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**THE VALUE OF THE STUDY OF
MEDICINE.***

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At first sight nothing seems more obvious than the value of the study of medicine, but as a matter of fact there are few things less so; for what seems its greatest value is in reality its least, and its greatest value is either not seen at all, or when seen not recognized.

In the minds of most people the chief, if not the only, object of the study of medicine is the cure of disease, and no doubt it has some value in this direction, though wonderfully little as compared to what is generally believed. A few diseases can be cured, but by far the greater number cannot be cured by any means known to the world at present. Of those diseases which cannot be cured some lead inevitably to death; the rest, after running a longer or shorter course, spontaneously subside, and the patient regains his health. But it does not follow that in cases where the science of medicine cannot cure it is therefore valueless. In cases where the disease leads with sure steps, faster or slower, to death, there are few instances in which life cannot be prolonged and suffering lessened by a wise use of the means at the disposal of the trained physician. Neither does it follow that the science of medicine is useless in

cases where, though the disease cannot be cured, its natural tendency is towards recovery, for in such cases the comfort of the patient can often be greatly promoted by judicious management. And a knowledge of the natural history of the disease will often enable the physician to give such advice and warning as may lead to the avoidance of serious mistakes, which might, and probably otherwise would, be made by those in charge of the sick person, or by the sick person himself. The study of medicine, therefore, is valuable, first, for the cure of disease; second, for the relief of suffering; third, for the prolongation of life; and fourth, for the management of such diseases as tend to get well of themselves.

All these are very well, and when any of us are sick we are glad to get an educated physician to tell us what to do and to help us get better; but they are, all put together, a small matter compared with the next factor in the value of the study of medicine which is to be mentioned, namely, the prevention of disease.

This is the field in which medicine has made its great practical conquests, and those that it has made in this field I firmly believe are trifling compared to those that await it in the near future. But consider for a moment what has been done already in this direction. Many of the most deadly diseases, such as the plague, cholera, and small-pox, have been either entirely or almost entirely stamped out in civilized countries, and the avoidance of other diseases, such as typhoid fever, is surely, if somewhat

*Abstract of introductory lecture delivered at the opening exercises of the Medical Faculty of McGill University, October 1st, 1891.

slowly, following. By special means, such as vaccination, and by general sanitary means, such as cleanliness, ventilation, and drainage, not only these special diseases, but a large number of other ailments have been rendered less frequent, and, when they do occur, less fatal.

In the matter of diet, and more especially in that of drink, the inhabitants of civilized countries, guided by medical science, have of late years made vast strides towards a more rational and more healthy life; thus it is now demonstrated that alcohol is always injurious when taken as an habitual article of consumption. This knowledge, now gradually permeating the masses everywhere, is unquestionably destined to lead at last to the total disuse of alcoholic stimulants.

Some idea of the value of general hygienic knowledge may be gathered from the single fact that whereas early in the eighteenth century *three* out of every four children born in London, England, died under the age of five years, at present only *one* out of every four dies during those years. Or to put it another way: one hundred and seventy-five years ago, of all the children born in London, only one-quarter lived to be five years old; at present, of all the children born in that city, three-quarters live to be five years old.

What has already been done in the way of prevention of disease, great as it is, is probably trifling compared with what will be done in the immediate future, since this branch of medicine is advancing with gigantic and ever-quickenng strides. As the exact nature and cause of the various diseases are discovered, means will be found, not dreamed of yet, to prevent their occurrence. Already medical science is beginning to point out how such common and terrible scourges as consumption and insanity should be attacked, and I have no doubt myself that in the course of another century the acute specific fevers, such as scarlet fever, measles, typhus, typhoid, and the rest, will be stamped out of all civilized countries. In fact, it is impossible to overestimate the good that medical science has already done or may yet do for mankind in the ways mentioned; in the ways, namely, of relieving suffering, curing disease, and, above all, preventing disease. I be-

lieve that it was well that man, being in all other respects constituted as he was, was created liable to accidents and diseases that he might be stimulated by these to the study of his own body and mind and of nature, in order that he might gain some knowledge of these diseases and the means by which they might be prevented, cured, or relieved. For man is naturally indolent, and, unless he had been driven as he was by the pain of disease and the fear of death, it is certain that he would have remained until to-day as ignorant of his own structure and nature as he was ten thousand years ago.

As I understand it, then, disease and death, and especially the *fear* of disease and death, have been and are good friends to man, and not enemies, as generally supposed; for by them man has been driven to investigate the laws which govern his own life, as well as those which preside over universal nature. The immediate purpose of his study has been and is to defeat disease, and in this purpose he has been, as we have seen, largely successful. But by and through this same study he has achieved something far more valuable than that which he sought. He has achieved, namely, or is in process of achieving, the liberation of the human mind. For what does the study of medicine, after all, mean? It means the study of *man*. But in order to understand man we must first understand his surroundings; that is, the world in which he lives. The study of medicine, therefore, means the study of man and of all his surroundings, that is, of all things with which he is in relation; in other words, the study of himself and all things which do or may affect him prejudicially or beneficently. This study is, therefore, universal, and the following instances will show how it comes to be so. We want, for example, to understand the eye in order that we may treat its diseases and remedy its various defects, but the first thing we discover about it is that it is an optical instrument, and that nothing can be thoroughly understood about it until the laws of optics are mastered; so we had to and did study light. So we want to understand the ear in order to treat its diseases, and in the same way we find that it is an acoustic instrument, and that nothing can be satisfactorily understood about it until the general laws of sound have been elucidated;

we therefore study and finally master the science of acoustics. Botany is one of the tributary sciences of medicine, and was created for its purposes in order that the vegetable kingdom might be forced to render up such substances as it possessed capable of being utilized in the treatment of disease. In order that man's true place in creation and his relation to the animal kingdom might be established so that the structure and functions of the various parts of his body might be comprehended, the great science of comparative zoology was instituted, and the development hypothesis, that vast and magnificent scientific structure built up within the present century by the labors of Lamarck, Isidore Geoffrey Saint Hilaire, Wallace, Darwin, Lyell, Huxley, Haeckel, and Herbert Spencer, may be properly looked upon as a mere outgrowth of the science of medicine.

When we look at the subject more deeply and consider it more profoundly, the above are seen to be comparatively trivial instances. We discover that man, standing, as he does, in nature and as part of nature, and also at the summit of and, in a sense, above nature, all the rest of nature is tributary to him and leads up to him; that therefore the right understanding of man involves and supposes the right understanding of much that is not man.

It will be interesting and perhaps instructive to follow this proposition into some detail, and in order to do so I propose to show how a number of ascending lines, starting from the various departments of lower nature, converge toward and at last meet in that miracle of elaborate organization, the human body. These lines or series may be designated as, first, the Morphological Series; second, the Histological Series; third, the Chemical Series; fourth, the Dynamical Series; and fifth, the Psychological Series.

(1) The Morphological Series is the term used to designate the ascending sequence of forms which passes in an unbroken order from the lowest animals up to man. No member or organ in the human body can be fully understood until it has been traced throughout this series. For the various members and organs of the human body were not originally created as they exist in that body, but have each one of them a long history, stretching far back into prehuman times.

As in the case of the separate organs, so in the case of the entire individual. The study of man, which has been forced upon us by the dread of disease and death, has gradually opened our eyes to the fact that there is an intimate relationship between ourselves and other animals who occupy a lower place in the scale of creation than we do. We have learned that every organ in man, down to the most minute, is tallied by a similar organ in any one of the higher animals that we may choose to select and examine; and that any organ which exists in any one of the higher animals will be found in man also if it be looked for. Even, strange to say, in cases where man has no use for the organ, still he has it. For instance: Man's external ear is motionless; he has, therefore, no use for the muscles with which the lower animals move their ears, but for all that he has them. Again: All the apes use their feet, as well as their hands, to grasp with; they can all use the great toe as we use the thumb, that is, they can oppose it to the other toes and seize and hold sticks, nuts, or other things, between the great toe and little toes, just as they or we can seize and hold small articles between the thumb and fingers. We have no such power; we cannot make use of our toes in this way; still every muscle which exists in the foot of the ape by means of which he executes the movements in question exists also in our feet, but we make no use of them, and can make no use of them. Did we ever make use of these muscles? If so, when? If we never used them, why were they placed in our feet? Why should dozens of muscles be made and carefully placed and connected in our feet for no purpose? The muscles in question are now greatly atrophied for want of exercise. Were they created in this atrophied state, or were they created to be used, and have they since shrunk for want of exercise? Another instance: Cattle, horses, and many other of the lower animals, have a broad, flat muscle just under the skin of their neck and shoulders (a part of the body to which their tails will not reach), by means of which they shake the skin covering these parts and so drive away flies which have settled there. We also have that muscle in our bodies; it is called the *platysma myoides*, but we have no use for it, and could not use it if we wanted to do so,

since from long inaction or some other cause its fibres have become in us incapable of contraction. Did *we* ever use that muscle? And, if so, when? If we never used it, why was it placed in our bodies? Once more: You all know that while we, in common with all land animals, breathe with lungs, the whole family of fishes breathe with gills. In our body there is a large artery called the *pulmonary*, which carries the blood from the heart to the lungs to be aerated. In fishes there is a corresponding artery called the *branchial*, which carries the blood from the heart to the gills for the same purpose. But the gills are much further from the heart and nearer to the head than are the lungs; it is therefore easy to distinguish by its position a rudimentary branchial from a rudimentary pulmonary artery, and rudimentary gills from rudimentary lungs. Now it is a fact that at a certain stage of the development of an individual man, or of any other individual land animal, they have each and every one of them, both men and animals, rudimentary gills and rudimentary branchial arteries. These undeveloped organs are of course of no use to man or any other land animal; why, then, do they find a place in their bodies? Such anomalies as these might be mentioned by scores.

I have said that the great value of the study of medicine is not the cure or even the prevention of disease, but the liberation of the human mind, and you may now catch a glimpse of one way in which it effects this liberation. The fear of disease and death forces man to seek means whereby these may be warded off; this search leads, along with much else, to the study of human anatomy; in studying anatomy we encounter the anomalies to which I have just referred and innumerable others like them; in order that light may be thrown upon these apparently meaningless freaks of nature, general or comparative anatomy must be and is studied; a knowledge of this leads to such results as I have set forth.

(2) The second series is the Histological, a large subject, upon which only a few words can now be said. You are, probably many of you, aware that each one of our bodies is built up of millions and millions of cells. These cells are not by any means all alike; every organ, each tissue, has its own kind of cell of which it is

constituted, so that in the human body there are not only many hundreds of millions of cells, but there are several hundred different kinds of cells. As we descend the series of organic forms from man, the highest to the very lowest, we find that the lower we go in the scale, the fewer different kinds of cells the animal has, until we come to the very lowest of all animal forms, and we find that of these each one is composed of a single cell. Here, then, is another marvellous series: First, animals consisting each of a single cell; then animals consisting each of a number of cells, but all the cells of the same kind; then animals consisting of two kinds of cells; then of a larger and larger number of cells and of kinds of cells; until we ascend to man, whose body contains a greater number of different kinds of cells than that of any other creature.

