

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

Canadian Practitioner.

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

Business Management, DR. EDMUND E. KING, 40 Queen Street East.

TORONTO, OCTOBER, 1887.

Original Communications.

TREATMENT OF OCCIPITO-POSTERIOR POSITIONS.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S. ENG.,

Prof. of Obstetrics and Gynecology, Trinity Medical College, Toronto.

The treatment of these special positions, as dealt with in our modern text-books, varies somewhat, no absolute special rule being insisted on, though a large number of writers seem rather to favor the plan of non-interference till nature fails to accomplish the anterior rotation of the occiput, when assistance is then rendered by the forceps or vectis and the labor terminated. The patient, however, by this time has endured many hours of fruitless pain, and is perhaps almost exhausted. I think the consideration of the treatment of these cases deserves more attention from the profession than it at present receives. Most certainly a large number rotate forward without artificial aid or even without much difficulty. Still, however, there is a certain number of cases (stated to be 4 per cent.) in which, after difficulty and delay, rotation does not take place; the woman after undergoing many hours of severe and prolonged pain is brought to a stage of almost complete exhaustion and arrest of labor, and the physician is obliged to step in and assist by art or else leave the patient to die undelivered. The object of this paper is to discuss the advisability of a plan of treatment to help these few, not the majority.

Some years ago I was led to a careful consideration of the subject of treatment and the advisability of early manual assistance, so as to rotate the occiput forward and not depend on nature to do so; and, after the most careful watching of many cases, I finally decided in favor of manual assistance, and now, after some years of trial, I am still more strongly impressed in favor of this treatment as being perfectly safe to the child and most decidedly beneficial to the mother; the delivery is shortened; the mother is saved much pain and risk of injury to her soft structures, especially the perineum. In those cases in which rotation does not spontaneously occur, and the birth is finally effected by the forceps, delivering the occiput over the perineum, there is always a much greater liability to rupture of this body, owing to its greater distension, and this is particularly so in primiparæ, especially if they happen to be somewhat advanced in life. At all events, if no injury to the perineum occurs, the woman at least has undergone a long and painful delivery.

It is not my intention to discuss the mechanism; suffice it to say that one of the main agents in favoring anterior rotation of the occiput is to be found in the resistance of the perineum, as conclusively proved by the experiments of Dubois on the cadaver. Still, however, unless flexion is a very complete act at an early stage of the labor, delay in the descent is almost sure to occur, and the occiput in such cases is delayed at the very brim of the pelvis by the brow pressing on the pubis.

If you contrast the mechanism in an occipito-anterior position with an occipito-posterior one, you will see at a glance they are exactly antipodal to one another. In the former, everything is favorable for quick and easy delivery; the occiput, which must first emerge at the vulva, has but a short way to travel to reach the pubic arch, the least resistance is offered to the advancing head through friction, and the uterus is transmitting its forces in the most effective way through the spinal column and breech of the child in the axis of the entire foetal ovoid.

In a posterior-occipital position everything is the reverse; the occiput has the longest route to travel from the sacro-iliac synchondrosis to the pubic arch—at least three times as far—the greatest amount of friction is thus necessarily produced, preventing the onward progress of the head, and the uterus is acting to a great disadvantage. In all cases when the dorsum of the child is backwards, the forces are directed posteriorly instead of anteriorly, a large amount is lost on the sacral structures, and it follows in those where rotation does not occur but the occiput is born posteriorly, that the head is only slowly and imperfectly propelled because the uterine forces, instead of passing through the head as part of the general ovoid, pass out of the ovoid at the nape of the neck. And yet these labors are called natural in our text-books, while to my mind they are dissimilar in almost every respect, and they might well be placed under the same heading as preternatural labors.

Now in regard to the treatment: Some writers, as West, recommend upward pressure on the os frontis to assist flexion; in some cases this simple plan is effective. Hodge advises traction on the occiput with the vectis or fillet so as to cause flexion. Galabin also advises the vectis; this also sometimes succeeds, but not always. There are some who do not say one word about the treatment, simply leave all to nature, and when she has failed, then apply the forceps. Smellie advises rotation to be made early by the forceps. Burns advises rotation by the fingers. Leishman advises the forceps when the head is free at the brim. Barnes admits that in the majority of cases to which he has been called to apply the forceps the de-

lay was due to the occipito-posterior positions, and it is just with the view of preventing a long painful, tedious labor that I would like to see some definite plan adopted as regards the early rotation of these positions whenever opportunity offers of so doing. Warren Bricked once made the following statement which so exactly agrees with my notions that I am induced to copy in full his words: "Because a woman can deliver herself in occipito-posterior positions, we are not necessarily to expect her to do it—on the contrary, for the sake of both mother and child, we had better presume that she most probably cannot. If we see the case early, therefore, let us use early exertion to convert it into an anterior position. If we fail, or if we have not had the privilege of the effort, let us not, under the happy conviction that she is in natural labor, permit her to extend the extraordinary efforts which are necessary to deliver herself.

"Realize fully that before you is a patient suffering far beyond the prevailing demand in order that she may extrude her child, that the extraordinary pressure and effort to which she is subjected tell of more than possible evils to her, and that the distortions and pressure to which the child is subjected only too frequently result in death, or long, protracted, and distressing suffering. Realize these things, and help your patient."

For my own part, whenever I am fortunate enough to see my patient early in labor and before the rupture of the membranes or even after and before the head has descended very low into the pelvis, before the shoulders have engaged the brim, I give my patient chloroform sufficient to quiet all resistance, and then carefully disinfecting my hand and oiling it, cautiously introduce it wholly into the vagina, taking great care not to injure this part by undue haste, and pass it on till I reach the head, then, seizing it between the points of my fingers and thumb in the interval between a pain, I rotate the occiput forward. This is very simply done, especially before the rupture of the membranes—I then leave it to proceed as a normal case of labor.

Even after the head has engaged the brim, it is easily done, providing the shoulders are

above the brim; or, at least, if they have engaged the pelvic cavity, or not too firmly-wedged there, with assistance by external palpation, chloroform, and patience, much can be done.

Dr. Harris objects to this plan of treatment which was so strongly recommended by Dr. Parry, on the ground that the introducing of the hand within the vulva may cause laceration. Such an objection is not valid, it might be used equally against turning,—no man has a hand as big as a fetal head. With the use of chloroform, the hand may be gently passed without fear of injury.

Till I adopted this plan of treatment, I, like Dr. Barnes, had frequently to use my forceps after my patient had suffered long and painful, though fruitless efforts at delivery. Once the shoulders have become firmly wedged in the pelvis, I don't think it altogether a safe plan to follow. I there leave my cases to nature, offering such assistance as the vectis, or pressure by the fingers in the direction of rotation, endeavoring to favor both flexion and rotation. If these measures fail, then I apply the forceps, making slow traction, but not attempting rotation. If it is disposed to occur, I do not interfere; if, on the other hand, no effort is made by nature at rotation, I then deliver with the occiput at the perineum, preferring undoubtedly a pair of straight forceps, giving the perineum plenty of time to dilate and using chloroform in all cases. I am not laying claim to any new plan of treatment, but merely stating my own experience and my invariable plan of treatment in every suitable case.

The success I have met with in the past induces me to write these few lines on a most important subject.

A PUZZLING QUESTION.—“Mamma,” said a little boy who has a very recent brother, “did Adam and Eve ever have babies?” “Oh, yes. Don't you remember the story of Cain killing Abel? They were little babies at one time.” “Yes, I s'pose they were,” went on the little boy thoughtfully, “but what gets me is, if Adam was the first man and Eve the first woman, where the doctor comes in who furnished the babies.”—*Puck*.

EXCISION OF THE ASTRAGALUS.

BY THOS. R. DUPUIS, M.D., M.R.C.S. ENG.,

Professor of Clinical Surgery in the R.C.P.S. Kingston, and Surgeon to the Kingston Hospital.

(Read at Meeting of Canadian Medical Association, Hamilton, Sept. 1st, 1887.)

