

There is, however, a half truth in his statement there were articles which were calculated to do the *Journal* harm, but these were articles criticising members of the profession in the interests of the Council, and in order that the Council should be responsible, both for their literary style and unpleasant matter, it was arranged that the following announcement (as will be seen in *Ontario Medical Journal*, Vol. I., p. 289) should precede the editorial columns:

"Medical Council affairs are under the direction of Dr. Orr."

The *Journal* says that the other men were asked to step down and out. By referring to page 421, Vol. I., of the *Ontario Medical Journal*, the following announcement appears: "The *Ontario Medical Journal* Publishing Company, Limited, President, W. B. Nesbitt, B.A., M.D.; Vice-President, J. O. Orr, M.D.; Secretary, R. B. Orr, M.D.; Directors, W. B. Nesbitt, M.D., J. O. Orr, M.D., W. H. B. Aikins, M.D." By-law No. 7 of the Company states that the affairs of the Company shall be managed by a board of Directors, two of whom shall form a quorum. As some differences had arisen among the members of the Company, a meeting of Directors called in regular form, passed the following resolutions:

*Whereas*,—The by-laws of the Company have not been complied with, and proper accounts have not been kept, and the financial condition of the Company is unknown to the Board of Directors, therefore, be it resolved that until further order of the Board of Directors (to be signified by the written authority of the President) no further liabilities be undertaken, or further expenditures made:

*Resolved*,—That the printers of the Company be ordered to stop further printing and to send their account to date from the beginning to the President; and further, to store all plates, furniture, and type belonging to the Company, subject to the order of the President;

*Resolved*,—That the services of the editors be dispensed with from this date, and that the managing editor be hereby ordered to deliver up to the President forthwith, all books of accounts, contracts, vouchers, and all other papers, seal and property relating to the business of the Company;

*Resolved*,—That no paper or document shall be executed by the Company, except such paper or document be authenticated by the signature of the President;

*Resolved*,—That it is advisable to wind up the affairs of the Company, and that the President be hereby instructed to take the necessary steps to call a meeting of shareholders, and to do all other things necessary to speedily, and without loss, realize on the assets of the Company and discharge the liabilities.

It would not appear that *we* had to step down and out. Drs. Aikins and Nesbitt, upon considering the matter, decided that there was a larger field for a journal in appealing to the more independent and progressive section of the profession rather than by becoming the slavish supporter of the Council, and also that it would be better to commence anew without either the liabilities or other objections to the old *Journal*, so that after discussion, an agreement was made, Clause 1. of which states that the Drs. Orr agree to pay Drs. Nesbitt and Aikins the sum of \$300 in cash and a further sum of \$250.00 after the Council of the College of Physicians and Surgeons pass a resolution making the *Ontario Medical Journal* the official organ. The second clause compels the Drs. Orr to pay up all liabilities of every kind that had been entered into in connection with the *Journal*.

The *Journal* then states the Council had too much knowledge of the why and wherefore (of the offer of the Medical Publishing Company) and unanimously considered the offer an insult and not *bona fide*. The offer was made by the gentleman who made the first offer for the

*Ontario Medical Journal* to the Council, which was considered by them *bona fide*, but that the profession may thoroughly understand what the offer was we submit it. Some of our Defence friends may think that there is only a half truth here also, as the present Council might consider any proposal to save money an insult.

*To the President and Members of the Ontario Medical Council.*

GENTLEMEN,—As the agreement made with the *Ontario Medical Journal* Publishing Company, Limited, expires with this meeting of the Council, we desire to place before you for your consideration an offer which will certainly save the Council, and thereby the profession several hundred dollars. We feel that the members of the Council would be desirous, as there has been some discussion about this matter, to place themselves on record before the profession at this the last meeting of the present Council. We are therefore prepared to make a contract with the Ontario Medical Council to publish their proceedings and do their advertising, a contract in every way identical with that made with the *Ontario Medical Journal* Publishing Company, Limited, which is printed on Page 3, Vol. 1 of that *Journal*, with the exception of the last clause, which we would have read as follows: "That the Council shall pay to the Medical Publishing Company of Toronto, in full, for all the above services, the sum of one dollar lawful money of Canada, payable at the next annual meeting of the Council.

We remain,

Yours very truly,

THE MEDICAL PUBLISHING CO.  
OF TORONTO.

As there appeared to be a disposition on the part of the Council to slip the old contract through without proper discussion, and in order that there should be no mistake and that we and the profession might know the opinions of our representatives on this subject, the following letter was written and handed to the Registrar of the College. This letter was as follows:

To the President and Members of the Ontario Medical Council.

GENTLEMEN,—We beg to call your attention to our letter of June 13, and the proposition therein contained. We stated that "we are prepared to make a contract with the Council to publish their proceedings and do their advertising; a contract in every way identical with that made with the *Ontario Medical Journal* Publishing Company, Limited, which is printed on page 3, Vol. I. of that journal, with the exception of the last clause, which we would have read as follows: 'That the Council shall pay the Medical Publishing Company of Toronto in full for all the above services the sum of one dollar lawful money of Canada, payable at the next annual meeting of the Council.'"

This is a straight business offer and made in good faith.

Yours very truly,  
THE MEDICAL PUBLISHING CO.,  
OF TORONTO

Our competition with the *Ontario Medical Journal* was a pure matter of business. They had a franchise for which we were prepared to give the Council and the profession better terms than they were. But the Council in their wisdom considered that they were safer in the hands of the *Ontario Medical Journal*, edited by one of their own members, than with an independent journal, which would certainly be truly the organ of the profession, and have its columns always open for the free, equal and dignified discussion of any question that might arise.

The *Journal* then says, "As to the offer of the Bryant Publishing Co., it was not the same kind as the one entered into at all. The printing of the Council, *without the proceedings* of the meeting, were to be printed for \$250.00."

We have here another half truth, and submit a copy of the Bryant offer in refutation:

To the Council of the College of Physicians and Surgeons of Ontario.

GENTLEMEN,—We hereby offer to print and mail to each member of the College

of Physicians and Surgeons, your Annual Announcement and Report of Proceedings for the year 1894 for the sum of \$250.00, payable on completion of the work. If honoured with acceptance, we guarantee to turn out the job in an efficient and workmanlike manner.

Yours very sincerely,  
THE BRYANT PRESS,  
J. E. BRYANT, Manager.

In this the *Journal* says: "No mention was made of sending the *Journal* to the profession." The Medical Publishing Company offered to send a larger and, we believe, better journal than theirs on the terms stated in the *Ontario Medical Journal* at the commencement of its article, viz.: "No sir, the Council does not do right; they gave a contract to a company when another company offered to do it, for not six times less, but for six hundred times less." They then say: "Our contract is on quite different lines." We thoroughly agree with this last statement in every particular, and we feel that there is no doubt of the manner in which the profession will express their opinion of the lines on which the first contract is based, and of the gentlemen who gave it, at the next election.

The standing of the DOMINION MEDICAL MONTHLY, and the character of the gentlemen who compose its editorial staff, would not allow us to do other than simply place a dignified statement of the facts before the profession.

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#### WHAT SHOULD BE DONE IN PUERPERAL SEPSIS.

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The line of treatment to be adopted when the puerperal uterine cavity is infected by pathogenic microbes, is well expressed by Dr. Bonnaire, of the Hotel Dieu, Paris: "We must help the cleansing action of the lochia, and simultaneously destroy the microbes in situ, by changing the

uterine cavity into a bad culture medium." In practice, this is best carried out by the use of antiseptic irrigations. Dr. Bonnaire, in puerperal practice, confines bichloride irrigations almost entirely to the vagina. When the neck of the uterus is widely dilated, as it is after labour, so that an injected liquid flows back readily, two or three litres of a solution of bichloride of mercury of the strength of 1-10,000 may be used. This practice may also be followed in cases where an infected body lies in the interior of the uterus and no local reaction is present, indicating that the walls of the organ have been deeply inoculated. If the septic germs have invaded the uterine walls, and several days have elapsed since the beginning of the attack, he favours the use of iodine. His formula is:

Iodine .....46 grs.  
 Pot. iodide.....77 grs.  
 Water .... .5℥iiss.