But now comes a curious fact: Man's body (as well as the body of every living creature, animal or vegetable) *begins* its individual life as an animal of one cell. This cell is multiplied by growth and division, and, after a certain amount of development has taken place, instead of one there are many cells all of one kind; then some of the cells grow (as it were) apart from the rest, and we have many cells of two kinds; as the embryo develops, we have both a larger and larger aggregate number of cells, and a larger and larger number of kinds of cells, until we have at last the immense number of cells and of kinds of cells found in the full-grown man.

So here again we have two series corresponding with one another; the infinite series, namely, of the different animal forms from the unicellular to the most multicellular, and the series through which the individual man passes from his origin as a unicellular living form to his million-celled maturity.

(3) The third series to which I wish to direct your attention is the Chemical. One of the first things we learn when we begin the study of medicine is that life is almost entirely a chemical progress; that the body consists entirely of chemical molecules; that these are constantly breaking down and as constantly being renewed. We are, in fact, each one of us, from moment to moment, not metaphorically, but actually, constantly dying, and as constantly being recon-

stituted. This is the essential process which underlies all life; not that of man only, but the life of all animals and of all plants. This process is what might be called vital chemistry, but vital chemistry rests upon, absolutely depends upon, organic chemistry, and this again as absolutely rests upon and depends upon inorganic chemistry; so that these two last named had to be mastered before vital chemistry could be successfully studied.

(4) And if we pass now to the fourth or Dynamic series, we shall see that this is just as true of the *forces* which animate our bodies as it is of the *material* of which these bodies are built up. Just as the matter of which our bodies are composed is related to all other matter—is built up of dead matter and returns to dead matter again—so is it equally true that every one of the varied forces which reside in our frame, and which we call vital forces, is merely borrowed for a moment from the great ocean of force in the outer world, and when used is returned to that again. And this is true not only of the force which drives the blood through our arteries and veins, of the force which we exert with our limbs, and the force with which we breathe; but it is true also of those far more ethereal and (so to speak) human forces called thought, desire, emotion, passion, and will. So true is all this that it is now well recognized that before the forces that make up the life of a human being can be in any radical sense comprehended, it is necessary to understand not only the vital forces generally (those of the vegetable as well as those which belong more especially to the animal kingdom), but those of inorganic nature also.

When these last have been mastered we find that they all, motion, heat, light, electricity, magnetism, chemical affinity, are continually passing into one another; that the same unit of force is at one moment one, and the next moment another of these; that they each have a definite value in relation to all the rest; that, for instance, so much motion is equal to (will produce) so much heat; that so much chemical force is equal to (will produce) so much electricity; that so much light is equal to (will produce) so much magnetism; and so on of them all. Not only so, but as with matter so with force. As far as our experience goes, none is ever

created and none is ever lost; but the total quantity in the universe remains always exactly the same. And just as light, heat, magnetism, motion, and the other forces of the inorganic world, are continually passing from one of these forms to another, so also in a living body are these inorganic forces becoming from moment to moment vital forces; and the vital forces are as constantly reassuming their original non-vital character. The same substance which was yesterday food is to-day a part of my living body, and to-morrow will be part and parcel of what we call the dead world. And the force which one moment ago existed within my brain as chemical affinity is now a thought, and in another instant will be heat. But what I especially wish to draw your attention to is that all vital dynamics, of which I have just presented a momentary glimpse, is a constituent and necessary part of the study of the human body and therefore of the study of medicine; and that that study involved and necessitated the mastery of the laws of the forces of the outer world.

(5) In still another series of facts we see the same truth illustrated. Man has not only a body, but a mind as well. *Ab initio*, the study of the human mind was part of the study of medicine. Before the time of Hippocrates, physicians studied psychology and classified mental diseases, and ever since the healthy and the diseased mind have been among the primary objects of medical science. To throw light on this great subject all nature has been ransacked, but, above all, the mental operations of animals, from the lowest to the highest, have been explored and considered. And with this result, that here again we find two parallel series, the one in man and the other in animals, leading from the same point to the same point and each pursuing on its way the same route. Low down in the scale of animated nature mind has its deepest taproot in protoplasmic movements, in non-nervous adjustments, in partly nervous adjustments, and in nervous adjustments—then what may be called mind itself begins in the rudiments of sense, the faculty to feel pain and pleasure. With this faculty, or immediately after it, comes memory; then the primary instincts, as surprise, fear, and association by contiguity. As we ascend the animal scale, we

find successively added to these associations by similarity, jealousy, anger, play, reason, affection, recognition of individuals, communication of ideas, sympathy, recognition of images of things as in pictures, understanding of words, dreaming, emulation, pride, resentment, love, ornament, terror, understanding of mechanisms, grief, hate, cruelty, benevolence, use of tools, revenge, rage, indefinite morality, shame, remorse, deceitfulness, apprehension of the ludicrous.

But now take the individual man, study him from his origin and you will find the same functions unfolded in the same order. Why? Why should my mind as well as my body begin as infra-human and gradually become human? And if it must begin as infra-human, why does it in its evolution follow the exact path which is pursued by the growing mind of a dog, an elephant, or a baboon? And why does it also resume and summarize in its growth before it surpasses the animal mind, from its beginning in the lower forms of animal life to its apex in the tribes of the anthropoides? Here, again, you see, are two parallel series, for a knowledge of which the world is indebted to the study of medicine. And the study of these series in its far-reaching results, its transcendent revelations, has done perhaps more than any other toward the elevation and liberation of the human soul. For the results which I have hinted at are only the germ of what may be called modern psychology—the science of the evolution of the human mind.

The study of medicine, then, means the study of chemistry, biology, and psychology. That is, the study of all life, including mind, and of the molecular relations, combinations and reactions which underlie life. If medicine has given us these vast sciences (and she certainly has), might I not well be content to stop here and rest my case, pointing to them and saying: Here, gentlemen, is the value of the study of medicine? But no, I cannot pause even here, for—I am forced to say it—the main value of the study of medicine remains still to be stated. That main value is not direct, but indirect. Let me explain.

It was definitely shown early in the century by Auguste Comte, and later and still more exhaustively by Herbert Spencer, that chemistry underlies biology, that the latter cannot be

understood until the former is mastered; also that biology underlies psychology, and that, as before, the comprehension of the former of these is a necessary preliminary to the effective study of the latter. By the same line of reasoning these great thinkers make it clear that a mastery of biology and psychology is an absolute prerequisite to anything like a scientific conception of sociology; that is to say, we cannot understand the meaning of social facts nor of social relations until we have first made ourselves more or less familiar with the laws that govern the life of the individual.

It is not difficult to see in a rough way the truth of these propositions; for the mind being a function of a part of the body, and being influenced from moment to moment by the condition of the body, any one can understand that the body must be comprehended before the mind can be so. And mind being, as it is, an offshoot or prolongation of body, and depending on this for its very existence, it is easy to see there must be a close analogy between the laws of the two, and that that one of them which first came into existence must have had almost everything to do with establishing the laws for its own offspring. It is still more evident that a knowledge of mind must precede a right understanding of the laws that govern societies, since social movements of all sorts spring directly from the mental states, powers, and aptitudes of the individuals who composed the societies.

As an example of the way biological and psychological knowledge influences social judgments, feelings, and procedure, I may instance the change that is at present taking place in the views and feelings of mankind towards the degraded members of the social body, and in consequence the altered treatment these are receiving from their fellows. It is not long since lunatics were looked upon and treated almost as wild and dangerous animals, but a knowledge of psychology has totally changed our opinions and feelings in their regard, and has in the same degree altered our treatment of them. The same process is now at work upon our mental attitude towards criminals, and I wish here to call your attention to the extraordinary interest of this subject, which has been of late years deeply studied almost everywhere

except (strangely enough) by the English and among the English-speaking peoples.

It is now understood by those who have studied the anatomy, physiology, and psychology of the class called criminals that these in place of beings persons (as formerly supposed) who might, if they liked, be good citizens, but who have wilfully elected to lead vicious lives, are, in fact, imperfectly developed organisms, who, being defective *ab initio* in some one or more of the elements of mind that go to make up an average man or woman, are driven to the life that they adopt by a fate as inexorable as destiny itself; that they are rarely, if ever, proper subjects for moral reprobation, but are simply imperfect human beings whose instincts and acts are to be, not punished, but educated and (in the meantime) guarded against by the rest of the race.

A criminal (speaking broadly and roughly) is simply a person who was born with a defective moral nature, just as an idiot or imbecile is a person who was born with a defective intellectual nature, just as a person who is color blind is an individual who was born without color sense. The philosophy of all these cases is the same; it is covered by the word *atavism* - that is, a lapse to a prior condition. There was a time (not so long ago, either) when our ancestors had little or no moral sense, comparatively little intelligence—no color sense—no sense of musical harmony—no sense of fragrance. Individuals born to-day, lacking any one of these, are simply cases of *atavism*; they are individuals from whose constitution certain previously acquired qualities have been, by some accident, dropped; they are not monsters, nor are they something new created by a freak of nature. And when a man is born with little or no moral sense and so commits acts perfectly natural to him, but which, perhaps, intensely shock the feelings of other persons who have the moral sense well-developed, he is, properly speaking, no more a subject for moral reprobation than is the person who is born with a defective intellect, or the person who is born without the sense of color, melody, or fragrance. Such a person is no more a proper subject for punishment than is an average man, because *his* life was not as pure as that of the best man that ever lived; no more, indeed, than is the best man that ever

lived, because *his* life was not far better still than it had been.

A person born with a criminal constitution does not need to be damned either by God or man—he is damned already. He does not need to be punished—he is punished already. To such a being all the higher, purer, and better instincts of the race are denied; he is shut out from all enjoyments but the grossest and most sensual; while at the same time he has a more than ordinary capacity for fear, hate, envy, and all other feelings which are in themselves sources of wretchedness to the person in whom they reside and to all who are brought into relationship with him. Such a being is more deserving of pity than is any other person whatever; his fate is more to be deplored than that of the lunatic, idiot, imbecile, or slave. The feelings of horror and dread with which society has looked for centuries upon lunatics are sufficiently disgraceful to it, but they are not half so much to be deplored and deprecated as are the feelings of abhorrence, aversion, and hatred with which it has looked down in lofty and virtuous scorn upon the wretched criminal. All this now is being gradually changed, and the time is coming when punishment of members of this class will be as much a thing of the past as is that of lunatics at the present time. As long as there are criminals, doubtless society must protect itself from them; this it will not fail to find means of doing; but the day is surely coming (and is perhaps not far distant) when the gallows, the whip, and the jail will be obsolete as are to-day the stake, the thumbscrew, and the rack, or as are, in the case of the lunatic, the chains, the scourges, the dungeons, and the other multiplied horrors of old Bedlam.