In referring to excision of the astragalus, I do so not with the intention of describing a new method of operating, but simply to add two more successful cases to the lists already recorded concerning this serious operation. I call it “serious” because if the operation is not successful the alternative is amputation of the limb, or perhaps loss of life; and either of these is certainly a serious matter to him who suffers it. Excision of the astragalus has been a recognized operation for many years, and 112 cases of it have been recorded and analyzed; but it seems to me that the results in the past have not been as favorable as they would be now under our antiseptic treatment. As far as we know, excision of the astragalus was first performed in 1670 by Fabricius Hildanus, or by some other surgeon whom he has described. One hundred and twelve total, and twenty-eight partial, extirpations have given the following results:—Of the complete ones, 79 gave useful limbs; 2 were followed by amputation; 19 were succeeded by death; and 12 cases passed from under observation and the results were not known. Of the 28 partial cases, 18 were followed by satisfactory recoveries; 8 were not quite satisfactory; 2 were followed by amputation, of which one ended in death. Prof. Gross calls statistics similar to the foregoing “flattering results,” and thinks that they should be received with a great deal of caution. He states that the operation is one of extreme difficulty, and that when all the circumstances are considered, thinks it questionable, in the great majority of cases, if it would not be better to sacrifice the limb than to attempt to save it by this method. He thinks the surgeon should consider himself in the patient's place when he undertakes to decide on the course of procedure to adopt; and is of opinion that if the patient had all the facts on both sides of the question honestly laid before him—the dangers of inflammation, erysipelas, and probable relapse which may accompany excision, and the comparative safety,

the freedom from subsequent suffering, the fitness for an artificial limb, which succeed *amputation*—he would not hesitate as to the course he would pursue; he would, he thinks, prefer removal of the foot by Pirogoff's or Syme's method.

The cases which I report were both performed on account of compound dislocation, complicated with fracture, and were in healthy men and were performed under the most rigid antiseptic precautions. Twice within the last year I have removed the most of the anterior row of tarsal bones for caries, and under antiseptic treatment the wounds healed kindly; but the disease recurred, and amputation subsequently became necessary.

Case I. of excision of the astragalus was a Mr. McW., a brewer's dray-man, aged 50 years. He was taking a barrel of beer down a flight of steps into a cellar, and was going down backwards in front of the barrel. The barrel slipped from one of the steps, and on his stepping back suddenly to prevent the barrel from rolling down upon him, the step below broke beneath his weight and his foot came down forcibly upon the stone floor, evert-ing the foot and producing a compound and complex dislocation on the inner side.

Immediately after the accident he was brought to the hospital, March 27th, 1887. The foot was then turned outward to such a degree that the inner edge came almost towards the ground; about half an inch was broken from the end of the tibia, which projected nearly an inch through a large wound in the soft parts; the astragalus was turned one-quarter way round, so that the inner surface locked forwards, and projected anteriorly upon the scap-hoid-bone in such a manner as to form a large hard tumor beneath the skin of the instep. All attempts to restore the parts to their normal relations proving futile, I determined to remove the astragalus, and, by bringing the parts into proper apposition, to secure a joint between the ends of the tibia and fibula and the calcaneum. After removing the astragalus, and the half-inch piece broken from the end of the tibia, I found that about three-fourths of an inch was broken from the end of the fibula also, and this I likewise removed.

During the operation, the wound was constantly flushed with a solution of bichloride of mercury (1 to 4,000), and, after bleeding had entirely ceased, the wound was closed with a close, interrupted, carbolized catgut suture, the seam painted over with collodion, upon which iodoform was plenteously sprinkled, a pad of iodized gauze laid upon it, and the whole done up with antiseptic bandages. The dressing was not changed for ten days; there was no rise of pulse or temperature to speak of; the patient felt well from the time he recovered from the effect of the ether, eating and sleeping normally, and suffering but little pain. This wound healed without the formation of any pus, and on the 20th of April, 29 days after the operation, he left the hospital with the wound completely healed.

For the last two months he has been at work in a brewery, using sometimes a crutch and sometimes a cane in going to and fro. He has perfect motion in the ankle joint, and can bear considerable weight upon the foot; but he complains of its being weak, and of its liability to eversion if placed upon the ground carelessly. His condition is improving, however, and I have hopes that time will greatly remedy the defect which he now suffers. Contraction of the muscles and tendons passing from the leg to the foot will diminish the cavity formerly occupied by the astragalus; the ends of the tibia and fibula, and upper surface of the os calcis will become coated with cartilage, fibrous material will be thrown out, and the whole will form a well-padded joint, and give a useful limb.

The second case was John T——, a carpenter, aged 42, who had fallen by the breaking of a scaffold nearly twenty feet, and struck upon his feet. His left ankle was severely bruised and some of the bones partially dislocated, and his right ankle was so completely disorganized that the astragalus was broken into two pieces, the ends of both tibia and fibula fractured across at the distance of three-fourths of an inch from their apices, the tibia and part of the astragalus protruding from the wound in the soft parts, and the other fragment lying loosely attached by ruptured ligaments in the depths of the wound. He was brought to the hospital immediately after the accident, July 20th, 1887.

My colleague, Dr. Oliver, was attending the hospital at the time. I was summoned in consultation, and at once advised the removal of the astragalus, and all the broken fragments of bone, and the treating of the wound in a rigidly antiseptic manner. The same method was adopted as had been used with Mr. McW—, and the wound was dressed in precisely the same manner, excepting that in this case a drainage tube was inserted, but it proved quite useless as no discharge from the wound followed the operation. The tendons of the tibialis posticus, flexor longus digitorum, flexor longus pollicis, and posterior tibial artery were uninjured, and the conditions for rapid repair and natural motion were preserved. The wound in this case has been now healed for several days, although he is still in the hospital on account of the other ankle which has not yet recovered from the spraining and bruising which it received. About thirty days sufficed for the healing of this wound, and during its progress there was no formation of pus, no inflammatory action, and very little pain. I visited him last Saturday and found him able to voluntarily move the foot in any direction, flexing, extending, inverting, and everting it with considerable facility.

John Ashhurst, jr., the author of the article on "Excisions," in the International System of Surgery, says that his experience of excision of the astragalus is limited to two cases, both, he says, terminating favorably. The two cases which I have reported, coming so close together and being so exactly similar in character, and both terminating so satisfactorily, form, I think, a worthy addition to the numbers already recorded.

For caries of the bones of the ankle, the removal of any or all of the bones is not certain to secure immunity from a recurrence of the disease, although it might be well to try excision before having recourse to amputation; but if the excision required the taking away of too much bone, amputation would be preferable, inasmuch as a foot hanging loose at the end of the leg without sufficient bone to support the weight of the body, would be far worse than no foot at all. It is in injuries such as I have described that this operation succeeds; and now that we can obtain such wonderful results by rigid

antisepsis, no limb should be sacrificed on account of the most serious injuries to the bones of the ankle, without first making an attempt to save it. In hopes that these results may embolden some younger and less experienced surgeon to take the risk and wait for good effects from his conservative surgery, especially when it concerns an arm or a leg, instead of mutilating his patient at once and forever by an amputation, I have trespassed upon your time, gentlemen, long enough to bring these facts before the Association.

REMOVAL OF THE UTERINE APPENDAGES.

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

(Read at Meeting of the Ontario Medical Association.)

Sir Spencer Wells recently made use of the following remark: "The oophorectomists of civilization touch hands with the aboriginal spayers of New Zealand." Mr. Lawson Tait said in reply: "This kind of writing reminds me of nothing so much as Dean Ramsay's Scotch laird who, when in a rage, went out into the street and swore at large." This delicate exchange of courtesies between these two men who are, perhaps, all things considered, the most eminent abdominal surgeons the world has ever seen, furnishes a good example of the grave differences of opinion which exist upon this subject, and the extreme bitterness which has characterised many of the acrimonious discussions which have taken place in recent years.