M. Sig.: Dissolve in one litre of sterilized water.

It possesses the following advantages:

1. It is as strongly antiseptic as a solution of 1-4,000 corrosive sublimate.
2. It is not toxic.
3. It is extremely diffusible; it passes easily into the interior of the tissue of the uterus, and destroys microbes even in the interstices of its muscular fibre.
4. It increases the vital chemistry of the tissues, and determines a flow of leucocytes to the endometrium.

Dr. Bonnaire states that after using iodine irrigations, he has observed a very free discharge of purulent lochia. He made cultures of these lochia in one case—a woman who had recovered from a puerperal infection—and found sterile pus composed of an enormous accumulation of white blood cells drawn out by the iodine.

When, as in septicæmia, the uterine cavity is covered with false membranes, and irrigation is insufficient to remove the hyperæmia of the organ, Dr. Bonnaire

recommends mopping out the cavity with a wad of absorbent cotton, dipped in his solution of iodine or a 10 per cent. solution of chloride of zinc. To do this more thoroughly, M. Doleris has devised a mop of the shape of a brush, designed especially for cases where there is retention of the membranes.

Such a mop is, of course, insufficient when half-putrefied placental detritus has to be removed, particularly after miscarriage. The curette should then be used, guided by a finger beside the instrument introduced into the uterine cavity. After curetting, the scraped surface should be mopped over with a 10 per cent. solution of chloride of zinc or one of creasoted glycerine, 1-3. The iodine irrigations should subsequently be used three times a day, or iodoform gauze may be introduced. If gauze is used it should be removed next day, the iodine irrigations employed, and fresh gauze introduced.

What is to be done when the uterus and its annexes—pelvic cellular tissue and peritoneum—are invaded? Dr. Bonnaire is not so radical as Skutsche, in Germany, and Polk and Smith, in America, who perform hysterectomy in such cases, and successfully. He is satisfied with a small laparotomy sufficient to permit the introduction of a long canula and irrigation of the affected parts with a solution of bichloride of mercury 1-20,000. Out of ten cases of laparotomy, performed after this fashion, on patients who were in extremis, Bouilly had two recoveries. Parish saved seven out of eight cases. The latter author, however, in cases where peritonitis threatens, recommends an early operation. The general medical treatment may be summed up as follows: Calomel in purgative doses, quinine and alcoholic beverages. Diet: Milk, beef tea, eggs, peptones and coffee.

To increase the antiseptic power of the blood and tissues, artificial blood serum may be injected subcutaneously. An injection of 617.28 grains of Hayem's

solution has been given in such cases twice a day with good results. The following is the formula of Hayem's solution of artificial serum :

Chloride of sodium . . . . 77 grs.  
 Sulphate of sodium . . . . 154 grs.  
 Water . . 1 litre = 35 oz., 1 dr. 43m.

#### ONTARIO MEDICAL COUNCIL.

Last March we expressed and emphatically endorsed the prevailing demand that the Council elections should be held at once. They have been deferred until October. There is still, however, a consensus of opinion among medical men that they ought to have preceded the spring session. Dr. Campbell, in his address at the Council meeting, tried hard to justify the delay. In this, we think, he has failed. His mode of capturing a favorable opinion from the Premier was astute ; but whether it was a worthy or a dignified expedient, is open to question, and the most favorable opinion procurable from Mr. Osler, the Council's solicitor, was merely that the Act "did not prohibit" the session of 1894. Under the circumstances, and in view of the small encouragement received from the Attorney-General, and the humiliating restrictions attached, it would have been better to have brought on the elections in the spring, as we then suggested.

The ex-President's defence of the Council in all its action is certainly not complimentary to the intelligence or discernment of the profession. The Council has been as unfortunate in its defence as in those of its actions which require to be defended. The knock-out it received from the Legislature last year ought to have brought it to its senses ; yet it suffered its subsidised editor to enter in its name on a controversy which resulted in favor of the Defence Association. There was, however, still some faint hope that a

prompt and manly appeal to the electorate would have procured a partial endorsement of its course. It preferred to *finesse* and to delay, and it has thereby estranged many of its best friends. The meeting just held has weakened it in the estimation of the profession. Vaccination is a good enough subject for discussion in a medical society, but hardly so in a medical council sitting at a heavy daily expenditure. Much valuable time was also consumed by many of the members over the Printing Committee's Report in elaborately explaining, for the benefit of their constituents, why it was thought better and more economical to pay \$600 a year to a member of the Council for doing certain work, than to pay \$1 a year to an outside company for the same service. If the explanation given appeals to the intelligence of the electorate, it is fully represented by these gentlemen. Dr. Bray, of Chatham, and Dr. Britton, of Toronto, however, took a manly stand in this matter, being opposed to the granting of a subsidy to any journal. We commend them for having the courage of their convictions. *They were not like "dumb driven cattle."*

That there is a widespread and increasing discontent in the profession is no longer a matter of doubt ; it exists to some extent in the cities, but in rural constituencies it is rife. This is shown by the fact, conceded by those in touch with the electorate, that three members of the Defence Association who have been active in the crusade against the Council, are almost sure of election in the coming contest. The indications are that the new Council, as far as the elective element is concerned, will be a Council of new men, and the change, upon the whole, is not to be regretted. There are some good men in the present Council, but many appear to have outlived their official usefulness, and their return to it is not desirable. Without wishing to make insidious distinctions, we would suggest

that those gentlemen, who were responsible for the unfortunate failure of the Conference with the Defence Association before the appeal to the Legislature, are well qualified for home duty, and it will conduce to the future usefulness of the Council if they remain in quiet seclusion.

We strongly advise the profession to select and elect the best men available—men in harmony with the views of their constituents, men pledged to retrenchments in all departments, men who are above the suspicion of being influenced by considerations outside of their duty to their constituents, men opposed to lodge and contract practice and in favor of Dominion registration, or of reciprocity in Provincial registration, and men who are free from school influence. Then, as soon as possible after the election, we would suggest that the new Council be convened, and that an honest and, we hope this time, a successful effort to arrive at a compromise be made. Almost any sacrifice, not involving principles, is better than the tempest which now prevails. If the new Council and the Executive of the Defence Association are brought together to confer in a proper spirit of conciliation and mutual concession, surely good must result.

We understand the following candidates are in the field: No. 1. Dr. Bray, Chatham; No. 2. Dr. Williams, Ingersoll; No. 3. Dr. Roome, London; No. 4. Dr. Bruce Smith, Seaforth; No. 5. Dr. Brock, Guelph; No. 6. Drs. Henry and Smith, Orangeville; No. 7. Dr. G. Shaw, Hamilton, and Dr. Heggie, Brampton; No. 8. Dr. D. L. Philip, Brantford, and Dr. J. Armour, St. Catharines; No. 9. Dr. La., Beeton, and Dr. Hanby, Waubashene; No. 10. Dr. Barrick, Toronto; No. 11. Drs. Johnson and Machell, Toronto; No. 12. Dr. Sangster, Port Perry; Dr. Cotton, Lambton Mills, and Dr. Burrows, Lindsay; No. 13. Dr. McLaughlin Bowmanville; No. 14. Dr.

Ruttan, Napanee; No. 15. Dr. Spankie, Kingston; No. 16. Dr. Preston, Newboro'; No. 17. Dr. Rogers, Ottawa, and Dr. Bergin, Cornwall.