Gentlemen, I have done my best under the circumstances to show you in faint outline upon how proud a field you are entering, how glorious a heritage has descended to you from the work of the great pioneers of our grand profession; but remember this, it is only yesterday that this vast meadow became ready for the scythe, and so far only a few swaths of the good grass has been cut. Take off your coats, then, and buckle to it. The labor is great, but not greater than the reward. Does it seem impossible to master so much and then advance beyond? Never think so. Resolve to achieve, and you will achieve. Resolve to conquer, and the victory is half won.

THE ADDRESS OF THE PRESIDENT
OF THE AMERICAN ASSOCIATION
OF OBSTETRICIANS AND GYNE-
COLOGISTS.*

BY ADAM H. WRIGHT, B.A., M.D., M.R.C.S. ENG.,
Professor of Obstetrics, University of Toronto.

When we separated after our pleasant and profitable meeting in Philadelphia last September, it was expected that we would meet this year in Washington as members of the Congress of American Physicians and Surgeons. The Congress, however, has refused to admit us, and therefore we are not going to Washington.

I desire, with the permission of our Executive Council, to place on record a plain statement of facts respecting the negotiations which have been carried on between that body and our Association. In the year 1886, after careful consideration on the part of certain representative physicians and surgeons of the United States, it was decided to form such a Congress. Preliminary invitations were sent to the various special societies, asking for their assistance and consideration in the new undertaking. All the societies then in existence, except one, returned favorable replies. The American Gynecological Society alone refused to co-operate. In the report of the meeting of this society for 1887, which appeared in the *New York Medical Record*, we find the following words: "The proposition to become a part of the American Congress of Physicians and Surgeons was not adopted." The promoters of the proposed confederation were naturally disappointed and considerably discouraged by the action of this strong and able society. They desired a representation of the important subjects of obstetrics and gynecology. After a conference, some strong friends of the Congress decided to organize a new society of obstetricians and gynecologists. A preliminary meeting of a number of prominent obstetricians and gynecologists was held in Buffalo, April 19th, 1888, with that object in view, and the result was that the American Association of Obstetricians and Gynecologists was organized, not in opposition to any other society in any sense, but largely in the interest of the new Congress. For some months these promoters of our association did some prodigious

work in their efforts to perfect the organization. I have been advised to mention no names in this connection, and I rather regret that I have acted on such advice, because I feel that I am scarcely doing justice to men who worked quietly but persistently for many weary months to make the association a credit alike to the continent of America and the Congress which it expected to enter.

In due time our organization was fairly completed. Those who had worked so faithfully and so unselfishly began to feel that their efforts had been crowned with success. A formal application for admission was sent to the Congress. In the meantime, however, a change had come over the society which had formerly opposed the proposed Congress. Whether this marvelous change was brought about by our organization, I know not; but it was a singular coincidence that the applications from the old Gynecological Society and the new Association of Obstetricians and Gynecologists for admission to the Congress were practically made at one and the same time. After some deliberations by the executive authorities of the Congress, it was decided that the society which had shown pronounced hostility to the Congress up to the date of its sudden conversion and application for admission should be received, and that the new organization, which had been formed to assist the confederation in a serious emergency, should be put on trial for a couple of years. In accordance with this remarkable decision the following resolution was passed:

"Resolved, that it is the sense of the Executive Committee that they will not consider the application of any society which has not held at least two annual meetings."

This decision was received with a certain amount of surprise, but with becoming meekness and humility; and we entered into our period of probation with some feelings of disappointment, but with strong hopes that our work would be judged on its merits, and duly recognized at the proper time. At the end of our second year we felt extremely gratified at the work which had been accomplished by our members. We felt certain that our two published volumes of Transactions would quite fulfil the requirements which had been exacted from us. These volumes were duly filed, substantially constitut-

*Delivered at the fourth annual meeting, New York, Sept. 18th, 1891.

ing our second application, to which we received no reply for many months.

Shortly after our meeting in Philadelphia we received a communication asking for twelve copies of each volume of our Transactions. This was a third surprise and disappointment to us, but we presumed that the request was made in good faith, and we acted accordingly. Our third meeting was so successful from every point of view that we thought a perusal of the Transactions would strengthen any favorable impressions which had been created by the former two. It was to a certain extent embarrassing to us, because we were unable to announce definitely the time and place of our next meeting. Our third volume was completed as soon as possible, and the thirty-six books forwarded to the Executive Committee of the Congress. When all the evidence as to our position was received, the committee did not arrive at a conclusion suddenly or rashly; they took ample time for deliberation, and while they were deliberating we were waiting. Month after month dragged along, and still the decision came not. The patience of our Council during these months reached a sublimity which appeared to me almost ridiculous. At last a meeting of the Executive Committee of the Congress of American Physicians and Surgeons was held in Philadelphia, April 26th, 1891, and shortly after we received an unofficial intimation that we would not be admitted to the Congress.

I have endeavored to give you a plain statement of what appears to me one of the most extraordinary transactions known to medical history. The question naturally arises, why were we accorded such treatment? I am unable to answer. A rumor has reached me to the effect that the chief argument used against us was that our association really represented nothing more than a duplication of the work of other sections, and for that reason should not be admitted. I have nothing to do with such an argument, and care not whether it be considered good, bad, or indifferent. I will remove the necessity of using it by saying that we concede that the Congress had a perfect right to refuse to admit us if its members thought fit. We insist, however, that it had no right to subject us to humiliation such as this; it had no right to place us on probation for an extended period,

and then absolutely ignore the essence of the implied contract. The resolution of the Congress required certain things from us. We have fulfilled those requirements in every particular. We actually came into existence in the interests of the Congress; we have supported it loyally in every particular; we have shown no particle of antagonism to any of its sections; we have, as a matter of fact, patiently submitted to much inconvenience through the delay in sending its singular ultimatum. Is it possible that the majority of the members of that great organization will feel proud of the actions of their executive? I have considered the matter in all its aspects, and I cannot conceive how the members of the Congress can reasonably defend the methods of their committee.

Well, gentlemen, what are we now to do? It gives me unbounded pleasure to assure you that our Executive Council holds no divided opinions. The necessities of the case compel us to bid the Congress a sad farewell, but in doing so we indulge in the hope that we may be permitted to continue our existence, which we have found exceedingly pleasant as well as extremely profitable. Our association is alive to day; it is going to live, it is going to thrive, it is going to do a great work on this vast continent. I say this in no boasting spirit. I desire to assume no air of bravado. I feel fully impressed with the responsibility I assume when I say that we have a grand future before us. I, who have done so little for you, can express myself with greater freedom than could others who have borne so nobly the burden of organizing this magnificent society. I have witnessed the efforts of our founders with profound admiration; I have watched their zeal, their devotion, their untiring energy, with a feeling of wonder; I have viewed their boundless enthusiasm, their wondrous capacities for work, and their unselfish devotion to each other and our common cause, with perfect delight. In addition, it gives me great pleasure to refer to the dignified bearing of our councilors under somewhat trying circumstances. In our negotiations with the Congress, I know of no act on our part that will ever bring the blush of shame to any of our members. While referring to the actions of our office-bearers, I cannot refrain from referring to the loyal support

they have ever received from the ordinary Fellows of our association. It appears to me that our prospects were never brighter than they are to-day. The main object of our association, "the cultivation and promotion of knowledge in whatever relates to abdominal surgery, obstetrics, and gynecology," is ever kept in view by one and all; and the results in three short years, the evidence of which may be found in the three volumes of our Transactions, are such as will inspire us with confidence and fill us with hope in the future.

Let it be our duty, as well as our pleasure, to worthily continue the work which has been so auspiciously begun. Let envy, hatred, and all uncharitableness toward other societies be ever kept far from us. Let us forget the indignities which have been heaped upon us. Let our memories of the past pertaining to our own work ever remain as pleasant as they are to-day.

It gives me pleasure and satisfaction to call attention to the fact that, geographically speaking, this association is American in the broadest sense of the word. As our president of last year expressed it, "the association is not limited to the United States, but only by the boundaries of the Western Continent." I know of no other medical society in existence that is essentially continental in character, and I am glad to be able to assure you that this feature of the organization is highly appreciated by my countrymen in the goodly-sized Dominion north of this flourishing republic. It happens, by an unfortunate coincidence, that the meeting of the Canadian Medical Association is being held in Montreal concurrently with this. As we desired to treat that society with no discourtesy, we have had but little to say about this meeting in Canada. I am much gratified, however, that Dr. Ross and myself have been able to propose the names of some Canadians, and I am pleased that you have been good enough to accept them to membership without putting them on probation for two or three years.

I would like to make a few remarks on the subject of medical societies with a view to our position at the present juncture; and I do so with considerable diffidence, because my opinions may be distasteful to some of our Fellows, and to some warm friends outside. My remarks, however, will simply represent my own

individual views, and you may take them for what they are worth.

We are now perfectly free and untrammelled in every respect, and it may be well to consider what position we should assume in regard to other societies. Probably all will admit the possibilities of great dangers arising out of specialties. This subject has caused considerable discussion in all parts of the world during recent years. It is not my purpose to discuss the general aspects of the subject now; but in reference to societies, I would regret very much to see a too-well-marked line of demarcation between the specialists and the great mass of general practitioners of this country. What should be the greatest medical organizations in the United States and Canada respectively? In my opinion, the American Medical Association and the Canadian Medical Association. I have long had a very decided opinion that the greatest medical organization that has ever existed is the British Medical Association. The great mass of British practitioners of all sorts and conditions belong to it, and take pride in their membership. It contains no less than thirteen thousand eight hundred members. At the recent meeting at Bournemouth, a large portion of the brightest lights of Great Britain were present, and devoted their best energies toward making the meeting a success. This is the rule from year to year, and the great society is growing with wondrous rapidity. In this country it seems to me that too many of the leaders of the profession are conspicuous by their absence from the meetings of the American Medical Association. Many of the men referred to are the peers of the best men that can be found in any nation or any clime. Is it not unfortunate that so many of them miss what should be the best opportunity of meeting the rank and file of the profession in their own country? Is there no remedy for this unfortunate condition of things? It would seem to me that all should unite to make the national society the greatest in the land, and that all local and special societies should cordially work together for that purpose. I am pleased to note that many of our Fellows are enthusiastic workers in the American Medical Association, and I hope that they and all others will give at least as loyal a support in the future as they have in the past.

I was particularly struck recently with an example of the great good which can be accomplished by a meeting of specialists with general practitioners. I had the privilege of attending a very excellent meeting of the Medical Society of the State of New York in February last, when I heard an admirable discussion on the important subject of appendicitis, valuable alike to those who talked and to those who listened. Operations, when required for this condition, may be relegated to those who pay special attention to abdominal surgery, but the best methods of diagnosis should be known to all. The various phases of the question were so thoroughly and so ably discussed that the large assemblage was duly impressed with the importance and correctness of the views expressed. It is impossible to put any proper estimate on the good that may be accomplished by such meetings and discussions. The benefits are not confined to one side, but extend alike to specialists and general practitioners. In speaking of specialists, I may say I refer to those who pay special attention to such subjects as obstetrics and gynecology, whether their work be confined to these departments or not. For such the benefits to be derived by personal contact with intelligent, industrious, and observing general practitioners are incalculable. Such association will do much to keep the specialists from becoming narrow, priggish, dogmatic, and—may I say it?—dangerous.