It will be sufficiently correct for our purpose to assume that the history of this operation dates back to 1872 (less than fifteen years ago) when, within a few weeks, Battey, of Georgia, Hegar, of Germany, and Tait, of England, respectively, removed the ovaries with the hope of relieving serious symptoms in their patients. Battey was the first to report his case, and he gave to the operation the name of normal ovariectomy. He met with very strenuous opposition, and tells us of "professional brethren holding nightly caucuses, awaiting the death of the first patient, in order to arrest the operator." Hegar gives to it the

title of castration, a term which is quite common in Germany and France. The term spaying is also applied to the procedure, but only, as a rule, by those who wish to throw contempt on the operation and operators.

I have selected the designation used by Mr. Lawson Tait—"The Removal of the Uterine Appendages,"—which is frequently called "Tait's operation." The peculiarity of this, as compared with Battey's normal ovariectomy, or Hegar's castration, is that Tait insists on the removal of the fallopian tubes as the most important feature of the operation, while the others made it their aim, especially at first, to remove simply the ovaries. Battey acknowledges that he made a grave mistake in using the term normal ovariectomy, which has given rise to many serious misconceptions. He accounts for his error by stating that many of the ovaries and tubes formerly removed by him were in reality diseased, though he thought at the time they were normal.

I will consider the operation in its application to three varieties of conditions, viz: nervous diseases, bleeding fibro-myomata of the uterus, and diseases of the ovaries and tubes. I had intended to give a report of the results of all the cases in which this operation has been performed in the Toronto General Hospital; but I find that this would be so incomplete as to be of comparatively little value, because, in the majority, a sufficient time has not elapsed to give us a correct idea of the permanent effects on the patients. I will, however, relate the histories of a few cases which will illustrate the different varieties before alluded to.

I have never seen an operation performed for nervous disease without accompanying pelvic lesion; but will relate the history of a case of Dr. Cameron's, which I had the opportunity of seeing frequently with him, in which the nervous symptoms were far out of proportion to the diseased conditions found in the uterine appendages, as far as we and others on the hospital staff could ascertain by careful examinations.

Miss —, one of our most efficient and intelligent nurses, commenced to have severe pelvic pains at the menstrual periods at the age of 21. These gradually grew worse for

three years, when she was compelled to give up work at these times. There were a few slight attacks of pelvic cellulitis, which recovered under treatment. Early in 1885, the symptoms during menstruation became more severe. She was confined to bed from ten to twelve days out of every 28. The pains appeared regularly two or three days before the flow, starting most frequently in region of left ovary. The stomach then became affected, first with nausea, and this was followed by retching and hiccoughing, which continued almost incessantly for several days. Her sufferings were intense, and she was in an unconscious or semi-unconscious condition a large portion of the time. The right arm moved almost continuously. There was evidently a large element of hysteria in the patient's condition. The left ovary was tender and a little prolapsed, and both tubes appeared at times to be slightly dilated, although I sometimes had doubts as to this condition of dilatation. For six months she was unable to do any work, although she was up a good portion of the time. After a number of consultations with different members of the staff, and at the urgent request of the patient, Dr. Cameron, assisted by myself, removed the tubes and ovaries, November 3rd, 1885. The left ovary was large, and, I think, more cystic than it should be, although, I must confess, that I am frequently unable to draw the line between a diseased and normal ovary. Both tubes were slightly dilated and congested. Her recovery from the effects of operation was very satisfactory. She had two slight hemorrhages during two succeeding months, none since. She had monthly recurrences of pelvic pains for about nine months; two or three in next six months, the last occurring two months ago. These have not been accompanied with the severe symptoms which she experienced before the operation. She has been able to do a great deal of work during the last year. I think the nervous symptoms have not quite disappeared; but when I last saw her, on Monday of this week, seventeen months after the operation, she was well and cheerful, not changed in her physical and mental characteristics, and was as much a woman in her appearance, and, as she stated, in her feelings, as she ever was.

We have in this case an example of grave neurosis, greatly aggravated at the menstrual periods, without very serious lesion of the tubes and ovaries which could be detected without an abdominal section. It is a matter of very careful deliberation whether, under such circumstances, the operation is justifiable. My opinion is most decidedly in favor of the negative in the great majority of such cases. I feel certain that it would be most pernicious to establish the rule that, in all cases of severe dysmenorrhœa, or of serious nervous diseases of various kinds, apparently intimately connected with menstruation, the appendages should be removed. It so happens, however, that the symptoms occasionally become so severe as to make the patients invalids, perfectly unfit to pursue their ordinary avocations, or even endanger life and reason (as admitted by Sir Spencer Wells). This is a serious matter in any instance, but especially is it so in the case of a poor woman who is compelled to earn her living.

Such patients, with a due appreciation of the risks of operation, and the chances of complete or partial relief resulting therefrom, frequently implore us to give them the benefit of such a chance. If, as frequently happens, we have treated them for many months or years with no good effect, but, on the contrary, find them going from bad to worse, what are we to do? I can give no fixed rule that will absolutely apply to all cases, but with my present lights I will consider that the operation is unjustifiable in all cases of nervous and mental diseases, where no distinct lesions of the appendages are present which can be clearly recognized. While I think it safer to adopt such a rule as this, I admit that cases may and do arise of such an exceptional character that it may be considered advisable, after a careful consideration of all the circumstances, and a consultation with those in whom we place the most implicit trust, to perform the operation.

While I freely acknowledge the difficulty of deciding at once the merits of all cases which may come under our observation, I wish especially to enter a most emphatic protest against the tendency, which is becoming manifest in some parts of this continent, towards the per-

formance of this operation in all cases of serious dysmenorrhœa, the so-called menstrual epilepsy, hystero-epilepsy, and various forms of mental disease.

CASE II. Mrs. M—, aged 40; had four children, youngest child aged 9; no miscarriages; admitted to Toronto General Hospital, May 14th, 1886. Had tumor of abdomen reaching to a point above the umbilicus, due to fibroids, which were first noticed two years before. Patient was in a very wretched condition from the effect of hemorrhages and some form of inflammation, probably metritis and endo-metritis, accompanied by severe pain. An intra-uterine application aggravated general symptoms. Pulse, 100 to 140; temperature, 100° to 105°. When the signs of inflammation subsided, although the patient was still in a poor condition, I made an abdominal section, assisted by Dr. Cameron, and removed the ovaries and tubes. The recovery from the effects of operation was satisfactory. She had a slight hemorrhage a few days after the section, but none during the three months after that while she continued under my observation. The tumor was considerably reduced in size—to about two-thirds or half its former dimensions. The greater part of this reduction appeared to take place during the second week after the operation—after the slight hemorrhage to which I have alluded.

This case illustrates two points in the history of such patients after the removal of the ovaries and tubes. First, the hemorrhages, which placed her life in imminent peril, ceased. All reports agree as to the fact that the operation, in the majority of cases, causes the hemorrhages to cease; in a certain number to diminish; but in a very few has no effect whatever. Second, the tumor soon diminishes in size. This remarkable change takes place in almost all the cases where the hemorrhages cease or diminish. Of course the more important of these effects is that of checking the hemorrhages which, in certain extreme cases, are immediate sources of danger to life.

In such cases I have no hesitation in saying that I believe the immediate performance of this operation is the safest and best resource we have. I am supposing that medicines, such as

ergot and ergotine, have been tried without effect. It is quite true that in a certain small proportion of cases, where the tumors are chiefly myomatous in their nature, and grow very rapidly, this procedure has no effect whatever. It is unfortunate that we are unable, as a rule, to decide as to the nature of these myomata before they are removed, although we may suspect their character if they have grown very rapidly. If we could be certain we should at once proceed to the very grave operation of hysterotomy.

It will be safe, therefore, I think, to adopt the rule that, in all cases of uterine fibro-myomata, which are accompanied by hemorrhages which endanger life, the appendages should be removed.