#### THE STATE CARE OF FEEBLE-MINDED CHILDREN.

Poverty, vice, intemperance, disease and accidents, will ever add their quota to the *rôle* of the feeble-minded. Many of these cases are epileptic; some are idiotic, others are extremely vicious, and some paralytic.

The proper care of such cases requires that the medical attendant should have at his disposal every facility for dealing with the lot of these unfortunate children. This is rarely the case in the homes of these children.

They should be gathered up from amongst the community and placed under a common roof, and under the charge of a capable staff of medical men and nurses. Every facility must be found for the health and education of these children. Physically, they must be raised.

To educate these children is one of the most difficult tasks to which any medical man can set his face. It cannot be conducted properly except in an institution where the means are at hand for this work. The ordinary means of education are of no value. The system must be very special to suit these cases.

The advantages of such an institution are very great. In the first place, if there is any chance at all for the child to improve, it obtains it by being sent to such a place. Many children that would grow steadily worse until they would have to be sent to the asylum, would by this means be improved to such an extent as to be able to earn a livelihood.

But another great advantage is that they are removed from home, and from coming in contact with other children. The tendency to imitate mental vagaries

is very strong. These children are dirty, vicious and deceitful. It is therefore very desirable that normal children should not come into touch with them.

But a still greater benefit would come from the fact that the cases could be watched. If a sufficient recovery did not take place to enable the authorities to discharge the patient, he could be sent on to a regular asylum. In this way much crime would be avoided; and the propagation of such a stock brought almost entirely under control.

Although much good work has been done in this direction in Ontario, there still remains much to be done. In some of the other Provinces of the Dominion nothing has as yet been done for this class. We go the length of saying that wherever such feeble-minded and epileptic children are found, they should at once be taken charge of by the State, and cared for by the State. This would cost the public less than the crime and mischief they do when at large, and it would be by all means the most humane way of dealing with these cases.

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#### DOMINION REGISTRATION.

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The Canadian Medical Association will meet in a few days in St. John. This journal, on a former occasion, drew attention to the benefits that would arise from some common standard of medical examination and registration for the entire Dominion.

No more useful topic could occupy a portion of the time at the disposal of the Association. Indeed, we think, if the Association did nothing else but take such steps as would bring about a common standard for all the Provinces, the meeting in St. John would be a historical one.

The difficulties in the way are not by any means insurmountable. What is to prevent the Medical Councils in the

various Provinces from agreeing to a common curriculum? There could then be a local Examining Board in each Province. The papers for all the Provinces would be the same. The diploma thus obtained in any Province would have force in all the others.

But suppose one of the Provinces chose to stay out of such an arrangement, this would not prevent the others entering into such an agreement as has been suggested. That Province could simply be left alone until its own medical men saw the folly of debarring themselves from the freedom of the wider field.

Nor need the schools in the several parts of the Dominion raise any objection. The standard now in the different Provinces, universities and medical colleges is practically the same. Why not then make it officially the same? No one could be injured by the change, and the interests of all might, under certain conditions, be greatly benefited.

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PARASITES OF THE SKIN. — Dr. J. Abbott Cantrell, of Philadelphia, in the *American Lancet*, July, 1894, describes his plans of treatment. For sarcoptis, acarus hominis, or scabies, he employs some of the following: Sulph. sublimat. ʒi, adipis ʒi; or sulph. sublimat. ʒi, bals. Peruvian. ʒss, adipis ʒi; or sulph. sublimat. and naphtholis beta, each ʒi, adipis ʒi; or sulph. sublimat., ol. cadini, each ʒii, cretæ preparat. ʒiiss, saponis viridis, adipis, each ʒi; or styrax pulv. ʒi, adipis ʒi. The person is given a hot bath, using brown soap. The ointment is then applied well to all diseased parts. For pediculus capitis, ped. vestimentorum, ped. pubis, wash thoroughly with two drachms of carbonate of ammonium to one or two quarts of water; then apply three times a day, ext. staphisagria fl. ʒii, acid. acetici dil. ʒvi. This destroys the parasites and their ova. If there is much pustular trouble, the scales may be

removed by a poultice, and then apply hydrarg. ammoniatis gr. xx, ungt. zinci oxidi  $\bar{z}$ iv. If much of the body is affected, naphtholis beta  $\bar{z}$ i, adipis  $\bar{z}$ ii is a good ointment. For the pubic affection, ordinary ungt. hydrarg. is not a good plan of treatment. The fungous parasites, tinea circinata, tinea sycosis, tinea tonsurans, tinea versicolor and tinea favosa vary very much in their power to resist treatment. In the case of tinea circinata, usually a mild parasiticide ointment is sufficient, such as ungt. hydrarg. ammon., nitrate of mercury ointment, or acetic acid. Tinea sycosis is more troublesome. The beard must be shaved every three or four days, and all diseased hairs depilated. The parasiticide should be applied two or three times a day. Tinea tonsurans is often very obstinate. The head should be thoroughly cleansed every day. The hair must be cut short for an inch round each patch, and free depilation resorted to. The parts should be rubbed well with carbolic acid, gr. xx to olive oil  $\bar{z}$ i. This will prevent the formation of new patches. In ordinary cases, a 5 per cent. ointment or solution of salicylic acid, resorcin, or aristol; or oleate of mercury or copper, 5 per cent.; or perchloride of mercury, 2 or 4 grains to  $\bar{z}$ i, will suffice. In rebellious cases, a stronger solution of corrosive sublimate, or pyrogallic acid, or chrysarobin, 10 to 15 grains to  $\bar{z}$ i, must be employed. An ointment composed of equal parts of acid. carbolic, ungt. hydrarg. nitratis and ungt. sulphuris is very useful. Tinea versicolor generally yields to free bathing with soft soap. If this does not effect a cure, sodium hypsulphite in eight parts of water may be employed. Thymol, 2 grains to  $\bar{z}$ i, or sulphur in eight parts of the ointment may also be tried. Tinea favosa is treated by removing all the crusts with carbolized olive oil. Then some parasiticide is applied. The hair ought to be carefully depilated.

THE PRODUCTION OF DISEASE BY SEWER AIR.—Dr. A. Jacobi, of New York, in *N. Y. Med. Jour.* for 28th July and 4th August, has lengthy and timely articles on the above subject. He shows that a sewer is not a good breeding place for pathogenic germs. There is a deficiency of oxygen, an excess of carbonic acid, and many saprophytic germs. These conditions are opposed to the growth and multiplication of pathogenic germs. He further shows that scarlatina, diphtheria, pertussis and diarrhoeal diseases have not been lessened in frequency nor in malignancy, by improved sewers. Further, the author does not think that disease germs are likely to be carried in sewer air. They are heavier than the air, and not likely to float in it. In order to float, these germs must be carried by dust. This is not what happens in the case of sewer gas. Dr. Jacobi thinks that putrefaction destroys pathogenous germs. He is also of the opinion that emotion and sentiment, rather than logic and science, have been ruling in this matter of infection by sewer gas. The atmosphere may contain both living and dead germs. They are frequently found in places that are infected; but are not as abundant in sewer air, as in that of houses and schoolrooms. Moist surfaces, such as the contents of sewers and sewer walls, do not give off germs into the air, unless when splashed, and then they are only carried by the sewer gas for a short time. Sewer gas may be very offensive and irritating, and in this way cause sore throats and catarrhal troubles. As the diphtheria germ is very ubiquitous, it may find a ready nidus in this way. Putrefaction destroys specific germs. The more offensive the sewer air, the less likely would it be to contain the germs of diphtheria. The germs of typhoid fever and dysentery are not so readily destroyed by putrefaction. These diseases may arise from the exhalations from cesspools, etc., but very seldom

come from sewer air. It is therefore the chemical poisons, and not the germs, that are to be guarded against in the drainage of houses and streets.