We meet to-day in this great city as a society of physicians and surgeons who may be called specialists in the sense I have indicated. Of course, modern gynecology is understood to include abdominal surgery, which has made such wondrous advances in recent years. I think our work on this continent in these different departments will compare favorably with that done in older countries. A few short years ago the results of our efforts in abdominal surgery were somewhat discouraging. Our mortality rates compared very unfavorably with those of Great Britain and the continent. Some of the reasons given for this condition of things were positively ludicrous. The history of the evolution of this branch of surgery is so recent as to be almost the talk of yesterday, and I need not dilate upon it to-day. What seem more simple now than our methods of cleanliness in surgery

—and yet how hard they were to learn! I think, however, I am justified in saying that we have conquered our former serious difficulties, and our high mortalities of from 15 to 50 per cent. in our various kinds of abdominal sections have vanished, I hope, forever.

Our advances in obstetrics, although not so brilliant as those to which I have just alluded, have been quite as valuable, and are exactly in the same line. And yet we have found it difficult to learn, and to teach, that obstetricians should be as scrupulously careful in their methods as abdominal surgeons. I may say, in addition, that this lesson has not yet been learned by a large proportion of our physicians, and we must go on preaching and teaching cleanliness until it is recognized practically as a criminal offence to neglect to clean the hands, the instruments, and the surroundings of our patients in labor. We are proud of the fact that we have almost driven septicemia from our properly conducted maternity hospitals. Let us drive it away from this continent altogether.

In making any allusions to the past year, I am very thankful that I have no obituary references to make respecting our Fellows. Some, however, have been sorely afflicted by family bereavement, and when our brothers suffer we feel in a sense a certain amount of the weight falling on our own shoulders. Of such matters I will make no special mention, excepting in one instance. I desire to give expression to the profound sorrow we felt in consequence of the almost appalling calamity which has befallen our secretary in the loss of his only—his well-beloved—son, who was alike an ornament to our profession, a worthy citizen of this republic, a loving son, husband, and father, and a most charming and estimable man. What William Warren Potter has done for this association cannot be told, but has, I am glad to say, been very highly appreciated by all. We know that since the inception of the organization he has given us the benefit of some of the best efforts of his life. We all respect and admire him for what he has done for us; we love him for his rare personal qualities and goodness of heart; we extend to him in his hour of tribulation our warmest sympathies, and our best wishes for him and his for all time to come.

I cannot refrain from making reference to the

great loss this country has sustained in the death of Dr. Fordyce Barker. He was not simply a distinguished obstetrician of this continent—he was known abroad almost as well as he was at home—he was one whom the whole medical world admired, respected, and delighted to honor. It was my pleasure and privilege to listen to some of his lectures in my student days, and since that period to read everything from his pen that I could find; and I feel that I am indebted to him for some of the most valuable lessons I have ever learned in the science and art of obstetrics. I desire, therefore, to offer my humble tribute, in addition to the almost countless others from all parts of the globe, to the memory of one of the grandest and noblest physicians the world has ever seen.

I must confess that your choice of a president last year at Philadelphia was more creditable to your good nature than your better judgment. I feel constrained, however, to forgive you for that mistake, and to thank you for myself and for my country. I cannot express the satisfaction it would afford me if any words of mine should encourage you to work with still more vigor and enthusiasm in the future than you have in the past. I feel, however, that that is unnecessary. I think that our association is not composed of the material that is likely to weaken in the hour of trial. I trust that the troubles that have beset us will be the means of forming the strongest link in the firm chain that binds us together as brothers and co-workers in a good and great cause.

Selections.

PUERPERAL ECLAMPSIA.

In a discussion on this subject at the meeting of the British Medical Association, Dr. Byers, of Belfast, expressed the following opinions about treatment: "Let us suppose we are suddenly called to a patient six or seven months pregnant, with convulsions, and in whom labor has not set in, what is our course of action? After taking precautions that the patient does not injure her tongue, by passing a handkerchief across the mouth, and seeing that she is surrounded with plenty of pillows, I think chloroform is our sheet anchor. As quickly as possible

she is to be brought under its influence, and at the same time thirty grains of chloral are to be given by enema. When the latter begins to act the chloroform may be stopped, and the chloral repeated after each attack. In case the fits, notwithstanding this treatment, recur at shorter intervals and become more severe, then I am entirely of the opinion that labor should be induced. Under chloroform the bladder is emptied, the membranes are ruptured, and the os dilated with Barnes's bags, or the fingers. This having been done, delivery is to be completed by turning or with forceps. Other remedies, such as pilocarpin, veratrum viride, amyl nitrite, nitro-glycerine, venesection, and morphine, have at different times been advocated by various obstetricians, but in my experience the best results are obtained by the chloroform and chloral treatment, followed, if necessary, by induction of labor. I am glad to find that in the most recently published text-book of midwifery the author, Winckel,* says: 'Whenever the patient becomes restless, and the approach of an attack is thereby recognised, or as soon as the first contractions commence, chloroform is to be given and the inhalation continued until the attack disappears. The chloroform acts, therefore, as a preliminary calmative until the chloral can be given (1 to 2 g.=15 to 30 grs.), which is at once to be administered after each attack *per enema*. This is repeated after each attack, and we are not afraid of giving as much as 12 g. (=3 drachms) of the drug per day, and even more.' His results are exceptionally good, for out of ninety-two patients he has only lost seven. In certain mild cases, if there is a wide interval between the fits, and if in this interval there is no coma, we may purge with croton oil, elaterium, or jalap, and give chloral with or without bromide of potassium; but, even in these cases, we must watch the patient closely and be ready to induce labor if necessary. Next to chloral, morphine, given subcutaneously, seems most useful.

"*Convulsions during labor.*—In these cases our plan of treatment is to control the convulsions with chloroform and chloral, while we use every effort to hasten the delivery.

**A Text-book of Obstetrics*, by Dr. F. Winckel, Professor of Gynecology in the University of Munich. Translated under the supervision of Dr. J. Clifton Edgar. Pentland. 1890.

“Convulsions after delivery.”—In these cases the prognosis is much more favorable, and in addition to treating the convulsions with anæsthetics such as chloral and bromide, we endeavor to keep the skin and bowels acting as much as possible.

“Prophylaxis.”—Let me add a word on the prophylactic treatment of eclampsia. In many cases of eclampsia the attack comes on quite suddenly, and we are summoned first when the patient is actually in a convulsion; but in others certain symptoms put us on our guard, and from their presence we are led to adopt a prophylactic treatment. Supposing that during pregnancy we find that there is much albumen, or that there are casts, or that the amount of solids passed is becoming less, we should see that the patient is warmly clothed, and that she avoids any exposure to cold. She should be kept on a milk diet, and nitrogenous food is to be avoided. The bowels should be made to act regularly and freely, either with pulv. jalapæ co., or cream of tartar, and in these cases there is no better remedy than the warm bath, which is a plan of treatment strongly recommended and used by German obstetricians. Winckel directs that every pregnant woman who has any notable albuminuria is to be given a hot bath at 100° every day, and after this she is to be wrapped in a blanket so as to cause diaphoresis, which usually continues two hours.

“The method of employing the hot-water bath in the prophylactic treatment of puerperal convulsions is carried out in Vienna as follows. I quote from a paper by Dr. Earle read before the Gynecological Society of Chicago, March 15th, 1889: ‘The patient is placed in a bath-tub filled with water at a temperature slightly above 99° F. The tub is then covered with a heavy blanket, leaving the face free, and the temperature of the water is gradually elevated to 110° or 112°. She remains in the bath thirty minutes. A towel wrung out of ice water and placed upon the head relieves any distressing cephalic sensations. While in the bath the patient drinks large quantities of water. Upon emerging from the bath she is covered with a warm sheet, and enveloped in an upper and lower layer of thick blankets, so that only the face is exposed. Within a very few minutes free perspiration is observed. The sweating is

continued for two or three hours. According to the gravity of the case, the hot-water bath may be repeated once daily for an indefinite period. The relief of all threatening symptoms under this simple plan of treatment alone is surprising. Sometimes the hot-water bath acts as an efficient excitant of the uterine contractions and premature labor is induced.’

“If, notwithstanding all our treatment, the amount of urine is large and steadily increasing, and if any cerebral symptoms appear, we at once administer chloral and bromide, and keep a most careful watch over the patient, so as to be ready if convulsions set in and become so severe as to induce labor.”—*Brit. Med. Jour.*

THE ROLLER BANDAGE FOR THE PAINS OF TABES DORSALIS.—This note is for the purpose of drawing attention to the results of a simple method for the relief of pain during the course of spinal disease, and especially tabes dorsalis. Warmth, in the form of the warm bath, has long been recognized as of considerable utility in the treatment of this symptom. The writer has frequently observed the relief afforded by the firm application of a roller bandage in the spasmodic and painful conditions so common in the extremities following traumatism. It occurred to him that the application of such a bandage (flannel or hose) to the part the seat of pain in locomotor ataxia might be of some service in mitigating the suffering. He found that the firm application of a bandage (flannel) from the toes to the upper third of the thigh was attended with great relief. During the past six months this method of treatment has been employed with most encouraging results. For the girdle pains, a bandage, similar to the abdominal binder, firmly applied at the level of the abnormal sensations, afforded almost instant relief. The cases under observation had been treated with galvanism, with absolute rest, and the usual therapeutic measures, the majority of which had failed. The usefulness of this method depends principally upon the pressure and warmth that the bandage affords, combined with rest. It is worthy of further trial, if only as a substitute for morphia. In one case the removal of the chest-binder was in several hours followed by a return of the girdle sensations. Two other patients invariably suffer a return of pain in the lower ex-

tremity on the removal of the bandage. In suitable cases the elastic stocking may, with advantage, be substituted for the bandage, as it does not interfere with locomotion. The application of a roller bandage about the seat of pain was equally useful in several instances in which the area of pain was localized. The method of treatment indicated will, I trust, commend itself for its simplicity, with the advantage of acting as a substitute for drugs.—*Joseph Leidy, M.D., in Medical News.*

THE PURE AND THE IMPURE.—Ricord, the syphilographer, an American by birth, seems to have led such a species of double existence as to have presented differing aspects to different persons. Dr. Oliver Wendell Holmes says that he was "the Voltaire of pelvic literature—a sceptic as to the morality of the race in general, who would have submitted Diana to treatment with his specifics and ordered a dose of blue pills for the vestal virgins." Mr. Gayerre, of New Orleans, wrote, in 1887, some reminiscences in which he said: "Ricord, at the time, was a bachelor, and I believe he has never married. What was my astonishment, when I entered a very large bedroom, of which the walls, from the high ceilings to the floor, were covered with none but magnificent oil paintings, representing sacred subjects. At the head of the bed was a sculptured oak priedieu, on which there was a superbly illustrated copy of the Gospels that was lying open. There was a red velvet cushion to kneel on at the foot of the priedieu, surmounted by a beautifully carved ivory Christ on a gilded cross. After a little while I was led to the presence of the medical philosopher, who habitually seemed to delight in being a cynical unbeliever. Guessing at what had passed in my mind, he said, with a laugh not unmixed, I thought, with some embarrassment of manner, 'You are surprised, are you not?' Certainly, I replied; 'who would not be? Faith! my first impression was that I had been introduced by mistake into the bed-chamber of the Archbishop of Paris.' 'Well! well! my friend,' he said, in a half jocose and half serious tone, 'I hear and see so many unclean things during the day that, on retiring at night, I like, before going to sleep, to refresh my eyes by looking round on holy objects.'"—*Medical Standard.*