There can surely be no sentimental, ethical or moral consideration which will oppose this rule. Apart from the immediate danger to life, the presence of fibroids in the uterine walls generally produces sterility, and in exceptional cases, when pregnancy occurs, the woman is placed in a position of very grave peril; and, in this aspect of the subject, absolute sterility, artificially produced, is a decided benefit to our patient.

CASE III. E. S., aged 32, married 11 years, never pregnant. A few months after marriage had a serious illness, accompanied by a vaginal discharge; was told she had pleurisy; never well since; had intense pain before and during menstrual periods; had dyspareunia; noticed these symptoms especially during last seven years; being quite incapacitated for any work from half to three quarters of the time. Came into Toronto General Hospital, May 1st, 1886; sausage-shaped tumor felt behind and on right side of uterus, most easily traced per rectum; supposed to be one of the tubes dilated with pus. There was some doubt as to which tube, but at the time of operation it was discovered to be the left, which passed behind uterus to right wall of pelvis, where it was adherent. Second tube behind this appeared to be dilated to a less extent. There was some increase of temperature, with occasionally slight chills and sweatings; diagnosis, probably pyosalpinx. She was kept quiet, and had hot douches twice a day for a few weeks, with no benefit.

June 11th, assisted by Dr. Cameron, removed ovaries and tubes. The large tumor proved to be a tube about the size and shape of a good sized elongated pear. Had some difficulty in separating adhesions, and, in doing so, ruptured the tube, which appeared to be very thin in one place, causing a considerable amount of offensive pus to escape into pelvic cavity; second tube dilated and congested, more easily removed; cavity well washed out with boiled water and drainage tube left in three days; recovered without any bad symptom, excepting one superficial suture abscess, which gave very little trouble.

About three weeks after operation had a slight uterine hemorrhage, lasting four days, which appeared like an ordinary menstrual flow. Since then she has had such hemorrhages every four to six weeks, some being quite serious in character. One attack, last January, lasted three weeks, and her medical attendant, Dr. Turver, of Parkdale, was unable to control it until he applied Churchill's Tincture of Iodine to the endometrium. Apart from these hemorrhages, she has been much improved since the operation; has no pelvic pains worth mentioning, no dyspareunia, has gained in weight, and looks well. Such was her condition when I saw her, May 10th, 1887.

This is a good example of severe disease of the appendages. Both tubes were diseased, one being converted into a large abscess, with a thin wall which not only made her a confirmed invalid, but seriously imperilled her life, from the fact that the sac was likely to rupture at any time, empty its contents into the peritoneal cavity, and thus cause inevitable death. There can scarcely be any difference of opinion with reference to the advisability of operating in such a case as this if we can be certain of our diagnosis.

Is it difficult to recognize the diseases of the tubes, especially hydro-salpinx, pyo-salpinx, and hæmato-salpinx? Certainly, a few years ago we did not recognize them, but I think Mr. Tait has taught us how to make a fairly correct diagnosis. In the case which I have reported, it was quite easy to feel something in Douglas' sac behind the uterus; and yet the patient was examined by one of Toronto's best surgeons two

days before I first saw her, and nothing abnormal was detected. The tube was dilated to such an extent that its detection was unusually easy, especially by rectal examination. By the bimanual method, with one hand above the pelvis, and one or two fingers in the vagina or rectum, it could be mapped out pretty plainly throughout its whole extent, from the body of the uterus to the side of the pelvis. The second tube being dilated but little as compared with the other, could not be outlined so well.

After one has paid some attention to Tait's methods of examining such cases in the way I have indicated it becomes comparatively easy to detect dilated tubes. It is a great advantage to have a long forefinger. In my own case, I find it necessary to use two fingers, as indeed I generally do in making vaginal examinations. After we have discovered the fact that the tubes are dilated the history of the case will aid us in distinguishing the character of the fluid contained within them. Very frequently, however, there must be considerable doubt, and I don't know that this is of any very practical importance. I cannot here go minutely into points of diagnosis, but would like to refer to the great value of rectal exploration, which, I fear, is too frequently neglected. It is well at the same time to have the rectum perfectly empty, and it is frequently advisable to administer an enema for that purpose. It is, of course, important in making an examination to learn as much as we can about the condition and position of the ovaries. I have not given prominence to this fact, because the profession have been able for some time to arrive at a fairly accurate diagnosis of displaced or diseased ovaries—long before much attention was paid to the condition of the fallopian tubes.

Is disease of the uterine appendages of frequent occurrence? There has been much difference of opinion on this question. Sir Spencer Wells expressed his doubts as to the existence of such a condition at the meeting of the International Medical Congress in London, in 1882, and sneeringly added that if such cases did occur they must all go to Birmingham. Dr. Coe, of New York, stated last year, as the results of his observations in the post-mortem

room, that actual disease of the tube is far less frequent than is generally believed. This statement is too vague to furnish us much assistance. Recent records from the pathologists of different hospitals in London show beyond dispute that this condition is more common than is generally believed, notwithstanding Dr. Coe's opinion to the contrary. In 100 consecutive (or practically so) necropsies of women above the age of puberty, at the London Hospital, Dr. Lewers found dilatation of the tubes with hydro-salpinx, pyo-salpinx or hæmato-salpinx in 17 cases; in 300 at Guy's, there were 12; in the Middlesex, Dr. Fowler found 15; at the out-patient's department in Birmingham, Mr. Tait estimates that 10 per cent. of the women seeking relief have this diseased condition of the uterine appendages. As far as I can make out from available statistics from 4 to 5 per cent. of all women are afflicted with such diseases.

Do these diseases endanger life? Unquestionably they do. There can be no doubt on that point. At the necropsies before referred to at London and Guy's, it was found that out of those thus diseased, death resulted in 25 per cent., directly or indirectly, from this condition of the appendages, while out of 15 at Middlesex the number was 8, or over 50 per cent. These figures are somewhat startling, showing as they do the frequency and fatality of diseases of the uterine appendages; but apart from the dangers to life we should consider the very serious condition of confirmed and painful invalidism which commonly accompanies these diseases.

Can we cure these cases without abdominal section? Yes, in a fair proportion we can. I will not undertake to say what proportion. The most important consideration is probably this: we can try in all cases, or nearly all. I say nearly all, because I would make an exception when the probability is that the patient has a greatly dilated tube filled with pus. The danger of rupture here is so serious that the operation should not be delayed one day longer than is necessary. In all other instances I think it well to pursue for some time the line of treatment recommended by Dr. Emmett, of New York, for pelvic inflammations, by means of rest, hot douches,

iodine to roof of vagina, and perhaps small blisters externally.

According to my experience chronic inflammatory conditions outside the fallopian tubes are more easily cured by such treatment than similar conditions within the tubes which are accompanied by dilatation. I have watched the effect of treatment in a number of cases of hydro-salpinx, or of hydro-salpinx which is being converted into pyo-salpinx, for periods varying from a few weeks to over two years, and have found the results very discouraging; and I am becoming more and more convinced that in the majority of patients affected by such tubular disease no relief can be afforded excepting by the complete removal of the appendages. Until, however, I have acquired more light on the subject, I will continue to pursue suitable treatment as a general rule for some time before recommending abdominal section.

Is the operation a difficult one? In some cases it is comparatively easy, in others quite the contrary. Two of the operations in the General Hospital last year, one of Dr. Temple's and my own, for pyo-salpinx, were among the most difficult I have ever witnessed. In three of Dr. Cameron's cases, in which I was assisting, he was unable to complete the operation. One of these is of considerable interest.

CASE IV. Mrs. S., treated for about two years for pelvic inflammations. Abdominal section by Dr. Cameron. The appendages could not be removed. During the manipulations a small, thin, walled cyst, about the size of a small marble, was ruptured accidentally and removed. It was found to be attached to the intestine, abdominal wall, and the broad ligament, which was probably its original seat. To our surprise she improved after the operation, and resolution of the inflammatory products in pelvis took place, and she is now almost entirely free from pelvic symptoms.

These small, insignificant looking cysts, with the most innocent-looking contents, appear to be rather commonly attached to diseased appendages which have been accompanied by extreme pain. Can their presence give rise to the inflammatory conditions? It is quite probable they rupture frequently. Is it possible that

the fluid poured out is sometimes so irritating as to cause inflammation?