SCOPOLAMINE IN EYE CASES.—Dr. W. Harvey Smith, of New York, in *N. Y. Med. Jour.*, 21st July, reports some interesting cases in which scopolamine had been used. It is used in one-fifth to one-tenth per cent. solution. It is a very prompt mydriatic. One or two drops are instilled into each eye, until four or five instillations have been made. It does not cause the unpleasant nervousness, dry throat, etc., of atropine, or hyoscyne. It is antiphlogistic and anodyne in its effects. It does not affect intraocular pressure, and will, therefore, in contrast to atropine, be readily borne where there is a pathological increase of the same. In cases of iritis, kerato-iritis, hypopyon, episcleritis, etc., where scopolamine was used, its effects were very satisfactory. When the solution is used freely, in refraction cases, some toxic symptoms follow, as flushing of the face, slight staggering gait and dizziness; but these can be avoided by pressing on the nasal duct, which prevents the solution entering the nasal cavity, and thence the pharynx. Scopolamine hydrobromate is very rapid in its action, and produces maximum dilatation in ten to twenty-five minutes.

THE DANGERS OF GLYCERINE FOR THE INDUCTION OF PREMATURE LABOUR.—Dr. Oscar Embden, of Brooklyn *Medical Record*, 28th July, records an interesting case where the attempt had been made to induce premature labour by intra-uterine injections of glycerine. The patient was albuminuric. In about seven hours after the injection, the patient had a convulsion, but labour pains did not come on. The os had to be dilated by the hand. The child was delivered by the forceps. The patient had

coma and jaundice. The author thinks the icterus was due to glycerine poisoning. In support of this view, he refers to two cases of Pfannenstiel. The writer sums up the objections to this method of inducing premature labour as follows: (1) It is too slow in many cases where it does act; (2) it does not always induce pains; (3) it is difficult to guard against the introduction of air into the circulatory system; (4) the danger of acute glycerine poisoning, causing hæmoglobinuria and hæmatogenic icterus.

ARTIFICIAL RESPIRATION IN ASPHYXIA NEONATORUM.—Dr. J. Harvie Dew, of New York, in *New England Medical Monthly*, for August, gives in full his method of artificial respiration. He compares it with the plans of Schroder and Schultze, and shows that it differs entirely from both of these. (1) The right hand is placed under the child's thighs, which are firmly grasped by it. The left hand is placed under the child's shoulders and the arm, remote from the operator, is seized between the thumb and forefinger of his left hand, the tips of the left hand fingers passing down the child's back. (2) By means of the fingers under the child's back, the chest and abdomen are thrown sharply forwards, while the head and hips are thrown backwards, as in opisthotonus. (3) The action of the two hands is now reversed, so as to bend the child's body, as in emprosthotonus, until the knees and head come together. (4) The next movement is to throw the right hand up and lower the left until the child's head points to the floor. Repeat as needed.

THE TREATMENT OF DELIRIUM TREMENS.—Dr. Russell Bellamy, of Colorado Springs, in *N. Y. Med. Jour.* for 21st July, gives his experience while in charge of the alcoholic wards of Bellevue-Hospital. On the admission of the patient he ordered a calomel purge.

Trional was then given in doses of twenty grains. Some carminative, such as capsicum, was administered along with it to hasten absorption. When the circumstances admitted of it, a hot whiskey was given the patient. If the heart was weak, digitalis was usually ordered along with the trional. Ten grains more were given in half an hour, if the delirium showed no signs of abatement. In cases where this did not have the desired effect, in an hour twenty grains more were ordered. In nearly every case sleep followed when fifty grains of the trional had been administered. The drug does not depress the heart, and it has an antipyretic action on the fever of delirium. Forced feeding in small quantities, with milk, eggs and soups, is needed.

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### Items, Etc.

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Dr. J. H. McCassey, of Concordia, has been appointed to fill the vacancy created by the resignation of D. B. Eastman, Superintendent of the Topeka Insane Asylum.

Dr. Lewellys F. Barker, who has been Fellow in Anatomy at Johns Hopkins University, has been advanced to the position of Associate in Anatomy. He remains also Assistant Resident Pathologist to the Johns Hopkins Hospital.

Joseph Hyrtl, the distinguished anatomist, died at Vienna, on July 17th, at the age of 83 years. He was Professor of Anatomy in the University of Prague from 1837 to 1845, when he was elected to a similar chair in the University of Vienna.

The International Medical Congress has appointed its honorary presidents for the ensuing congress in Russia. The list

is as follows: For America, Dr. J. B. Murphy, of Chicago; for Germany, Bergman, of Berlin; for Switzerland, Kocher, of Berne; for Ireland, Stokes, of Dublin; for England and Great Britain, Sir Wm. MacCormac; for Austria, Mikulicz, of Vienna; for Scotland, Macewen, of Glasgow.

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NOMINATION FOR MEDICAL COUNCIL.—Any member of the college presenting himself for election as the representative of the Medical Council of the College of Physicians and Surgeons of Ontario for a Territorial Division, must receive a nomination of at least 20 (twenty) registered practitioners resident in such division, and that such nomination paper must be in the hands of the Returning Officer of the division not later than the hour of 2 o'clock, p.m., on the 9th of October, the second Tuesday in October, 1894.

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THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.—This Association will hold its seventh annual meeting at Toronto, Ont., Wednesday, Thursday and Friday, September 19, 20 and 21, 1894, to which the medical profession is cordially invited. The following is the preliminary programme, subject to amendment until September 1st, namely: (1) President's address, George H. Rohé, Catonsville, Md.; (2) Personal Experience with Pus Tubes: When to Operate, How to Operate, and the Results of Operation, Jas. F. W. Ross, Toronto, Ont.; (3) Relation of Hysteria to Structural Changes in the Uterus and Adnexa, A. P. Clarke, Cambridge Mass.; (4) Demonstration of a Mechanism of Intussusception (rabbits), Robert T. Morris, New York; (5) Nephrectomy, L. H. Dunning, Indianapolis; (6) Treatment of Distension of the Fallopian Tubes Without Laparotomy and Removal, Frank A. Glasgow, St. Louis;