GLYCERIN SUPPOSITORIES.—A short time ago glycerin came rapidly into repute as a laxative, and an enormous number of syringes were sold for injecting it into the rectum. Its indiscriminate use, often in very unsuitable cases, has led to its equally rapid decline in popular favor. Glycerin is a very deliquescent substance, which rapidly absorbs moisture from and stimulates the mucous membrane; it thus quickly leads to reflex peristaltic action, with evacuation of the rectum, and perhaps large bowel. Its very stimulating effect often leads to uncomfortable sensations in the rectum, especially if there be any hyperæmia of the parts, and hence its use should be strictly limited to those cases where there is a habitually sluggish action of the lower bowel. When there is any inflammatory action its use is strongly contra-indicated. Any dilution with water lessens its hygroscopic character, and so diminishes its activity, hence it should be used as nearly pure as possible. On this account the activity of the glycerin is much diminished when administered in the form of suppositories, as commonly prepared with gelatin, because in their manufacture a certain proportion of water is necessary for its solvent action on the gelatin.—*Liverpool Medico-chirurgical Journal.*

THE Officer de Santé is likely to be abolished by law in France. This is the lower medical qualification in that country. In a land where all who study medicine can and do qualify themselves properly for a degree, such a title is unnecessary. France has perhaps outgrown it. In this country it would perhaps be a wise thing if those who studied medicine for three years only, taking but two didactic and no regular clinical courses, held a different degree from those who had studied four or five years, provided, of course, that those of lower grade had opportunities later to qualify in the higher.—*Medical Record.*

INDUCTION OF LABOR.—Treub (*Arch. d'Obstet. et de Gyn.*) comments upon the disadvantages of the recognized methods of inducing labor and recommends the following: A section of soft rubber tubing is tied in the neck of a rubber condom. This apparatus is introduced into the uterus by the aid of a celluloid canula, into which it is first inserted. Once in place the

bag is injected with borated water by means of a syringe attached to the proximal end of the rubber tube, the carrying canula being at the same time partially withdrawn. When the bag is filled, the tubing is ligated and the celluloid canula removed. A pad of iodoform gauze is then placed against the cervix. Delivery follows, on an average, in thirty-one hours. For the induction of labor in primiparæ, the author uses the cervical tampon of iodoform gauze. This measure, however, has succeeded in only two cases out of five.—*Brooklyn Med. Jour.*

HYDRASTIS CANADENSIS FOR NIGHT SWEATS.—Apropos of the treatment of night sweats, Kruse (*Berliner klinische Wochenschrift*, No. 22, 1891) reports that while using hydrastis canadensis for the hæmoptysis of phthisis, in which he has found it very efficient, he has been surprised to find a most positive effect upon the night sweats, which, during the occasional administration of the drug, have been completely suspended. In one case, where the usual remedies, such as atropine, agaricine, sulphonal, and secale cornutum, at first efficient, subsequently lost much of their effect, the intercurrent use of hydrastis for slight hemorrhage completely checked the tendency to sweating. Thirty drops of the fluid extract given at evening were entirely successful, and the result was maintained for three weeks after cessation of a short course of this treatment.—*Univ. Med. Mag.*

ON COLDNESS OF FEET PRODUCED BY TEA.—I advised a lady to drink more tea. "I cannot touch it," was her reply. "Why; what does it do to you?" "It makes my feet icy cold, and wet with cold perspiration." On further inquiry she assured me that she was quite certain of her facts and had often tested them. She thought that the perspiration was usually of the soles chiefly. Her hands were, she thought, also made cold, but not so definitely as her feet. I had long been familiar with the fact that tea made the feet cold, but did not know that cold perspiration attended it. It does not do so in all persons. The coldness is caused, I believe, by contraction of the arteries, for the feet at the same time shrink. Alcohol has usually a precisely opposite effect.—*Hutchinson's Archives of Surgery.*

A PLEA FOR CIRCUMCISION.—It is surely not needful to seek any recondite motive for the origin of the practice of circumcision. No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the foreskin. It constitutes a harbor for filth, and is a constant source of irritation. It conduces to masturbation and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chancres are rare.—*Hutchinson's Archives of Surgery.*

WHAT BECOMES OF DOCTORS AFTER GRADUATION.—A correspondent of the *Medical Age* says: "I have endeavored to keep track of one hundred of my medical friends after graduation, especially of what they did during the first five years, and find nearly 75 per cent. had to resort to other employment to make a living. Twenty-three received a salary either in addition to practice or separate therefrom. Fifteen were proprietors of drug stores. Three were insurance agents. Four loaned money. One sold real estate. Three were connected with medical journals. One was an agent for drugs; one for books. One preached. One was in the patent medicine business. Two were farmers. One a manufacturer. Two gave massage treatment. One sawed wood, and subsequently suicided. Twelve gave up in disgust, and one never tried practice at all. Twenty-nine graduates only in one hundred exclusively devoted themselves to medicine, and of these eleven associated themselves with other practitioners, and in many cases fell heir to their practice."—*N. Carolina Med. Jour.*

JAMIESON recommends the daily washing of scarlatina patients with Eichoff's 3 per cent. resorcin-salicylic superfatted soap. After the washing they are anointed with olive or almond oil. The nurse who uses the soap should protect her hands with rubber gloves, or by using a large sponge. In this way desquamation is hastened. The patient is able to associate with the public at least a fortnight sooner than under the old plan of inunctions of carbolized oil during the period of desquamation alone.

THE
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OF THE MEDICAL SCIENCES.

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TORONTO, NOVEMBER 2, 1891.

THE SPREAD OF DIPHTHERIA.

Diphtheria has become quite a serious scourge in many parts of Canada. Much has been said about its prevalence in Toronto, and many exaggerated statements with reference to it have been made. However, with so serious a disease in our midst, it is exceedingly important that we should adopt stringent measures to prevent its spread. Diphtheria is essentially a preventible disease, and at the same time a horribly contagious one.

We have had some sad lessons on the subject in Toronto. We have had instances where groups of children have been engaging in their innocent sports, with an infected and infecting throat in their midst, scattering virulent poison in all directions. In many such cases fond and careful mothers have been looking on, all unconscious of the deadly perils surrounding their little ones, until sore throats developed in a few days, resulting in malignant diphtheria, which rapidly destroyed its little victims.

We have no doubt that in a large proportion of cases this disease is contracted in our schools. This is perhaps more common with diphtheria than any other contagious disease, and is largely due to the difficulty as to diagnosis in cases of comparatively mild sore throat. In the ordinary lay vernacular, we have "ulcerated sore throat," which is considered a somewhat trifling disease. This probably corresponds with what is known to the profession as "follicular tonsillitis," which is, in a large number of cases, simply a non-specific inflammation of the tonsils, with a harmless follicular exudation.

Without entering into a discussion of questions which are not quite settled, we are inclined to agree with those who think that in such cases the exudation is sometimes diphtheritic in character, although this cannot be made out by the naked eye. Considering the subject clinically, there can be no doubt that certain cases of diphtheria have not been detected until the resulting paralysis has shown that the disease was constitutional, and not simply a local inflammation. Many such mild cases have proved the sources of serious infection. Some physicians have perhaps gone to one extreme and called all cases of follicular tonsillitis diphtheria, while others have been accustomed to make light of this affection.

It is about time we in Toronto derived some benefit from our sad experiences. We have pointed out the grave dangers connected with certain conditions of the throat which are doubtful in character. We believe the following rules should be adopted to guard against these very serious perils:

1. Isolate all patients affected with either follicular tonsillitis or diphtheria.
2. Report at once to the Medical Health Office.
3. Let the Medical Health Officer make, or have made, a proper examination of the case—microscopical and bacteriological if necessary.
4. Keep the patients isolated until all doubts are removed in non-diphtheritic inflammations.
5. Let the isolation be rather extended in the so-called naso-pharyngeal diphtheria, because the poison lurks long in certain nooks, especially the follicles of the tonsils.

We will not now discuss the methods of our Health Officer in Toronto in a general way, but we have very strong views on one point: if he has a well-founded suspicion that infected children are attending any of the public schools, he should close such schools at once (as he did recently), and in such action he should be supported by the profession and the public.

PUERPERAL ECLAMPSIA.

A very interesting discussion on puerperal eclampsia took place at the recent meeting of the British Medical Association; but we are unable so say that much new light was thrown on

the subject, either as to pathology or treatment. It was generally agreed that the convulsions were either caused by, or, at least, associated with, some kind of renal impairment. Dr. Galabin, who opened the discussion, referred to the fact that Dr. Blanc, of Lyons, claims to have discovered a specific form of bacillus which is the cause of eclampsia. Cultures of this bacillus, when injected into the veins of pregnant rabbits, caused convulsions, dyspnoea, and death. Dr. Blanc thinks this bacillus causes both the nephritis and convulsions. Dr. Galabin, in connection therewith, very properly says that even though microbes may form an essential part of the morbid processes, yet a great part of the causation may lie in the circumstances which made the tissues vulnerable to the microbes.

Dr. John W. Byers, of Belfast, called attention to the condition of the large glands in pregnancy, especially the liver and kidney. These organs exhibit a change of structure analogous to cloudy swelling. This brings forth an interesting theory with reference to the sickness and vomiting of pregnancy. These changes in kidney and liver may be designated as degenerations, or simply infiltrations; but some assert that they are parenchymatous degenerations, and when occurring in the liver cause the ordinary vomiting of pregnancy. When such degenerations become intensified it is said that we have yellow atrophy of the liver, which, in turn, causes the pernicious or uncontrollable vomiting of pregnancy. Santos, of Buda-Pesth, thinks that the "uterine nerves are, owing to the enlargement and contraction and retraction of the uterus, kept in a state of irritation, which reflexly acts on the renal and sympathetic nerves, causing albuminuria and eclampsia." Pajot believes that "the convulsions are reflex, culminating in a cerebro-spinal centre in close proximity to the albuminuria centre."

We publish in this issue the remarks of Dr. Byers on treatment, which represent very well the views commonly accepted in Great Britain. He considers chloroform the most important remedy at our disposal, and calls it "our sheet anchor." Next to chloroform comes chloral, according to British opinions. Morphine appears to hold only a subordinate place. On this continent much more importance is attached to morphine as a remedy, which has, in our

opinion, a great influence in controlling the hyper-excitability of the nerve centres. Many of the speakers referred to the dangers connected with the use of pilocarpin. We have learned to appreciate these dangers to such an extent that we use it in this country much less than we did a few years ago. Dr. Galabin pointed out that the dangers of this drug are greatest before delivery, or during deep coma, because the patients are sometimes choked by it. Venesection has gone out of fashion of late, but we quite agree with many of the speakers who considered it an invaluable remedy in a certain class of cases. The hot-water bath is undoubtedly very useful as a prophylactic, and we desire to call attention to the Vienna method of employing it as described by Dr. Byers.

MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

We are indebted to Dr. J. Stewart, one of the editors of the *Montreal Medical Journal*, for our report of the twenty-fourth annual meeting of the Canadian Medical Association. We have used the proof sheets of the *Montreal Journal*, kindly forwarded us from the office of the *Gazette* Printing Company. It will be seen by the report of the treasurer, Dr. W. H. B. Aikins, of Toronto, that this was the largest meeting in the history of the association, and the general opinion of those present seems to be that it was the most successful in all respects.

THE VALUE OF THE STUDY OF MEDICINE.

We publish in this issue a portion of the able address delivered by Dr. R. M. Bucke, the Superintendent of the Asylum for Insane in London, at McGill Medical College, at the opening of the winter session. We regret that want of space compelled us to cut away any portions, but the mutilation does not affect the main line of the lecturer's argument in reference to the great value and study of the science of medicine.

COHN says a single germ could, under good conditions, multiply in three days to 4,772 billions and make a mass weighing 7,500 tons

Meeting of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

Twenty-fourth annual meeting, held in Montreal, September 16, 17, and 18, 1891. The Past President, Dr. Jas. Ross, Toronto, took the chair at 10 a.m., and called the meeting to order.

Dr. Ross introduced Dr. Hingston, chairman of the Committee of Arrangements, who welcomed the visitors and drew attention to the new feature of visiting the city hospitals.

The minutes of the last meeting having been read and confirmed, the President, Dr. Roddick, took the chair and formally opened the meeting.

Past Presidents Drs. Hingston and Geo. Ross, and the delegates from the New Brunswick Medical Society, Dr. J. Christie and Dr. Daniels of St. John, were invited to seats upon the platform.

Letters of regret were read by the secretary from Drs. Jos. Workman, Osler, Spencer (Brandon, Man.), Higginson (Rat Portage), G. Bantock (London, Eng.), and Muir (Truro).

Mr. Thomas Bryant, of London, Eng., was introduced, and invited to take a seat on the platform.

The Nominating Committee was then appointed: Drs. Praeger, Nanaimo; Chown, Winnipeg; Malloch, Hamilton; Taylor, Goderich; McKeough, Chatham; Thorburn, Toronto; Powell and Wright, Ottawa; Lachapelle, Armstrong, and J. Stewart, Montreal; and Christie, St. John.

The meeting then adjourned to the Hotel Dieu, where, after partaking of lunch, the members were conducted through the buildings of the hospital, and there several cases of interest were demonstrated by members of the staff.

AFTERNOON SESSION.

The meeting being called to order by the President,

Dr. Bray, Chatham, then read the address in Medicine, entitled, "Malaria, its relation to and influence over other diseases." Discussed by Drs. Christie and Jas. Ross.

Dr. Barbour, Edinburgh, Scotland, was then introduced and invited to a seat on the platform.

Dr. W. Gardner read his paper, "Pregnancy with Ovarian Tumor: three Ovariectomies." Discussed by Drs. Barbour, Alloway, L. Smith, Sloan, and Ruttan.

Dr. A. L. Smith said that on account of the frequent association of pregnancy and undiagnosed ovarian cysts and pus tubes, he would particularly caution all accoucheurs to handle the uterus gently after labor and during expulsion of the placenta, for fear of rupturing these diseased structures and thus setting up a septic peritonitis. The rough handling (so-called "expression") was generally quite unnecessary, as the placenta will usually come away of itself if given time.

Dr. V. P. Gibney, New York, then read his paper, "Early Diagnosis, the most important factor in the Treatment of Hip-joint Disease."

DISCUSSION.

Dr. A. M. Phelps, New York: We can congratulate ourselves on having heard such an able paper as Dr. Gibney has given us. In the main I agree with him. I do not, however, use steel braces, be-

cause they are difficult to make and fit, and then they are, in my opinion, no better than the plaster of Paris or wood corset. An early diagnosis is all-important. In young children complaining of abdominal and thoracic pain, accompanied by rigidity of the spinal column and pain on flexion, Pott's disease should always be suspected. Movements of the body while the child is sitting will bring out rigidity of the spine if Pott's disease is present; the child on its back will also hold the spine rigid when the head is raised by the hand. No brace can be adjusted to a child under three years of age which will support the spine, and such cases should be treated by extension in a Sayre's wire cuirass or a plaster of Paris bed.

Dr. Shepherd emphasized the necessity of careful examination of all these cases. He drew attention to the difficulty of an early diagnosis; and yet this is the very thing which the general practitioner has to grapple with, so that it is small wonder if he sometimes overlooks it. The gait of the patient often tells us what is wrong; and a few days' rest and extension may clear up a doubtful case.

Dr. Bell favored plaster of Paris supports in preference to steel braces.

The President agreed with the previous speakers as to the necessity of careful examination, and for this he considered Sayre's method the best—that is, to place the child face downwards across the knees, then widening the knees and pressing down on the child's back, when any tender points will be brought out. He favored light braces in young patients and in the early stages of the disease, because the weight of the plaster of Paris jacket was often too much for children.

Dr. Foucher, Montreal, read his paper, "A Contribution to the Etiology of Dacryocystitis."

Dr. Buller drew attention to the fact that while constitutional affections play an important part in the etiology of this affection (dacryocystitis), still the main factor in most cases was of a purely local character. Occasionally, but not often, simple conjunctivitis was a cause of it. Another cause was the toxic effects of such irritant drugs as jequirity, applied for granular ophthalmia, although this disease is not in itself a cause. One curious example of this disease the speaker had often seen, but had never heard satisfactorily explained, and that was its appearance in neonati. It was usually confined to one eye, and tended to spontaneous cure, though the case was apt to be very tedious.

EVENING SESSION.

The chair was taken by Dr. Jas. Ross (Toronto) at 8.30.

The President then delivered his interesting address. Discussion upon the address was postponed until Thursday morning.

Moved by Dr. Bray, seconded by Dr. J. Christie, that the President be tendered a vote of thanks for his able address. Carried.

The Secretary then read an invitation from Sir William Dawson to the members of the Association to visit the Redpath Museum.

An invitation from the Secretary of the Board of Governors of the Royal Victoria Hospital was read, in which the members were invited to inspect the buildings of this institution.

Dr. Phelps, New York, then read his paper on "The Mechanical Treatment of Hip-joint Disease."

DISCUSSION.

Mr. Thos. Bryant said that he quite agreed with the principles laid down by the reader of the paper. He did not believe that immobility of a joint would produce ankylosis, because among the Chinese, where frequently a limb would be tied up from childhood, the joints in such cases are found perfect. The muscles become wasted and the limb consequently useless. When the seat of the trouble is in the bone, which has become chronically inflamed, treatment will cure it; but when it is situated in the synovial membrane, the disease is usually tubercular. For this information we have to thank our friend Dr. Koch. In this latter case the disease goes on steadily in spite of treatment. Thus we can explain why in one case the treatment succeeds and fails in another. This is also the reason why it is difficult to divide the disease into stages, or to prophesy results with any degree of accuracy. When a man says he has a case in the first or second stage of the disease, I want to know what he means, which form of the disease is he dealing with. However, in the later stages, when the joint becomes disorganized, we can tell pretty well what we will find. The bone is then not capable of recovery. The part is dead and must be exfoliated and removed. We may then either excise a portion of the bone or merely remove the sequestrum, the operation to be decided by the case. We should not operate too early, because even after pus has formed recovery may take place if the process can be stopped. In the early stages of the disease *immobility* is the great thing. Years ago Hilton laid it down. It is the great principle in the treatment of all joint diseases. In this joint there must be immobility, and there must be extension. Personally, he likes to employ elastic extension. The splint shown is a very useful one, but has some imperfections, as, for instance, the child would have to be frequently removed from it owing to soiling. Complete recovery takes a very long time. A splint should be worn for months after all symptoms disappear, in fact would almost say for years. In regard to the muscles, the trouble lies mainly with the strong adductors, and the continued action of these produce constriction of the pelvis and shortening of the limb. As long as there is any tendency to adduction a splint should be applied, at any rate at night.

Dr. Gibney remarked that all were waiting anxiously for the publishing of the results of Dr. Phelps' cases. Personally, he likes the long hip-splint, as he gets better results with it. When there is much deformity, and it will not readily yield to extension, he is in the habit of correcting it by manual force under an anæsthetic. He does this only in what is known as the first and second stages. The treatment takes a long time, and, to judge of results, takes years.

Dr. Hingston stated that his experience had been that both the accession and cure of the disease had been quicker when the softer parts of the joint were affected. When the periosteum and bone were affected the process was much slower. Extension can be gained more effectually by means of a weight and pulley than by splints. The great advantage of the weight and pulley is that you know just what force is applied, and you can judge how much to apply within the limits of safety and efficacy, while in splints the amount of extension varies. He

agrees with Dr. Phelps about spasm of the muscles taking place about the inflamed joint and causing much trouble by keeping up the inflammation. This, however, was never a cause of the inflammation. Had never met with a case in which the glutei were affected. It was almost always the tensor femoris and the adductors. In ninety-nine per cent. of the cases we find the limb adducted and flexed. When pus has formed, in his experience it does not resolve, but will eventually show itself externally.

Dr. Sullivan has found that the great difficulty is to maintain rest. It is almost impossible to convince the friends of the patient that it is necessary. It is hard to decide which splint to use, as there are so many and they are expensive. On this account the simpler ones are advantageous.

Dr. Fenwick rose amid loud applause. In his opinion it matters little what form of splint we use, so long as we put the part at rest. This is the great principle to be aimed at. He prefers the weight and pulley. The splint shown is like breeches formerly used with such good success.

Dr. Christie remarked that in the country parts young men had great difficulty in getting appliances. He advises all to strive to diagnose these cases early and then give the joint absolute rest. If this is done a large proportion will recover. He never could see the *rationale* of Dr. Sayre's splint. In his hands extension had not given very good results, probably because the cases were not in a suitable stage. He would repeat that the great thing is rest. Patients will not continue treatment long enough. If you put the part thoroughly at rest, you will not require extension. He uses plaster of Paris or starch for this purpose, and envelops one half of the body from axilla to foot.

The President briefly stated that he preferred to use the weight and pulley, and, when acute symptoms had subsided, to apply a Thomas's splint and allow the patient to go about. The great advantage of this form of splint is that it can be made by any blacksmith.