Is the operation dangerous to life? In Lawson Tait's hands the mortality is from 2 to 3 per cent. In some hospitals the mortality has been high—from 10 to 25 per cent. How can we account for the great difference in the rate? Does it arise entirely from Mr. Tait's superior skill? No; while I believe that he is the most skillful abdominal surgeon in the world, I think there are other reasons which have affected the results. In a fair proportion of cases the appendages are so completely surrounded by inflammatory products that a prolonged attempt to remove them is dangerous to life. In four out of 32 of Tait's earlier cases, he, with all his skill, was unable to complete the operation. I fear that in certain cases death has been caused by the undue zeal of surgeons who have passed the limits of safety in their efforts to complete their work. It requires a large amount of moral courage to stop sometimes at the right time. An incompleting operation is in a certain sense a failure, and is in consequence rather humiliating. The temptation to go too far and do too much is very great, but it is our duty to resist it, especially when we consider that in the majority of our patients the condition present is not immediately dangerous to life. Certainly the skill and judgment acquired by experience are of great value, but in my opinion the greatest dangers ensue from rashness and carelessness.

In Toronto there have been 24 of Tait's operations performed by Drs. Cameron, Temple, McFarlane, Strange, J. F. W. Ross, Hunter (of New York), Machell, and myself. Of these, death resulted in one case, showing a mortality of about four per cent. Two were performed for bleeding myomata, with one death; twenty-two for diseased appendages, without a death; four were incomplete. Among the incomplete three derived more or less benefit. Two operations were performed on one patient by Dr. Strange; at the first the left tube alone appeared to be diseased, and was removed with the corresponding ovary; a few months after the other tube and ovary were removed, as the first operation had not reduced the serious pelvic symptoms. This agrees with Tait's obser-

vations, he having found the removal of only one of the tubes unsatisfactory as a rule.

As my paper is already too long, according to the limits prescribed by this Association, I cannot describe minutely our methods of operating; but I may say that as a rule we follow as far as possible the methods employed by Mr. Lawson Tait, and I think that the more closely we follow his instructions the more satisfactory do our results become. As a general thing his wonderful book is our Bible in abdominal surgery. We have not, however, his contempt for germs, and do not think of using them in making our "pads" for dressing. We endeavor to keep them at a respectable distance by the strictest cleanliness, and use boiled water and carbolized water for our fingers, sponges, and instruments—in fact, we try to carry out all the principles, if not the exact methods, of perhaps the greatest of living surgeons, Sir Joseph Lister.

SOME PRACTICAL POINTS IN ASEPTIC (OR ANTISEPTIC) MIDWIFERY.

BY J. C. CAMERON, M.D.,

Professor of Obstetrics, McGill University, Montreal.

(Abstract of paper read before the Canadian Medical Association, at Hamilton, Sept. 1st, 1887.)

Now-a-days few subjects are of more interest to the general practitioner than the prevention and treatment of puerperal fever. Medical journals teem with articles more or less original, and suggest methods of treatment more or less useful; but frequently the directions given are indefinite or else dogmatic, and do not appeal sufficiently to the intelligence and judgment of the practitioner. If a man is to succeed in the treatment of puerperal troubles, he must not only have clear ideas concerning the nature of the disorder he is called upon to treat, but must also realize that no two cases require precisely the same treatment—in other words, he must learn always to treat the patient rather than the disease—otherwise his treatment is apt to be injudicious, hesitating, or uncertain, sometimes inadequate and sometimes excessive. In the immense majority of cases, puerperal fever is simply *puerperal septicæmia*. Until we thoroughly realize this fact, and intelligently

base our treatment upon it, we cannot obtain the most favorable results. But it is objected that this view presupposes a belief in the germ theory, whereas many successful surgeons do not believe in it, are not afraid of germs, and laugh at the credulity of those who are. I admit that the germ theory is not perfect, but what theory is? that it does not explain all the facts, but what theory does? Nevertheless, I contend that it explains the facts better than any other theory, and, taken as a working hypothesis, yields better results in practice than are obtainable in any other way. But if its principles are true, and its methods sound, they should be universally applicable, in obstetrics as well as in surgery, in every case at the beginning as well as at the end. Consistency and persistency are essential to good results. The views of the germ theorists, are frequently misrepresented or misunderstood, and much confusion is the result. For example, Dr. Robert Barnes, in a recent review of "Parvin's Midwifery," characterises the view that puerperal fever is puerperal septicæmia as *narrow*, because germ theorists fail to realize the fundamental importance of the state of the puerperal woman, especially the rapid transition from high vascular and nervous tension attending the up-building of tissue to the opposite state of rapid disintegration and clearing away which marks involution. He then reiterates his well-known theory of the threefold origin of puerperal fever: 1. *Endosepsis*, when the woman infects herself with her own secretions or excretions. 2. *Autosepsis*, when foul stuff is absorbed from the genital tract, and, acting upon the puerperal blood loaded with effete stuff, causes systemic poisoning. 3. *Exosepsis*, when a poison altogether foreign to the body is introduced and inoculated. Unfortunately Dr. Barnes quite misunderstands the position taken by Parvin and others. Germ theorists recognize in septicæmia the action of two distinct factors, the *seed* and the *soil*. In estimating the prospects of his crops, the prudent farmer considers the quality of his soil as well as that of his seed—good soil without seed produces no crop; neither does good seed without soil. So, in like manner, the germ theorist estimates both soil and seed; both are necessary, neither one can produce the pheno-

mena of septicæmia without the coexistence and co-operation of the other. Barnes' theory of *endosepsis* is a myth, and a very dangerous myth if believed and acted upon. If we bring ourselves to believe that a woman may develop puerperal fever in her own body, without the intervention of any external agency, we may always have a soothing salve for our consciences when we lose a puerperal patient; for, in all probability, she infected herself, the fever arose *de novo*, and of course then it could be nobody's fault but her own. I cannot condemn such teaching too strongly; it is delusive and dangerous in the extreme. When men come to realize that puerperal fever is puerperal *septicæmia*, and that the infecting germs are generally introduced through carelessness on the part of the attendants, they will feel greater personal responsibility, and their practice will be less slovenly. I can well understand an excretory organ like the kidney giving way under the increased strain suddenly put upon it during the puerperal period; but *uræmia*, not *septicæmia*, will be the result. Why not call it *uræmia*, or puerperal *uræmia*? Why confuse it with a condition whose etiology, pathology, and treatment are entirely different?

Granting, then, that puerperal fever is generally puerperal septicæmia, we have two main factors to consider, the *soil* and the *seed*:

The soil.—As Barnes has clearly shown, after labor the high vascular and nervous tension of gestation falls, and development is replaced by active demolition, absorption and excretion. The active exosmosis of pregnancy is followed by the active endosmosis of the puerpery. While the lowered vitality and vitiated blood of the puerperal woman thus provide a suitable soil for the development of the septic process, the denuded placental site and abrasions in the genital tract afford abundant points of entrance for the septic germs.

The seed.—Considered from a clinical rather than a strictly pathological standpoint, germs may be roughly divided into *aerobic* and *anaerobic*. The *aerobic* require air for their development; primarily, they cause certain destructive local changes; secondarily, they set up constitutional mischief by the absorption of their products. The *anaerobic* do not require air for

their development, but penetrate the tissues immediately and light up constitutional effects.

We have thus two distinct forms of septic infection, one whose effects are at first local and then constitutional, the other whose effects are constitutional from the very outset. When we have to treat cases belonging to the first class, we should at once remove the local cause and the secondary constitutional symptoms will soon disappear. But when we have to deal with cases of the second class, where constitutional infection is present from the outset, constitutional treatment alone is called for—local treatment can do no good, and may do much harm.

From these considerations a rational treatment is plainly deducible:

I. *Soil*.

1. Close the door against the entrance of infection. This is best accomplished by a careful management of the third stage of labor, and the securing of good involution.