- (7) Hysteria in Pregnancy, W. P. Manton, Detroit; (8) Relations of Renal Insufficiency to Operations, Carlton C. Frederick, Buffalo; (9) *a*, Importance of Recognizing Septic Puerperal Endometritis Early, and Its Treatment; *b*, Demonstration of a Portable Operating Table for Gynecological and Abdominal (Trendelenberg) Work, Edward J. Ill, Newark, N.J.; (10) Suspension of the Retroflexed Uterus by the Utero-ovarian Ligaments, with Report of Cases, Reuben Peterson, Grand Rapids, Mich.; (11) The Element of Habit in Gynecic Disease, Geo. F. Hulbert, St. Louis; (12) Some Results of Ether Anæsthesia in Abdominal Operations, I. S. Stone, Washington, D.C.; (13) Report in Abdominal Surgery, Presenting Cases, A. Vander Veer, Albany; (14) Supplementary Paper on Abdominal Section in Intrapelvic Hæmorrhage, M. Rosenwasser, Cleveland; (15) Conservative Midwifery, J. M. Duff, Pittsburg; (16) The Cause of the Thirst Following Abdominal Section, Eugene Boise, Grand Rapids, Mich.; (17) The Care of Pregnant Women, W. B. Dewees, Salina, Kan.; (18) Subject to be announced, L. S. McMurtry, Louisville, Ky.; (19) *Discussion*—Inflammatory Disease of the Uterus and Appendages and of the Pelvic Peritoneum. (*a*) Introductory Remarks, William Warren Potter, Buffalo; (*b*) Historical Sketch, Edward J. Ill, Newark, N.J.; (*c*) Clinical History, Charles A. L. Reed, Cincinnati, O.; (*d*) Causation and Pathology, Lewis S. McMurtry, Louisville, Ky.; (*e*) Diagnosis and Prognosis, James F. W. Ross, Toronto, Can.; (*f*) Treatment, M. Rosenwasser, Cleveland, O.; A. Vander Veer, Albany, N.Y.; J. H. Carstens, Detroit, Mich.; A. H. Cordier, Kansas City, Mo.; (*g*) Results—(*a*) When Untreated; (*b*) Under Various Methods of Treatment, Joseph Price, Philadelphia, Pa.; (20) Intercurrent Typhoid Fever in Pregnancy, Thomas E. McArdle, Washington, D.C.; (21) Notes on a Case of Cholelithiasis, Frederick Blume, Alleghany, Pa.; (22) Perineal Operations, Joseph Price, Philadelphia; (23) Remarks Bearing on the Surgical Treatment of Intussusception in Infants, Based on Two Successful Cases, Henry Howitt, Guelph, Ont.; (24) The Limitations of Surgery in the Treatment of the Uterus and its Appendages, William H. Myers, Fort Wayne, Ind.; (25) The Incision in Abdominal Surgery—Methods and Results, J. H. Carstens, Detroit, Mich.; (26) Abdominal Section in Ectopic Gestation, where the Fœtus is Living and Viable, X. O. Werder, Pittsburg, Pa.; (27) Subject to be announced, William E. B. Davis, Birmingham, Ala.; (28) Hysterectomy for Cancer of the Uterus, E. W. Cushing, Boston, Mass.
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- THE AMERICAN PUBLIC-HEALTH ASSOCIATION. —This Association will hold its twenty-second annual meeting at Montreal, September 25, 26, 27 and 28, 1894, under the presidency of Dr. E. B. Lachapelle, of Montreal. The Association was organized in 1872, for the purpose of inaugurating measures for the restriction and prevention of contagious and infectious diseases, and for the diffusion of sanitary knowledge among the people. The growth of the Association and the work it has accomplished more than justify its existence. Its membership has been augmented from year to year, until it now constitutes the largest and strongest sanitary body in the world, and embraces in territorial extent the United States, the Dominion of Canada, and the Republic of Mexico. Under the impetus given by its work, state and local boards of health and sanitary associations have been organized, sanitary publications increased, and hygienic knowledge widely and extensively diffused. Among its members may be found physicians, lawyers, ministers, civil and sanitary engineers, health officers, teachers, plumbers, merchants,

etc. —in fact every profession and many of the industries are represented in its list of members. The only qualifications required for membership are a good moral character, an interest in hygiene and the endorsement of two members of the Association. The membership fee is five dollars, which hardly covers the cost of the copy of the proceedings of the Convention to which every member is entitled. The local Committee of Arrangement is at work to insure a large and profitable meeting, and it is to be hoped that the number of Canadians who will join the Association for this Canadian meeting will compare favorably with what has been done elsewhere. The railways have reduced their rates to one fare and one-third, provided certificates of attendance be produced when leaving Montreal on the return trip. Special blanks for this purpose will be furnished on demand. An excursion to Grosse Isle Quarantine Station (over 200 miles from Montreal) has been arranged by the local committee, leaving by boat on the afternoon of the 28th, to return early on the 30th, and will be most attractive both from a sanitary and scenic point of view, the Quarantine Station being well equipped and the route to Grosse Isle being through the most interesting part of the Province of Quebec. For application blanks or further information address Dr. Irving A. Watson, Concord, N.H., or Dr. E. Pelletier, Montreal. Officers of the Association:—President, Dr. E. P. Lachapelle, Montreal; First Vice-President, Dr. M. Carmonay Valle, Mexico, Mex.; Second Vice-President, Dr. J. N. McCormack, Bowling Green, Ky.; Secretary, Dr. Irving A. Watson, Concord, N.H.; Treasurer, Dr. Henry D. Holton, Brattleboro', Vt. Officers of Local Committee of Arrangements:—Chairman, Dr. Robert Craik, Montreal; Secretary, Dr. E. Pelletier, Office, 76 St. Gabriel Street, Montreal.

Representative of Ontario on the Local Committee of Membership, Dr. P. H. Bryce, Secretary Provincial Board of Health, Toronto. The following topics have been selected for consideration at this meeting: 1. The Pollution of Water Supplies; 2. The Disposal of Garbage and Refuse; 3. Animal Diseases and Animal Food; 4. The Nomenclature of Diseases and Forms of Statistics; 5. Protective Inoculations in Infectious Diseases; 6. National Health Legislation; 7. The Cause and Prevention of Diphtheria; 8. Causes and Prevention of Infant Mortality; 9. The Restriction and Prevention of Tuberculosis; 10. Car Sanitation; 11. The Prevention of the Spread of Yellow Fever; 12. On the Education of the Young in the Principles of Hygiene; 13. Private Destruction of Household Garbage and Refuse; 14. Disinfection of Dwellings after Infectious Diseases; 15. Inspection of School Children with Reference to the Eyesight.

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#### SANITARY NOTES.

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Recent statistics collected by Mr. Vidal, of Hyeres, France, relative to infantile mortality in the Department of Var show that the principal causes of death are enteritis and meningitis. Against the former of these diseases, hygienic precautions are known to be very efficacious.

The Roussel Law, which has recently been placed on the statute book of France, will no doubt have a restraining influence on the mortality of infants. In France among the well-to-do classes in cities, it has long been customary to send infants to the country to be nursed by peasant women. Section 8 of the Roussel Law provides that mothers are obliged to nurse their infants up to the age of seven months, and cannot put them out to nurse until they have attained that age.

September 20th, the ninth exhibition of hygienic and food products will open at Rome, Italy. It is organized by the International Association of Hygienic Progress, of Brussels, Belgium, a society which numbers among its members some of the most distinguished scientists of Europe and America. Professor Bacelli, Minister of Education, is chairman of the Committee of Patrons. The prospectus or any other information relative to the meeting can be obtained from the Secretary-General of the Association, Rue de la Liniere, 4 à Bruxelles-Médè.

Cholera in Russia has called forth energetic measures from Denmark. Orders have been promulgated, that all merchandise and baggage, sent from the Russian province of St. Petersburg, shall be submitted to medical inspection and disinfected previous to landing. The importation of rags from St. Petersburg is forbidden.

Kitasato, the well-known bacteriologist, telegraphed recently to Professor Koch, of Berlin, that he had discovered the bacillus of the plague. It resembles the bacillus of chicken cholera.

The St. Louis *Globe-Democrat* reports the wholesale poisoning of a flock of sheep by prussic acid. They had browsed on the branches of some peach trees which had been cut down and left on the ground. As is well known, the fresh branches of the peach tree contain large quantities of prussic acid.

The municipal laboratory of the Health Department, Paris, has been analyzing samples of ice used in that city for domestic consumption. The worst possible results have been found. Microbes of every kind have been discovered, and even fragments of excreta. Evidently the manufacture of sterilized ice is much required.

J. J. C.

## Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Correspondents are requested to be as brief as possible.

### MEDICAL COUNCIL AFFAIRS REVIEWED.

Why the Shoe Pinched—Three Separate Copies of the ex-President's Address—Professional Tax not Necessary—The Donation of \$600—Soul Harrowing Obituaries—The Appointment of an Auditor—Discipline Committee—A Corrupt Act—Eleventh Hour Conversions—The MONTHLY and the "Official Organ."

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—I did not intend asking you for any space in your next issue, as I know you must be crowded with correspondence already. I must protest, however, against the unkind insinuation made in the last paragraph of the editorial of the *Ontario Medical Journal* just to hand. The editor of that periodical implies that the highly-esteemed ex-President of the Council has been forcing a No. 8 foot into a No. 6 shoe and got pinched, or otherwise that he wears corns not amenable to treatment even by high potency "moral attenuations." If such is unhappily the case, is it not a poor return for all the taffy given at the recent Council Meeting, to urge, in a sneaking way, the unfortunate sufferer to "put his foot in it" again by attempting to defend his recent "speech"? We really fear the ex-President may not "think it worth his while" to do so. Dr. Campbell's letters and addresses are so interesting, so lofty in sentiment, so eloquent with truth and honest intent, so unique in every way, that it is a positive pleasure to review them. It is to be hoped, therefore, that he will let us hear from him again soon.