In reply, Dr. Phelps said that, according to the title, his paper only referred to the mechanical treatment of hip-joint disease. The treatment of ankylosis is by no means settled in this country. We do not by any means get abscesses in all cases, as we should do were they all tubercular. He would use this splint in all stages of the disease. We do not use elastic extension now, as we think it is better to last the foot to the splint. The splint is only to be used after the acute symptoms subside, and should be continued until no deformity or limp is apparent. As long as the patient is kept in bed the weight and pulley are all right, but we wish to get them out of bed as soon as possible. The glutei muscles produce adduction in the first stage. The second stage is merely an exaggeration of the first. In third stage we get adduction. Frequently when pus is removed from a joint by aspiration it does not return. Regarding the expense, the splint shown costs about \$2.50. He agreed with what the President had said regarding Thomas's splint, because next to his own he preferred it to all others. In spite of every care, however, abscesses would form in some cases.

THURSDAY MORNING (17TH).

The President in the chair.

Minutes of the last meeting were read and confirmed.

Dr. Mullins' notice of motion, given at the last meeting, was read, but, owing to Dr. Mullins' absence, it was moved by Dr. Bray, seconded by Dr. Taylor, that this motion be kept over pending Dr. Mullins being present later on.

The President's address was then discussed by Drs. Bray, Moore, Hon. Dr. Sullivan, Harrison, Sloan, Sir James Grant, Mr. Thos. Bryant, and Dr. Brosseau.

Dr. Sloan gave the following notice of motion: That the meetings of the Canadian Medical Association be held triennially.

The meeting then adjourned to the Montreal General Hospital, where the members of the Association and visitors were shown cases of varied interest. After partaking of lunch, an adjournment to the Royal Victoria Hospital was made, where the members and visitors were kindly shown through the buildings.

AFTERNOON SESSION.

The President in the chair.

The Nominating Committee, through the Con- vener, Dr. Praeger, reported as follows:—

That Ottawa be the next place of meeting.

President: Dr. Bray, Chatham.

Vice-Presidents:

British Columbia	-	Dr. Praeger, Nanaimo.
Manitoba	-	Dr. Jones, Winnipeg.
N.W. Territories	-	Dr. Lafferty, Calgary.
Ontario	-	Dr. Prevost, Ottawa.
Quebec	-	Dr. L. E. Desjardins, Montreal.
New Brunswick	-	Dr. J. Christie, St. John.
Nova Scotia	-	Hon. Dr. Farrell, Halifax.
P. E. Island	-	Dr. McLeod, Charlottetown.

Local Secretaries:

British Columbia	Dr. Fagan, New Westminster.
N. W. Territories	Dr. Kennedy, Fort McLeod.
Manitoba	Dr. Riddell, Crystal City.
Ontario	Dr. McKeough, Chatham.
Quebec	Dr. Cotton, Cowansville.
New Brunswick	Dr. Daniel, St. John.
Nova Scotia	Dr. Morrow, Halifax.
P. E. Island	Dr. Johnston, Charlottetown.

General Secretary: Dr. H. S. Birkett, Montreal.

Assistant Secretary: Dr. J. M. Elder, Montreal.

Treasurer: Dr. W. H. B. Aikins, Toronto.

Moved by Dr. Proudfoot, seconded by Dr. Powell, that the report of the Nominating Committee be accepted and adopted. Carried.

The address in Surgery was then read by Dr. Praeger, Nanaimo.

DISCUSSION.

Mr. Bryant: The reader of this paper has not gone into the question of the pathological condition of the spinal cord in these injuries. If it is irreparably damaged, no form of operation could be recommended. In one sense, and one only, is there an analogy between the brain and spinal marrow, viz., that both float in fluids, and therefore any severe concussion of these may lead to loss of function (paralysis) of the natent organs. Thus we may get very grave symptoms without any trace

of fracture or displacement, and in these cases we cannot interfere. But in cases of spinal paralysis accompanied by bony deformity, traumatic or otherwise, what are we to do? In these days of antiseptic surgery the answer is plain: we must reduce the deformity if at all possible. In all such cases we should resort to the judicial use of extension and pressure to reduce the deformity. I especially insist on *pressure* over the bony prominence accompanying extension as greatly favoring reduction. Having accomplished this, our next object is to secure immobility, and for this I know of nothing better than a good-fitting Sayre's jacket. This is the main feature of the treatment, viz., to secure perfect rest for these lacerated parts, and thus promote absorption of exudation and forestall the abscesses which are so liable to occur. As regards the so-called trephining, or elevation of the spinous processes, we are still in an expectant state, and cannot lay down any rules. The best guide for local operation is the presence of localized pain; for if the cord is irreparably injured we have cessation of function and consequently no pain; contra, if there is pain, we may hope for recovery by proper treatment. My own experience is limited, but I recollect one case in which I removed the lamina and the pain ceased; and though the paralysis persisted, the patient lived for years. Let us move with caution, then.

Sir James Grant drew attention to Charcot's researches on this subject, and gave an account of two very interesting cases he had met with lately, where a peripheral irritation amounting almost to neuralgia was a reflex of spinal disease. There were no physical lesions and no definite injury to the cord, but twelve years previously the patient had pain in the dorsal region. Examination showed one elevated spinous process in that region, pressure on which caused all the characteristic symptoms and aggravation of the peripheral neuralgic pains. Rest cured both these cases. The speaker insisted on a careful examination of the spine in all cases of general indefinite neuralgia.

A vote of thanks was tendered Dr. Praeger for his able address.

Dr. Fenwick then read his paper on "Calculus Pyelitis."

DISCUSSION.

Mr. Bryant, after referring to the pleasure with which he had listened to the paper, said that he would not discuss the symptoms of this disease; he would suppose the diagnosis made, and would pass at once to the treatment. It is well known that in all cases a stone in the kidney does not demand removal. How often it is that in the *post mortem* room we find them, when during life they have given rise to no symptoms. They should only be removed by operation when they interfere with the vital functions. The incision described by Dr. Fenwick is the usually accepted one. There is another class of cases in which the treatment to be adopted is not so clear; that is, suspected stone in the kidney. We get a more or less complete train of symptoms—pain, pus in the urine and sometimes blood, tumor in the loin. Is it or is it not a stone? We may set aside those rare cases of disease of the ureters. He drew attention to the importance of examination of the urine for pus in the diagnosis of these cases. Where the pus occurs unmixed with

mucus, it comes from the kidney. In all cases in which the pus comes from the bladder, it is more or less mixed with mucus. How are we to treat these cases? One man says at once—cut down. He may be right. Would advise a more conservative course. Experience of results in these cases differs very much. He has cut down on twenty or thirty kidneys, in some of which the stone was not diagnosed. He opens the abscess and irrigates the cavity thoroughly, mopping it out with a sponge held in a pair of forceps. The cavity heals in time. Has never had occasion to remove a kidney. Sometimes the recovery is so slow that we may regret not having removed the diseased organ, but with a little more care and attention to cleanliness and treatment it gets well. Open freely and drain thoroughly, irrigate daily, and trust to nature for recovery. All must feel that frequently kidneys are removed unnecessarily.

Dr. Hingston thinks that one should not be unduly timid about the condition in which we find the case. He has operated with good results when the patient was apparently in a hopelessly bad condition. If satisfied that the patient was dying from the effects of a stone in the kidney and nothing else, he would not hesitate to operate.

Dr. Shepherd remarked, in connection with the operation of removal of the kidney, that sometimes owing to adhesions to surrounding parts such a procedure was extremely difficult. He would prefer to remove the stone and wash out the cavity, for as long as any of the secreting tissue remained the organ could perform a certain amount of work and relieve the other. In a case in which he had removed the kidney, the patient died five years after of calculous pyelitis in the other kidney, obstinately refusing any further operation. Sometimes operation relieves all the symptoms although no stone is found and the kidney not removed, although previously the symptoms have been most marked. He instanced the case of a street car driver who had been fully relieved by such an operation.

Dr. Armstrong merely called attention to two points. The first, that frequently a stone gave rise to no symptoms; and, secondly, the intermittent nature of the symptoms, illustrating his remarks by the history of a case. He called attention to the amount of recovery that could take place in an apparently hopelessly damaged kidney.

Dr. A. B. Macallum, Toronto, read his paper on "The Pathology of Anæmia."

Dr. Cotton read a paper on "Appendicitis."

DISCUSSION.

Dr. Armstrong gave the history of a case illustrating the beneficial effects of early operation. If the abscess is not opened early it may open into the peritoneum, or otherwise terminate unfortunately. If the symptoms are marked, he would not delay operation more than thirty-six hours.

Dr. Praeger emphasized the dangers of delay in operating. As a rule, the cases do not present themselves early enough. He would advise cutting down even if we find that the case might have got through without. No harm is done if ordinary precautions are taken and we prevent a recurrence of the disease. Opium is of very doubtful benefit, as it masks the symptoms. He would prefer to use sulphate of magnesia if he used any drug.

Dr. Powell thought it would be a bad rule to operate as soon as we were sure we had appendicitis. He would ask Dr. Praeger if he would cut down unless he was sure that he had suppuration.

The President quite agreed with the paper and with the remarks of Dr. Armstrong. We are constantly being deceived, as shown by a case he mentioned, which presented all the symptoms of suppuration and yet resolution took place; operation had been suggested and refused by the friends. He also spoke of another case in which the operation had been postponed for a few hours, during which there was marked improvement, and the patient finally recovered. Sometimes an operation is decided on too hastily. Many cases get well without an operation, while in others no operation will save life. A median course should be pursued. He would like to bring forward the use of calomel. Mr. Hutchinson gives as his belief that calomel is almost a specific for this disease. It should be given in small doses, frequently repeated, until it acts on the bowels. In several cases in which the speaker had tried it the results had been good. He gives gr. 1-10th every two hours.

Dr. Sloan quoted two cases in which he had been prepared to operate, and when the appointed hour came the improvement was so marked that the operation was postponed indefinitely, and they recovered. Has been in the habit of giving calomel in slightly larger doses, gr. i. every two hours, and has had very happy results.

Dr. Dupuis has always given calomel, for, as he remarked, he had been brought up on calomel. He gives smaller doses now than he did formerly—one grain frequently repeated. He gave the history of a young man who had been suddenly seized with this disease. An abscess formed and burrowed under Poupart's ligament until the whole thigh became a bag of pus. It was opened, but the patient died. Also a case which was in the hospital, in which the abscess opened spontaneously in front, and finally a small stone came out. As the abscess cavity was large it was drained from the back, through the quadratus lumborum muscle. Recovery was slow.

Dr. Small rose to ask what should be done in those recurrent attacks in which the patient is laid up for a few days every few months. He called attention to the beneficial effects of the local application of ice.

Dr. Cotton replied very briefly, as time was limited. He said there were two forms, the plastic and the suppurative. The former got well without surgical interference, but the latter demanded operation. He would wait until pus formed to operate. In recurrent attacks he would remove the appendix at any time.

The meeting then adjourned.

FRIDAY MORNING (18TH).

The meeting being called to order by the President, the minutes of last session were read and confirmed.

Drs. Powell and Edwards were appointed auditors.

Dr. Dupuis read his paper on "Malignant Growths." Discussed by Drs. Shepherd, Daniel, and Sloan.

Dr. Shepherd then read his paper on a "Case

of Strangulated Cæcal Hernia." Discussed by Drs. Daniel and Roddick.