2. Promote the activity of the excretory organs, so that there may not be excessive accumulation of waste products in the blood.

3. Provide the absorbents with an abundant supply of easily assimilable food, so that they may not absorb noxious matters.

II. *Seed*.—Keep out the germs if possible.

1. By thorough personal disinfection and the carrying out of rigid antisepsis during and after labor. These details are now familiar to every one and need not be here repeated.

2. By the use of *dry dressings*, which do away with the necessity for repeated douching; and filter the air which enters the vagina, rendering it fairly sterile.

If any septic symptoms occur, such as chill, fever, rapid pulse, foul lochia, etc., do not temporize for a few days with quinine, aconite, etc., till the diagnosis is complete and constitutional symptoms are thoroughly established, but at once try to remove any local cause of mischief which may be present. Give a vaginal douche; if that does not produce a decided effect in a few hours, give a thorough intra-uterine douche to wash away any decomposing *debris* that may be present. The temperature will then generally fall, perhaps permanently; but if it rise again, and you have reason to suspect the presence of a piece of adherent placenta or

retained membrane, it is better at once to curette the uterus gently with a dull curette and remove in a few moments the adherent cause of infection, than to wait for its slow removal by natural process. The sooner a local source of infection is removed the less severe will be the constitutional symptoms, and consequently the less danger to the patient. After using the curette, douche the uterus thoroughly, introduce a pencil of iodoform, containing 30 to 60 grains, apply the dry dressing, and do no more locally. If, however, in spite of local treatment, the symptoms continue, what is to be done? Local treatment is no longer needful, for the combat is no longer local but constitutional. The fight must be between the microbes and the white corpuscles—the army of the invaders and that of the defenders—and the issue will depend upon the relative strength of the combatants. If you strive to maintain the patient's strength, reinforce the blood, whip up the heart, and combat nerve prostration, you are carrying out a rational treatment. Treat constitutional puerperal septicæmia as you would treat any other rapidly exhausting disease, as diphtheria, for example. Push vigorously stimulants and assimilable food; iron, quinine, and opium are the most useful drugs.

The success of a surgeon depends not so much upon the number and variety of his instruments as upon the skill with which he uses them; so the success of the obstetrician in the treatment of puerperal troubles depends largely upon the skill with which he uses his local and constitutional remedies. Antisepsis is not the synonym of Listerism, nor is antiseptic the synonym of germicide. As septicæmia is believed to result from the action of two factors, the soil and the seed, so the antiseptic plan of treatment may run upon two distinct lines, viz., sterilizing the soil, or destroying or excluding the seed—or both plans may be combined, yet the principle remains precisely the same. Some pin their faith to carbolic acid, iodoform, iodine, corrosive sublimate, etc., and direct their attention chiefly to the destruction of the germs; while others use none of these germicide drugs, but by strict attention to cleanliness sweep away the germs and prevent the accumulation of those products in which

germs thrive and multiply. But it must be remembered that cleanliness is a very indefinite term. What is clean according to one man's ideas may be filthy according to another's. And, after all, the fact remains that no matter upon which plan you model your treatment, the more nearly you approach to perfect asepticism (or perfect cleanliness), the more satisfactory will be your results.

General *resumé* of the essential points in the aseptic system:—

1. Great care in the disinfection of hands and clothing. Scrub hands, nails and arms with soap and hot water, and then with a sublimate solution. Use a nail brush. Never make a vaginal examination without previously disinfecting the hands. Handle the parts as little as possible.

2. Give a preliminary vaginal douche, when possible, at the beginning of the second stage of labor.

3. Careful management of third stage of labor, and securing firm contraction of the uterus.

4. The dry method of dressing.

5. If the temperature rises, or lochial discharges become offensive, give a vaginal douche; if that fails, in a few hours, give an intra-uterine douche; if that fails, and the uterus is large, soft and flabby, and there is reason to suspect retained membrane or bit of placenta, gently curette the uterus, douche it out, introduce a bacillus of iodoform, and re-apply the dry dressing. If that fails, cease local treatment and commence vigorous constitutional treatment—particularly stimulants, food and iron.

6. If, later on, there is evidence of localized peritonitis, or a localized collection of pus in the abdominal cavity, the best chance will be in laparotomy and thorough cleansing and drainage of the abdominal cavity.

A colored man who had been bitten by a rattlesnake claimed to have been cured by whiskey and an application of raw chicken-flesh. It is hard to tell which had the power to effect a cure; but the colored race and the chicken draw pretty well together.—*Puck*.

A YEAR'S WORK IN ABDOMINAL SURGERY.

BY WM. GARDNER, M.D.,

Professor of Gynecology, McGill University, Montreal.

(Abstract of paper read before the Canadian Medical Association, Hamilton, Sept. 1st, 1887.)

During nine months I have opened the abdominal cavity thirty-five times. To these might be added three cases of total vaginal extirpation of the uterus, as in this respect, similar, that they involved opening of the peritoneal cavity. Of the abdominal sections sixteen were ovariectomies, all recovering; eleven removals of appendages, with one death; two for puerperal peritonitis, both dying; two for pelvic abscess, both recovering; one retroperitoneal cyst of the left loin, recovering, and two hysterectomies, which also recovered. The list of ovariectomies contained a number of cases of exceptional interest. Two were cases of twisted pedicle, in one of which—a dermoid cyst—there were alarming symptoms of peritonitis. Both ovaries were removed; washing out and the use of a drainage tube for five days were necessary. At the operation the uterus was found softened and somewhat bulky. The suspicion of pregnancy occurred, but was not seriously entertained. She recovered without a bad symptom and proved to be pregnant.

The second twisted pedicle case was in a young girl of twenty-five, and the patient had suffered severe pain for several weeks. They are instances of the sudden complications of ovarian tumors which may demand immediate operation to save the patient's life. Two were cases of sarcoma universally adherent, desperate operations. Both recovered to die some months afterwards from recurrence. In nine cases the second ovary was removed because of commencing disease. This did not affect the recovery in the least, notwithstanding Spencer Wells' experience to the contrary. Of the whole number of operations, in eleven cases washing out of the peritoneum was practised, and in seventeen the drainage tube was employed. This series of ovariectomies completes a list of thirty cases with only one death. Of the series of removals of appendages a considerable variety of cases was found. There were examples of hæmatocele with adhesions, pyosal-

pinx, hæmato-salpinx, cystic ovaries, with or without adhesions, and small cirrhotic ovaries. Some of the operations were very difficult from density of adhesions, and, but for washing out and drainage, the patients could scarcely have survived. The single death was from hemorrhage, the operation being very simple, and without doubt could have been prevented if alarm had been given in time. In several the desired results have been most prompt and satisfactory. In others it has been slow, and at first discouraging, but with ultimately most gratifying terminations. The puerperal cases were septic peritonitis, and possibly, if operation had been earlier, the lives might have been saved. They were not, however, of the class of cases in which good results may, with the best hope, be expected. These are localized collections of the products of inflammation in the pelvic peritoneum or cellular tissue and pyosalpinx or ovarian abscess, in which latent conditions have been roused to activity by parturition, and general peritonitis has followed. There is ample experience already recorded to prove that in suitable cases there is here a wide field for the saving of lives already doomed, and that the operation itself in skilled hands in no way endangers life. In the after treatment opium was withheld in all but one or two instances, and immediately on the supervention of pain, vomiting or distension, enemas and laxatives were administered and always with good results.

One of the exploratory operations was for a case which proved to be tubercular peritonitis. The patient, a delicate unmarried woman of 30, had taken ill suddenly seven weeks before the operation with violent peritonitis. After a time the acute symptoms subsided and an uneven tumor-like mass persisted in the abdomen and pelvis. She continued to suffer considerable pain, and to have bilious vomiting and great difficulty and pain from movements of the bowels. At the operation the peritoneum was thickly studded with tubercle, (this being verified by microscopic examination of a portion removed). The tumor-like mass consisted of the small intestine densely adherent in its own coils and to everything within reach. The adhesions were partially separated and a drain-

age tube inserted. The result was recovery from the operation and great relief to all the symptoms, the bowels acting spontaneously and with little pain, and the vomiting ceasing. She lived six weeks. In the vaginal total extirpations of the uterus, clamps were used to secure the upper part of the broad ligaments. These clamps were left *in situ* about sixty hours and then cautiously removed. Martin's method of drainage of the Douglas pouch by a T drainage-tube was employed. All three made easy and rapid recoveries.