The *Journal* undertakes "to point out a couple of mistakes made by Dr. Sang-

ster." He appears, however, to conclude that I am annihilated by the first, and so does not refer to the second. If, with the assistance of a friend, he reads my letter again in connection with pages 392, 409 and 414 of his last month's issue, he will find that I have made no mistake with regard to the three separate copies of the Address to be sent at the expense of the profession to every medical man in the Province, viz., a copy in the *Journal*, a copy in the Announcement, and a copy specially prepared and sent by the Printing Committee. The *Journal* artlessly exposes the fact, not previously known, that this Address was also printed in bulk by the Council at the expense of the profession, to be used as campaign literature, and supplied to candidates at a nominal rate per hundred. The probabilities are that when we have done with our exhaustive review of the ex-President's Address, there will be so little of it left, except the portrait, that the candidates will think it dear even at the nominal cost of one dollar a thousand.

As I have my pen in hand, I may proceed to call attention to a few of the facts to be gleaned from a careful study of the published report of the Council's last meeting.

1. It is clear that the Council finds no difficulty in doing without the professional tax. For the last two years no assessment has been made, and only \$2,278, or less than half the assessed sum, was collected for the previous year. Yet the Council is as well off as ever; in fact, finds its coffers so full that it can afford to donate \$600 to one of its own members for work which the Medical Publishing Company, of Toronto, made a *bona fide* offer to do for \$1, and also to print and publish and to scatter broadcast over the Province the ex-President's Address and portrait. And notwithstanding these expensive luxuries, it finds itself at the end of the year with a balance of \$315 in the

bank—its balance June 15th, 1892, when it had just collected and spent assessment dues to the amount of over \$5,000, being only \$371. Not the least of the benefits, which have accrued from the efforts of the Defence Association, has been the saving already to the profession of some \$12,000, or individually to each practitioner \$5.00, as assessment dues. And it is evident that had the Council collected this \$12,000, it would have been no richer or less in debt—the whole sum would have been swallowed up in Council and Special Committee expenses, and the luxuries of officialism due to expensive tastes and irresponsible expenditure.

2. The cost of the Council meetings has decreased each year since the formation of the Defence Association, being over \$400 less this year than last, although the session was, as usual, stretched over five days, or rather, three whole days and two halves.

3. The expense of holding the examinations has steadily decreased each year since the formation of the Medical Defence Association—although the fees paid in for examination have increased, the indications are that more students were examined. The examination fees for the four years, 1890-91, 1891-92, 1892-93 and 1893-94, were \$9,955, \$9,925, \$10,860 and \$10,860, while the expenses of examination for same four years were \$3,852, \$2,289 (there was no fall examination this year), \$3,276 and \$2,512. As compared with last year and 1890-91, in both of which there were also spring and fall examinations, the saving made in this service by the Council, under the strictures of the Defence Association was \$764 as between last year and the year before, and \$1,340 as between last year and 1890-91.

4. On the other hand, the cost of printing has steadily and rapidly increased. In 1886-87, prior to the Council's build-

ing mania, the whole service for printing only cost \$56 ; in 1887-88 it amounted to \$240. As soon as the Council got into its palatial quarters, it ran up to \$345 in 1889-90, to \$458 in 1890-91 and to \$610 in 1891-92. In 1892, in defiance of the law that governs every other corporate body in the Dominion, the Council entered into a contract with one of its own members, paying him \$600 a year ostensibly for printing. Yet that year, besides \$500 on this contract, the Council professes to have paid (Announcement 1893-94, p. 113) no less than \$1,181 for printing. It is alleged that the bulk of this large sum went for printing the Register. It is possible, but seems hardly credible. This year there has been no special outlay, yet the cost of printing may be set down as \$358, given in the financial statement—\$600 to *Medical Journal*, and, say, \$300 as cost of Council's time thrown away in electioneering twaddle over the Printing Committee's Report, or, say, \$1,235 in all. This is economy with a vengeance.

5. Fully half the time of the Council, at its recent meeting, was frittered away in idle talk—a long and profitless discussion on vaccine virus, a matter quite outside its scope of action ; the ridiculous fiasco over the Printing Committee's Report ; a visit to the new Court House, not this time as defendants in a suit for malfeasance of office in unlawfully sinking \$100,000 in real estate, but simply as sight-seers ; the preparation of an address to the Governor-General ; and inane and reciprocal eulogies bandied about when the Council resolved itself into a Mutual Admiration Society, and amid funereal gloom, proceeded to pronounce a series of soul harrowing obituaries over its different elective representatives. To the Council all this is only killing time at remunerative rates of payment for its individual members, but to the profession it is wasting time at a cost of \$500 or \$600 a day.

6. The appointment of an auditor for the new Council—though another death-bed repentance, which strongly reminds one of shutting the stable door after the horse is stolen—may be taken as a frank admission of past irregularities, and a desire to remove an open pit of temptation from the path of its successor. It is also a tardy recognition of the justice and force of the Defence Association's views.

7. The sudden veer round in the methods of Discipline Committee trials is another adoption of Defence contentions. This year, under the pressure of our strictures and the scathing articles in the *Mail*, the Council has substituted decapitation for suspension, and saved the costs of the trial. The Council might have adopted this plan three years ago, when we pointed to the expensive farce it was otherwise enacting. But great bodies move slowly. Meanwhile, it recklessly threw away some \$4,000 of the profession's money—\$1,200 in the Washington case alone.

8. In any other corporate body in the Province the self-appointment of Council members as Returning Officers at \$10 remuneration for each, would be considered a corrupt act, but having swallowed the camel, in the shape of a \$600 contract given to one of its own members, the Council could not be expected to strain at a gnat.

The proceedings are full of eleventh-hour conversions. Some others of these, especially the very noticeable *rapprochement* of Council ideas on real estate to Defence contentions, I must reserve for another letter. An election is a great eye-opener. Were the present Council to endure for another year, we might expect it, for the occasion, to come over, body and bones, to the Defence Association, *i.e.*, until the elections were safely through. Before closing this letter, I wish to call the attention of my fellow-practitioners to the point so clearly made by Dr. Armour in his excellent communi-

cation last month. Every member of the present Council seeking re-election is absolutely pledged to reinstate the assessment and the coercive clause of the Act. Those in sympathy with the Defence Association *must* return at least twelve representatives pledged to give retrenchment a fair trial before they agree to assess the profession, and pledged against the re-institution of Section 41a. A man claiming to be independent, who refuses to be pledged on these points, is astride fence and the means to fall on the other side. I trust our friends will remember this, and, where necessary, refuse to be bound by promises cozened out of them by personal influence or solicitation.

I have only further to thank you, Mr. Editor, very heartily on behalf of myself and my associates for your great fairness in so freely affording us space to reach the profession. That you are able, without subsidy or assistance from the Council, and without one cent of cost to the profession, to send MONTHLY to every practitioner in the province—a professional periodical which, in tone and management and the character of its contents, is incomparably superior to the “official organ” of the Council, reflects the highest credit on your business ability and public spirit as a journalist. That you are welcomed and eagerly read by the whole body of practitioners in Ontario is a fact not to be questioned. The profession will not soon forget that, when the “official organ” shut itself against all free discussion, you generously opened your columns to us in our hour of need. My genial friend, the editor of the *Ontario Medical Journal*, in his last issue becomes irate, and forgetting an old adage referring to culinary utensils calls you “an advertising sheet, containing a few *items* of medicine.” I suppose he means a few *doses* of elaterine, apomorphia, strychnine and other abominations. Possibly he will be surprised to learn that, as compared with *The Ontario*

*Medical Journal*, the reading matter of the DOMINION MEDICAL MONTHLY exceeds in quantity almost as much as it excels in quality. The July number of the *Journal* is an extraordinary one, as it is amplified to receive the Report of the Council proceedings. Still, leaving out the advertisements of both, and counting in whole and half pages of reading matter in both, the July number of the MONTHLY contains quite as much (54 pages) medical literature as the *Journal*. If we compare the May numbers, which is a much *hairer* test, we find 35½ pages of reading matter in the *Journal*, and 58 pages, or fully half as much more, in the MONTHLY.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Aug. 6th, 1894.