Dr. Buller read a paper entitled "Conservative Surgery of the Eye." Discussed by Drs. L. E. Desjardins, Mills, Foucher, Gardner, and Osborne.

Dr. Fenwick proposed, seconded by Dr. James Ross, that Mr. Thomas Bryant, of London, England, be elected an honorary member of this association. Carried.

Dr. Alloway read his paper, "Excision of the Cervix Uteri in cases of long standing Laceration and of Proliferating Endometritis." Discussion postponed until the afternoon session.

Dr. Powell gave the following notices of motion :

1. That only delegates and visitors from places outside the Dominion should have the privileges of registration without a fee.

2. That a definite annual fee for membership to the Canadian Medical Association be established, and that the present system of collecting a registration fee from those present at the meeting be abolished.

Dr. Aikins (treasurer) read his report, in which he stated that the present meeting has been the most successful in the history of the association—the enrolled membership being one hundred and thirty-five, the largest hitherto known.

Dr. Powell presented the auditors' report, which was received and adopted.

The meeting then adjourned to Notre Dame Hospital, where the members of the staff brought many interesting cases to the notice of the visitors, after which lunch was partaken of.

AFTERNOON SESSION.

The President in the chair.

Dr. Alloway's paper was discussed by Drs. W. Gardner and L. Smith.

Dr. Wilkins read his paper, "Cold Baths in Typhoid." Discussed by Drs. Ruttan, Powell, George Ross, Sloan, and James Stewart.

Dr. Small (Ottawa) read his paper, "Malignant Disease of the Cervix Complicating Labour." Discussed by Drs. Laphorn Smith, Wm. Gardner, and James Ross.

Dr. Watt Johnston (Montreal) demonstrated a new method of obtaining samples of water at any depth below the surface.

Dr. Elder gave a brief summary of his paper on "Traumatic Separation of the Lower Epiphysis of the Femur," and exhibited the patient. Discussed by Dr. Shepherd.

Dr. W. Johnston gave a demonstration of "The Sputum in Heart Disease."

Dr. McConnell read his paper on "A Case of Impacted Gall-stones followed by Abscess of the Liver," and exhibited the pathological specimen.

Dr. George Ross made a few remarks upon the case.

Dr. L. Smith read a paper on "A Further Plea for the A.C.E. Mixture."

Dr. Proudfoot gave a brief outline of a case of "Occlusion of Auditory Meatus by Hyperostosis."

A paper by Dr. Slayter, "Is Cancer on the Increase in Canada?" was accepted as read.

Notice of motion by Dr. Powell: "That in future a stenographer be engaged to report the proceedings of the Canadian Medical Association in order that an official record may be preserved."

Votes of thanks were then passed as follows :

(1) To the Governing Board of the Royal Victoria Hospital for the kind invitation to inspect the buildings of that institution.

(2) To the profession of Montreal for their kind appreciated hospitality.

(3) To the retiring President for the able manner in which the business of the meeting had been conducted.

The meeting then adjourned.

Book Reviews.

A Text-book of Practical Therapeutics, with especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Second edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co., 1891.

The object of the author is to furnish the practitioner or student with a reliable guide in the study of the application of remedial measures for the cure of disease. He has endeavored to present in a readable form the combined results of laboratory and bedside experience, and we are glad to be able to say that his efforts have been highly successful. We quite approve of the sentiments of Dr. Hare as expressed in his "desire to weave science and practice into so close a network that the foundations of experience may be cemented by the mortar of exact knowledge," yet feel compelled to acknowledge that a fair portion of our therapeutic methods are purely empirical. This fact is duly recognized in this work, and the subject is worked up in a way that should be satisfactory to scientific and practical physicians. The book is in all respects an admirable one, and will be of great service to senior students and general practitioners.

Personal.

DR. K. N. FENWICK delivered the opening lecture at the Woman's Medical College, Kingston, October 14th. Dr. Lavell, the warden of the penitentiary, and Dr. Dupuis, also delivered short addresses.

DR. JAMES C. WILSON has been elected Professor of Medicine and Clinical Medicine in the Jefferson Medical College, Philadelphia, in the place of Dr. J. M. DaCosta, resigned.

DR. W. H. MONTAGUE, M.P., formerly of Welland, has removed to Vancouver, B.C., with his family, and it is reported that he has formed a partnership with Dr. John T. Carroll of that city. Drs. Montague and Carroll were fellow-students at the Toronto School of Medicine, and both graduated at Victoria University in 1882. We understand that Dr. Montague has not yet decided definitely to make Vancouver his permanent home, but he is likely to remain in the far west.

DR. P. MACDONALD, M.P., of Wingham, met with a serious accident, October 17, when he was thrown from his carriage and dragged some distance by the horse. He was found in an unconscious condition, with a broken leg. He soon recovered consciousness, and, we understand, is doing well.

DR. WM. OLDRIGHT, of Toronto, left his home for Halifax, October 14, to attend the funeral of his father, Major John Oldright, late of H.M. 81st Regiment, who died on that morning.

DR. W. H. DICKINSON delivered the Harveian oration before the Royal College of Physicians, October 10th.

THE twin daughters of Dr. H. A. Wright, of Oak Lake, Man., died September 29 and October 1 respectively, aged 7 months.

Therapeutic Notes.

TREATMENT OF THE "RED NOSE."—According to Unna, one-fifth of the cases are due to acne rosacea, with vascular dilatation. Very often it stands in direct relation to seborrhea of the hairy skin. This seborrhea should be treated in the usual way. When acne rosacea is the cause, Unna gives fifty centigrams (seven and a half grains) of ichthyol daily internally, and at the same time prescribes lotions of the same substance in watery solution externally. At night, applications of the following paste are of benefit:

Rx.—Zinc pomade	20.0
Rice powder	5.0
Sulphur	2.0

Unna advises the multiple scarifications of the dilated veins after Hebra. This should be repeated two or three times a week. The minute wounds should be covered at once with moist absorbent cotton. In light cases, and as supplementary treatment, he advises repeated washings with ichthyol soap. Only warm water should be used.—*Amer. Pract. and News*, May, 1891.

THE PATHOLOGICAL ANATOMY OF TIC DOULOUREUX.—In *The Journal of Nervous and Mental Diseases*, Dana, of New York, asserts that trigeminus neuralgias are not due to neuritic or degenerative processes, but to an arterio-sclerosis, which limits a supply of blood to the nerve. In four cases in which he excised a portion of the trigeminus, no organic process in the nerve could be demonstrated. In three of these, however, sclerotic patches were present in the vessels. Therapeutically he recommends agents which act on the vaso-motor system, such as aconitin, nitro-glycerin, etc.—*Buffalo Med. and Surg. Jour.*

ZINC GLUE FOR STIFF SURGICAL DRESSINGS.—Treutler recommends a preparation, first suggested by Unna, for obtaining stiff surgical dressings, such as are applied to fractured or dislocated limbs. It is as follows:

Rx.—Oxide of zinc	parts 10
Gelatin	parts 30
Glycerin	parts 30
Water	parts 30

This is thickly applied and rubbed into the muslin or gauze forming the bandage. A thinner preparation contains 20 parts of gelatin and 40 parts of water, the other ingredients remaining the same.—*Med.-chir Rundschau*.

ERYSIPELAS.—Dr. Koch treated numerous cases of erysipelas with the following ointment:

Rx.—Creolin	5 j
Iodoform	3 iij
Lanolin	3 j

This ointment is spread as an even, smooth layer over the affected skin and its surroundings, on an area of at least two to three inches to the outside of the inflamed parts. The whole is covered by a piece of mackintosh.—*Med. and Surg. Reporter*.

TREATMENT OF GOITRE.—According to the *Journal de Médecine de Paris*, Auerbach has obtained an incomplete cure of goitre by the interstitial injection of osmic acid combined with massage:

R.—Osmic acid 1 grain.
Distilled water 3 drachms.

The injection of this liquid is resorted to every two days, and massage is practised daily for fifteen minutes. Iodide of potassium was also given internally. After three weeks of this treatment, the tumor diminishes very greatly in size and the subjective symptoms disappear.—*Cincinnati Med. News*.

FUMIGANT FOR ASTHMA.—

R.—Stramonium leaves.
Green tea aa ʒ j
Lobelia inflata ʒ ij

Add a saturated aqueous solution of potassium nitrate, dry and preserve in a well-stoppered bottle. A tablespoonful suffices for fumigation.—*La. Sem. Méd.*, April 29, 1891.

ERYSIFELAS.—

R.—Ichthyol i
Collodion 2

Apply to the affected part.

For cold in the head, while in the acute congestive stage, there is no better remedy than gelsemium. One good large dose, say ten minims of the fluid extract, taken upon going to bed, will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.—*Ex*.

THERE will yet be found, one may hope, some creation of the synthetic chemist which will form an iodine compound superior to the alkaline iodides. Duroy, of Paris, believes he has found it in the iodide of antipyrin. The name promises great things.

EQUAL parts of castor oil and subnitrate of bismuth is recommended as an application for fissured nipples.—*Ex*.

THE smell of iodoform can be removed from the hands by washing them in flaxseed meal water.—*Ex*.

Miscellaneous.

PROFESSOR JAMES MARK BALDWIN, M.A., PH.D., of the University of Toronto, has written a handbook of Psychology, Feeling, and Will, which was issued in October. The following are some of the opinions of the first volume:

Revue Philosophique:—An excellent treatise on psychology, superior, and much superior, to perhaps any other that we know.

Edinburgh Scotsman:—The work is one of the most noteworthy that have appeared in recent times to vindicate the claims and establish the position of psychology as an independent science.

Nation (New York):—Taken as a whole, it is about the best we know.

Oxford Magazine:—Already in its second edition, and thoroughly deserves that honor. It excels just where Prof. James' fails. *Senses and Intellect* is the best manual we have seen, and we look forward to the companion-volume.

Boston Post:—It is altogether a scholarly work, and done in a thoroughly scientific spirit which is as welcome as it is rare.

WE are told by the *Buffalo Sunday Times* that in that city, with its population of about 300,000, there are 423 physicians, or nearly one for each 700 inhabitants. In Toronto, with a population of 200,000, there are 336 physicians. Of these a few are not in active practice, and, without counting such, we have about one for each 600 inhabitants. Probably most will concede that Toronto is fairly well supplied. Some of the doctors think so.

THE number of new students in the Woman's Medical College of Kingston is four. We understand the whole number in attendance this session is seventeen.

THE following epitaph is in the graveyard at Childwald, England:

"Here lies me and my three daughters,
Brought here by using Seidlitz waters;
If we had stuck to Epsom salts,
We wouldn't have been in these 'ere vaults."

REPORTS indicated that the seventeenth annual session of the Mississippi Valley Medical Association, held in St. Louis, October 14, 15, and 16, would be very successful. There were forty-nine papers on the programme.

SMITHKINS—"Hello, Doc! What are you doing?" The doctor—"Trying to kill time." Smithkins—"Why don't you prescribe for him?"
—*Puck*.