PUERPERAL FEVER.

BY T. K. HOLMES, M.D., OF CFATHAM.

(Abstract of paper read at Meeting of Ontario Medical Association.)

He referred to the causes of this disease generally recognized by writers, and read reports of six cases which were shown to be due to stagnant air in the lying-in chamber. The six cases were quite similar in character, were marked by frequent irregular chills and high temperature, and, indeed, presented the features of true puerperal septicæmia. They all occurred in houses having no sewer connections, but which were built on level, low, undrained soil, and which was moist even in dry weather. The space between the ground and the sills of the houses was tightly boarded up so as to prevent motion of the enclosed air.

Four of the cases occurred in the same block, three in adjacent houses, within a year, and two of the four proved fatal in spite of every effort of the writer and of other physicians who saw them.

The circumstances attending the cases were such as to preclude the possibility of contagion through physician or attendants. Antiseptic intra-uterine injections, faithfully tried, did no apparent good, but, on the contrary, were so frequently followed almost immediately by chills that some of the patients became afraid of their use.

All measures proving unavailing in the last two cases, Dr. Holmes had them removed to houses with good sanitary arrangements, when immediate improvement began, and went on to perfect recovery. The convalescence was so prompt and unchecked as to leave no doubt that it was entirely due to the change of air.

REPORT OF THE COMMITTEE ON HYGIENE.

BY J. J. CASSIDY, M.D.

(Read before the Canadian Medical Association, Hamilton, August 31st.)

At the last meeting of this Association, which took place at Quebec, in August, 1886, I submitted for your consideration some criticisms on the then recently issued quarantine regulations of the Canadian Government. While prepared to give a general approval to these regulations, the Provincial Board of Health of Ontario, of which I was then a delegate to this Association, felt called upon to suggest a few improvements. In a general way, however, those present at that meeting were well pleased with the provisions of the new proclamation, and we thought that a great advance had been made in the quarantine of the St. Lawrence River. As an expression of that feeling of satisfaction it was moved by Dr. Eccles, of London, seconded by Dr. Daniel Clark, of Toronto, "That the Canadian Medical Association, views with pleasure the action taken by the Dominion Government in the issue of the quarantine regulations, which have been put in force during the present month. We consider the prompt and thorough enforcement of the aforesaid regulations will be of incalculable benefit to the health interests of the country, and moreover, it is our opinion that when intelligently applied they are calculated to conserve the best interests of the trade and commerce of the Dominion."

In detailing the proceedings of our meeting of last year to the Provincial Board of Health of Ontario, last October, I reported as follows: "Owing to valuable information obtained from various sources I may inform the Board that if a system of quarantine inspection, efficient, and yet not vexatious, is to be carried out at Grosse-Isle, three things will be necessary. In the first place, a wharf, extending into deep water, will have to be constructed at the Grosse Isle quarantine station; in the second place, the inspection of incoming ocean vessels, which do not carry the mails, equally with those which do carry them, will have to be made at whatever time in the twenty-four hours they arrive at the

quarantine station; in the third place, the inspecting staff at Grosse-Isle will have to be doubled, one set of officials attending to the work of inspection between the hours of sunrise and sunset, and another during the other hours of the day. In the absence of any such convenience at present, the construction of a wharf, extending into deep water, at the Grosse-Isle station, is necessary in order to enable ocean vessels to come alongside to be inspected, and subsequently subjected to whatever procedures the exigencies of the case and the quarantine regulations may call for, with the shortest possible detention.

"If the inspection of ALL vessels were made, as soon as they arrive at Grosse-Isle, they would be enabled to proceed at once, if permitted, to the ports of Quebec or Montreal, and thus save many hours of valuable time, which would otherwise be lost, while waiting for the visit of the inspecting officer, or while subsequently waiting for a favorable tide to enable them to overcome the difficulties of navigation in the St. Lawrence River at Cap des Roches. In explanation of this last observation, I may say that vessels of large draught cannot pass Cap des Roches unless at high tide, and a detention of a few hours at Grosse-Isle may compel them to wait for twenty-four hours in the stream in order to get a favorable tide. In defence of the view here expressed, it may be contended that the difficulties of navigation in the St. Lawrence River, as compared with ocean ports, such as New York, seem to call for a special system of quarantine inspection, if Canadian vessels are not to be put to a great disadvantage in the point of rapidity of transit, as compared with their American rivals.

"If this plan should be favorably entertained by the Dominion Government, it would be necessary to double the inspecting staff at Grosse-Isle. The construction of a wharf and the increase of the staff at Grosse-Isle need not necessarily entail a large expenditure; and, if carried out, they would certainly enable Canadian steamship companies to submit their vessels to satisfactory quarantine inspection without interfering with that rapidity of transit from port to port, which is every day becoming a more marked feature of ocean travel."

So much respecting the regulations for 1886.

In the *Canada Gazette*, published July 23rd, 1887, a proclamation is issued, establishing new quarantine regulations. The most notable change introduced is mentioned in Section 16, which reads as follows:—"The hour during which quarantine inspection, the mail steamships excepted, shall take place at any quarantine station or any port in Canada, shall be between sunrise and sunset, with the further exception, that at the quarantine station of Grosse-Isle, inspection will be made during any hour of the twenty-four." It is also further provided that "vessels arriving at the quarantine station at Grosse-Isle by night shall display a red light as a signal to inform the inspecting officer of their arrival."

The wharf extending into deep water is not yet built, and, consequently, among other annoyances, the process of disinfecting vessels is carried on at a great disadvantage. Dr. Chas. W. Covernton, ex-chairman of the Provincial Board of Health of Ontario, who witnessed this summer an effort made by the inspecting officer at Grosse-Isle to disinfect a large ocean vessel, informed his Board that owing to the roughness of the water out in the stream, the disinfecting process was accomplished only with the greatest difficulty. Were the disinfection done at a wharf, it is quite evident that the work could be done quickly, safely, and with satisfaction to all concerned.

During the fearful outbreak of small-pox in Montreal, in 1885, the Provincial Government of Quebec found it advisable to establish a Central Board of Health. It was a prudent step, and proved of great benefit to that Province. The Board thus created, having been established in order to meet an emergency, was allowed to lapse when the danger had passed.

It is pleasing, however, to learn that the Provincial Government of Quebec have thought proper to follow the lead of Ontario in establishing, by statute, a Provincial Board of Health for Quebec.

The task before the new Board will be difficult, but they have compensating advantages. Among the French-Canadian people cleanliness ranks next to godliness, and all sanitarians know that if thorough, exact, painstaking, hygienic

cleanliness be practised in families, their dwellings and all their surroundings, the work of preventing or controlling even severe infectious diseases is comparatively simple. It is to be hoped also, now that the French-Canadian people have the opportunity of managing their own sanitary affairs, that the sources of their vaccine supply will be placed under such a system of inspection, controlled by the Provincial Board of Health, that the French-Canadian people will cease all further opposition to vaccination and unite with all other Canadians in fighting small-pox by isolation and disinfection, but, above all, by vaccination.

With regard to the progress of hygiene in the less populous provinces of the Dominion, during the past year, I cannot notice any signal advance, but will be glad to hear the views of any physician present who may desire to speak for them.