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#### THE MEDICAL COUNCIL OF ONTARIO.

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Seeking Shelter from the Storm 'neath Hahnemann's Shade—The Amenities of Debate—Anonymous Correspondence—The Hiringing—A Representative Council!—The Sale of the Building—A Fishing Inquiry.

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EDITOR DOMINION MEDICAL MONTHLY :

SIR,—“Misery acquaints itself with strange bed-fellows.” So said Trinculo when, on the approach of a furious thunder storm, he crawled beneath the gaberdine of that hideous, deformed monster, Caliban, which was neither fish nor flesh, and was regarded by the late Sir Daniel Wilson as the missing link between man and the monkey. In the storm that now rages between the profession and the council, the drama strangely repeats itself.

What a spectacle to behold! Here are the haughty, imperious Thorburn, Day, Ruttan and Johnson, Geikie, Williams, Rogers, *et hoc genus omne* perchance less punctilious about their “bed-fellows,” the meek and gentle Fowler, the bellicose

Surgeon-General Bergin—all once proud of their professional exclusiveness and prestage—now crouching from the coming tempest under the mantle of Clarence Thomas Campbell, the Caliban-pathy President of the Council. *O tempora! O mores!* Has it come to such a pass that the members of the Council belonging to the general profession are incapable of their own defence, and are necessitated to elevate to the throne one whose highest recommendation for the office has been the cavalier audacity which has characterized his references to that portion of the profession (and it is more than the moiety) which has been and is engaged in a struggle to secure mainly the boon of self-government?

I find fault with my allopathic friends in the Council because, when this gentleman, as vice-president, stood with one foot upon the throne and insulted the profession by describing its members as "children" and "feeble-minded," then they made him their chief, condoning his offence, and clothing him with sovereign authority to still further rail at his subjects. I am not making an *ad captandum* appeal. I am not seeking to stir up the old feuds between the pathies. But I do resent the double insult—the insult so cavalierly hurled at the profession by Dr. Campbell, both before and during his presidency, and the insult of making such an offender the chief officer of the College of Physicians and Surgeons of this Province, and stamping his most untruthful and Jesuitical address with the sanction of official approval. But let no one think for a moment I have any desire to shirk an argument, whatever be its origin or character. Far from it. The boon we seek is self-government with all its attendant benefits. This and nothing more. That is a citadel easy of defence. It is impregnable. The Defence Association has, therefore, nothing to fear but everything to gain by full and fair dis-

cussion. I therefore desire with your kind indulgence, Mr. Editor, to make some references to the address of President Campbell, the more so as that address has been adopted by the Council as its *pronunciamento*, and published in the Council's defence journal as a first edition at the expense of the profession, to be printed in the announcement as a second edition at the expense of the profession, and to be issued in pamphlet form, as a third edition—a hotch-potch homœopathic nostrum for regular plebeians to swallow, and evidently from the abundant supply, to be swallowed in heroic allopathic doses.

Dr. Campbell, in the closing sentences of his address, makes a very touching appeal on behalf of the amenities and ethics of criticism and debate. He deprecates the use of Billingsgate and the imputation of improper motives, and places himself on record against all that is unmanly and dishonourable in order to save the boys, the "licentiates," from the malevolent consequences of such methods of warfare! Well spoken, Dr. Campbell! Now, if these high-toned methods of discussion should govern the common sinners in the conflict, may I humbly inquire if they could, by any possibility, be also made applicable to the actions and utterances of the high priest of the Council and his friends and defenders? Let us inquire how far they have squared their practice with these lofty ideals.

The Medical Defence Association was not an hour old, when a resolution was unanimously passed that no member of it should seek to voice our views in the press except over his own signature. This rule, by us, has been religiously observed. If any anonymous communication (and I can recall none) has appeared in advocacy of our views, it has come from some person not a member of our Association. Now let us turn to

ex-President Campbell and his followers. Ever and anon, since this controversy began, anonymous communications in defence of the Council have appeared in the public press, and more conspicuously in the hireling journal of the Council; and many of these communications, instead of discussing the questions at issue, have made gross personal attacks on the private affairs of members of the Defence Association. When an individual makes a personal attack upon his neighbour through the press, and hides behind an assumed name, he is branded by all honourable men as a coward, and when the hireling of a journal publishes the coward's letter, he becomes a coward himself, and when the members of the Council hire or subsidize the hireling who helps on such gorilla warfare, they become participants in the offence, and the ex-President, notwithstanding his Phari-saical "amenities" and "ethics," cannot escape his share of the responsibility for this, the most dishonourable feature of the whole discussion.

Once more, let the ex-President stand before his lofty ideal "amenities" and "ethics." Of the members of the Defence Association, he says: "They took the position that, as a class, physicians were incapable of self-government." This is audacity emboldened into deliberate falsehood. I challenge Dr. Campbell, from all the records of the controversy on our side, to produce one sentence that will give even the shadow of justification for such a statement. On the contrary, from first to last our contention has been that the profession is capable of self-government, and our whole struggle has been and is to secure the boon of self-governmet for the physicians of this Province. Dr. Campbell asserts that the Council is the "representative body" of the profession. How could it be "representative," when 60 homœopaths send

as many representatives to the Council as 1,000 regulars? How could it be "representative," when the man who uttered the words, with everyone of his pathy race, has sixteen times more power in the Council than any regular in this Province? How could it be "representative," when some sixty homœopaths pay into the treasury, at the utmost, \$120, and take out from \$600 to \$800 per annum? How could it be "representative," when fifteen of the twenty-seven members are appointees and selectees of two favoured classes, and not in any way subject to the votes of the profession? To correct these glaring wrongs has been the main object of our struggle, and we will never lay aside our weapons until every medical man from Sarnia to Cornwall can hold up his head and say, "I am free from Family Compact rule, and my profession, like the other learned professions in Canada, is self-governed."

In this letter I shall trouble the ex-President but once more to stand up and gaze on the comely form of one other of his "ethical" progeny.

In speaking of the building, he said in his speech on the 12th of June last: "The fact that it could be to-day sold, leaving the Council with a large cash balance as the result of the operation, may be accepted as an indication that we have not been unfaithful or imprudent trustees." In a letter dated six days ago, Dr. Campbell informs me that the "large cash balance" on the offer made would amount to from \$35,000 to \$40,000. This astounding statement regarding real estate in the city of Toronto, where there has been a constantly falling market ever since the boom burst, would try to its utmost tension the credulity of any person, save the members of the present Council. This sharply-defined, categorical utterance of the Council's defender

I shall not characterize, but will allow each reader to arrive at his own conclusion after I have examined the witnesses, who can bear testimony as to its truth or falsity.

The first witness I call is Dr. Thorburn, Chairman of the Building Committee, and from his official position he is able to speak with authority. Concerning the proposed sale of the building, Dr. Bray asks:

"DR. BRAY—Has there been any offer made?"

"DR. THORBURN—No. There has been no offer made; it is merely an inquiry. They merely asked whether we would sell it, and what rentals we received, how much ground we have and how much it cost us, and there is an addendum to it, 'I will expect my commission.' It is more in the shape of an inquiry from a broker than a *bona fide* offer from an intending purchaser."\*

The next witness is Dr. Day:

"DR. DAY—It is a fishing inquiry that, I think, would put us on a bad basis."\*

The next witness is Dr. Bergin:

"DR. BERGIN—It is not a *bona fide* thing at all."\*

With this evidence before you, gentlemen of the profession, comment is unnecessary, and your verdict easily reached.

The unparalleled audacity of the ex-President's declaration becomes the more conspicuous when we remember that the Bay Street speculation, from the hour of its construction until the present, has been a disastrous failure. It has never yielded one dollar of revenue above its maintenance and the interest on the mortgage, but deficits, in endless round, year after year, and increasing as the years go by. After allowing nearly \$2,000 annually for the rooms occupied by the College of Physicians and Surgeons, the Council's

speculations has produced the following results:

1888-89	Deficit	.....	\$3,076	91	
1889-90	"	.....	2,428	55	
1890-91	"	.....	2,726	76	
1891-92	"	.....	3,412	69	
1892-93	"	.....	2,872	15	
1893-94	"	.....	3,531	83	
Total...				\$18,048	89

In six years the building has gone all wrong to the extent of \$18,000, and yet Dr. Campbell seeks to deceive the profession into the belief that an offer has been made that would realize the "large balance" above its costs of from \$35,000 to \$40,000. What matters it what Dr. Campbell says? He can snap his fingers in our face and go back to his little coterie of homœpaths and be sure of his re-election. But it does matter that our allopathic friends in the Council should make a mouth-piece of this man, to make statements calculated to mislead on the eve of an important election.

These are samples of the campaign literature which the Council has stamped with its approval, and sent out edition after edition at the cost of the College of Physicians and Surgeons of Ontario, and upon such "amenities" and "ethics" they hope to snatch a verdict on the thirtieth of October. No members of the Council were more obnoxious than the territorial in lauding both the speech and the speaker, and it was declared that in many respects he outshone all his brilliant predecessors in the chair.

If your forbearance, Mr. Editor, is limitless, I may return with a few more sketches of Dr. Campbell's numerous Caliban offspring, which the Council has adopted as its own bairns and sent them forth to do missionary work amongst their benighted constituents.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, Aug. 6th, 1894.

\*See *Ont. Med. Jour.*, for July, 1894, pp. 475, 476.

## ANGINA PECTORIS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—There are essentially two kinds of Angina Pectoris—one resting upon a neuro-pathological foundation in which the characteristic symptoms range between the wide limits of remedial functional disorder, and fatal organic lesion of the cardio-vascular system. Arterial tension is an essential element in the majority of cases, but is not organic disease, the *fons et origo* of arterial tension. There may be intense suffering and a fatal result without any heart lesion discoverable before or after death. In a well-marked case of angina, no morbid sounds could be detected during life, neither was there any great amount of suffering; urgent dyspepsia was the most pressing symptom. T. C., æt. 68, suffered as above for several years, and a short time since died sitting in his chair smoking his pipe without a struggle or a cry. A post mortem disclosed ossification of the coronary arteries all along their course to their termination. There were adhesions to the lung, referable to a former attack of pleuro-pneumonia, but the other organs were all healthy.

Now, how do we account for the absence of all morbid and unnatural heart sounds? Is it because these arteries are embedded in the muscular structure of the heart, and such being a bad conductor of sound, give no guide to the physician in his examination. T. C. had been before several doctors, and all pronounced his heart *sound*, although there was always a tension of the pulse.

Dr. Powell thus describes and defines Angina Pectoris :

"1. Disturbed innervation of the systemic or pulmonary vessels, causing their spasmodic contraction and, consequently, a sudden excessive demand upon the

propelling power of the heart, violent palpitation or more or less cramp and paralysis ensuing, according to the reserve power and integrity of the organ—*angina pectoris vasomotoria*.

"2. Essentially the same mechanism, but with the same successive demand made upon a diseased heart—*angina pectoris gravior*.

"3. The trouble may commence at the heart from irritation or excitation of the cardiac nerves, or from sudden accession of anæmia of cardiac muscle from coronary disease—*primary cardiac angina*.

"4. In certain condition of the blood, or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate, feeble heart in the background, we may observe intermittence in its action prolonged to syncope—*synopal angina*. This group would include the *vagus angina pectoris* of Ross."

A few nights since I was called to a lady, said to be dying; such a case as might, I am sure, be referred to the first cause, and quite independent of organic lesion of the heart. She was relieved by hypo. of morphine and atrop and nitroglycerine in a short time.

Yours obliged,

H. B. EVANS.

Picton, July 18, 1894.

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## Book Notices.

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*The Medical Profession in Upper Canada, 1783-1850.* An historical narrative, with original documents relating to the profession, including some brief biographies. By WILLIAM CANNIFF, M.D., M.R.C.S. Eng. Illustrated. Toronto: William Briggs. 1894.

The present volume of nearly 700 pages is the outcome of much labour. Dr. Canniff has done a good service for the medical men of this province. He

has collected a large amount of useful information, and has presented it in a very readable manner. The work shows what an important part the medical men of this province have taken in the moulding of its history. The volume is a fine specimen of book-making.

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*Where to Send Patients Abroad for Mineral and other Water Cures and Climatic Treatment.* By Dr. THOS. LINN. Geo. S. Davis, Detroit, Mich., 1894.

This is one of Davis' well-known "Physicians' Leisure Library" series. The information contained in this little volume applies to the climates of European health resorts, and to the therapeutic uses of the many mineral spring waters in these places. There is much useful information on baths, waters and climates, and on the cases for which the respective climates and waters are more specially suitable. Anyone who intends sending a patient to Europe would derive much information by consulting the pages of this little book.

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*Clinical Diagnosis.* By ALBERT ABRAMS, M.D., Professor of Pathology, Cooper Medical College, San Francisco; Pathologist to the City and County Hospital, San Francisco, etc., etc. Third edition, revised and enlarged. Illustrated. New York: E. B. Treat, 5 Cooper Union, 1894. Price \$2.75.

A correct diagnosis lies at the very foundation of a correct treatment. The subject, therefore, is an important one. Nor is one disappointed on turning to the pages of this book. For ready reference the matter is well arranged. Each subject is also treated in a concise manner. The facts are stated, while the reader is spared the annoyance of having to wade through a lengthy discussion to get at these facts. We can heartily recommend this work to everyone who desires a read-

able and reliable work in diagnosis. The book is in the well-known handsome form of the medical classics of the publishers

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*How to Use the Forceps.* With an introductory account of the female pelvis and of the mechanism of labour. By HENRY G. LANDIS, revised and enlarged by CHAS. H. BUSHONG. Illustrated. New York: E. B. Treat, 5 Cooper Union, 1894. Price \$1.75.

To apply the forceps properly requires skill. It is also a frequent necessity. These two facts being well known, every physician who wishes to discharge his duties conscientiously, will naturally look around for reliable information on the management of the forceps. To the volume before us by Landis and Bushong, all can be confidently directed. It will stand the closest criticism. In some places, where the teaching seems to differ from that of well-known writers, careful study convinces the reader that the views in "How to Use the Forceps" are correct. It would be impossible for the publishers to do better work. The book is a model in binding, paper and type.

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In fracture at or near the surgical neck of the humerus, complicated with dislocation of its head, Dr. Charles McBurney, of New York (*Annals of Surgery*), advises drilling the upper fragment and inserting a hook in the hole in which traction is made, so as to pull the dislocated bone into its place. He reports a case in which this plan of treatment was carried out with gratifying success. Heretofore these troublesome cases have been usually left with the bone dislocated till union of the fracture has been obtained, and then an attempt has been made, generally without success, to reduce it. Some have even advised removal of the head of the bone.