Owing to the wide diffusion of the publications and regular annual reports of the Provincial Board of Health of Ontario, we are in a position to judge of the progress of sanitary reform in this Province since 1882. The retrospect is very satisfactory. It is generally acknowledged that the Board has done excellent work. The people also have shown their appreciation of good health and its attendant blessings by establishing Local Health Boards in 510 of the 650 municipalities of this Province; and in 275 of these municipalities a medical health officer has also been appointed. In many instances indeed the medical health officer works without remuneration, thus affording the public the extraordinary spectacle of an official industriously engaged in limiting the spread of disease, the treatment of which is ordinarily his principal source of revenue. It is to be hoped, however, that the intelligent and public-spirited people of Ontario will not long continue to follow so short-sighted a course of action towards their medical health officers, but recognising their usefulness and the sacrifices they make in directing the efforts of unskilled laymen in checking the progress of epidemic disease, will instruct their civic representatives to provide a handsome recompense for services so generously rendered.

As an instance of the growth of a feeling in favor of sanitary reform in Ontario, I may allude to the Sanitary Convention, held on the 17th and 18th of May of this year in the town of Woodstock. After mentioning the list of papers read at the Convention, and describing in eulogistic terms the general character of the meetings, the author of the report continued as follows:—

From what I have observed in connection with hygiene in this Province during the past five years, I would venture to assert that, with the growth of a new generation, instructed during their school days in the essentials of sanitation, health matters in this Province will, by the end of this century, have assumed an entirely different aspect. It is scarcely reasonable to expect that people should feel a great interest in the discussion of matters about which they know little. The rising generation of Ontario, however, will receive at least a rudimentary instruction in sanitary science, and when they take their places in the world as the men and women of the coming time, the words which are strange, the discussions and remonstrances which are abstruse or pedantic to the people of the present day will, to their ears, seem not unfamiliar or unnecessary, and the strange spectacle will not be presented of physicians endeavoring to make a half-unwilling people adopt such rules of conduct as are best calculated to promote happiness and health by removing from their paths the omnipresent agents of disease.

THE ALBUMINURIA OF PREGNANCY.

BY J. CAMPBELL M.D., SEAFORTH, ONT.

(Abstract of paper read before the Canadian Medical Association, Sept. 1st, 1887.)

It is solely with the object of drawing your attention to a very important subject, so that we may have a free interchange of ideas thereon, and if possible agree upon the best methods of preventing the loss of many valuable lives, and not with the intention of throwing a flood of light upon the matter—that I present the following report for your careful consideration: I was called in great haste, early in the morning of the 9th of March last, to see Mrs. H—, —

the messenger stating that she had taken "a fit." I reached her as soon as I could, considering that eight miles of rough roads lay between us, and I found her in a confused, dazed condition, and from explanations given by the husband and friends, I arrived at the conclusion that she must have had an eclamptic seizure. Moreover, the symptoms indicated that she would likely have another convulsion.

She complained of pain in the stomach; dimness of vision, sounds in the ears, trembling of the body, twitching of the limbs, difficulty of breathing, and a blinding headache.

Upon examination I found that her face, arms, and legs were swollen; pulse 120, temperature 101°; pupils contracted, respiration irregular, and her countenance had a wild expression, which is not easy to describe.

Before speaking of the treatment, which was necessarily prompt, the symptoms being so urgent, I will give a brief history of the case. The patient was thirty-five years of age, a native of Canada, pregnant for the third time, and, as was supposed, about the eighth month. Her two previous confinements were natural, though the legs had swollen considerably each time. She had been troubled a good deal this time with "vomiting of pregnancy." About two months before I saw her she complained of a pain over the region of the kidneys. She noticed that the urine was scanty and highly colored. She had no headache until the day before she took "the fit." Her appetite was poor, and she was nervous and sleepless. Having Wyeth's cabinet for testing urine along with me, I did so at once, with the following results: The urine was of acid reaction, specific gravity 1020; heat and nitric acid showed albumen to be present; microscopic examination negative.

Treatment.—As convulsions were evidently threatening, I put her under the full influence of chloral hydrate, and left orders that when she awoke she should be purged freely with pulv. jalap. co., unless symptoms of "fits" were still showing themselves, when the chloral was to be repeated at short intervals, as before, until the full effect of the drug was produced. The fluid extract of jaborandi was to be given in drachm doses, and was to be alternated with

the purgative. This drug was to be given until sweating and salivation were produced. The diuretic effect of this medicine was also to be watched. Tr. fer. mur. was given to improve the condition of the blood. She was enjoined to have nothing tight about the body, and instructed to lie on the side and, if possible, partly on the face, to relieve as much as she could the congested kidneys; was ordered fresh air, quietness and milk diet. Hot linseed-meal poultices were applied to the region of the kidneys. The urine was tested carefully every day until there was a marked improvement of all the symptoms, and then every second day until time of delivery. Consultations were held with Drs. Scott and Hanover in reference to the treatment and also as to the propriety of inducing premature labor. Both gentlemen advised me to wait until labor came on—provided always that no dangerous symptoms should call for obstetrical interference.

On the 25th of March, exactly sixteen days from the date of my first visit, I received a message to come immediately and bring another doctor with me, as labor had begun. My medical friend and myself reached the house in time to find the child dressed and the placenta expelled. To our agreeable surprise, there was no *post partum* hemorrhage—a complication which is apt to take place in such cases. The woman continued to do well, without having a bad symptom of any kind. She left her bed in two weeks. The tonic treatment and the careful method of dieting was continued for several weeks after delivery.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

ANTIPYRINE.

The application of antipyrine seems to extend day by day. Professor Germain See is one of its decided partisans in its use against pain, and goes so far as to count on it in the place of morphine. Its easy solubility allows of its use in subcutaneous injections; and Dr. See adopts this form for rheumatic pains in half-gramme doses. It must be stated, how-

ever, that at the same time three grammes are given by the mouth, with the result of nearly always calming the pain both in chronic rheumatism and in acute gout.

M. Chouppe reports to the Societe de Biologie that he had occasion to employ antipyrine in rectal injections to calm uterine colic. In one case a woman was suffering with intense after-birth pains, and an injection containing one gramme of the drug removed the pain. It returned after several hours, but a second injection was given with the result of a definite cure. A second observation was that upon a woman who for several years had violent colic at every menstrual period, which lasted several hours at a time; relief could only be obtained with great difficulty by the use of doses of laudanum or chloral large enough to produce profound sleep. At her last menstrual period, during a most violent attack of pain, one gramme of antipyrine was given by rectal injection, with the result of complete and definite calm being established within a quarter of an hour.

The same author also spoke of the "Reciprocal Action of Antipyrine and Strychnine." He made a number of experiments to see if antipyrine in large doses would modify the form and intensity of strychnine-convulsions, according to a suggestion of Professor Brown-Sequard. He found that the convulsions produced in animals by antipyrine did not at all resemble those of strychnine in three important points: 1st, they were not brought on by peripheric excitation; 2nd, their form was not so tetanic, they consisted of a series of rapid clonic convulsions without any real tetanization of the muscles; 3rd, they did not act so much on the muscles of respiration, and this function was not at all suspended with danger of asphyxia, as in strychnine convulsions. Adding the action of strychnine to antipyrine, M. Chouppe injected into the veins of an animal which was already in a state of convulsion from antipyrine a dose of strychnine that should have killed it; but the antipyrine convulsions were simply replaced by strychnine convulsions, and the animal did not die. Then a stronger dose of antipyrine was injected into its veins, which caused the strychnine form to

give way to the antipyrine convulsions. The result of various experiments seems to establish that the action of antipyrine to some extent prevents the convulsions of strychnine by reducing the power of the spinal marrow.—*Paris Correspondent Medical Times.*

MILK CASEIN AS AN EMULSIFYING AGENT.

M. Leger has made a communication to the *Société de Pharmacie* that is of considerable therapeutical interest. It relates to milk casein as an emulsifying agent. Emulsions made with it seem to be much more perfect and stable than any of the preparations made with the various gums, and they have the very great advantage of being supported by the most delicate stomachs, which, as we all know, can not be said of the emulsions made with mucilages. M. Cadet de Gassicourt has tried it with children at the Trousseau, and finds that with castor-oil it forms an emulsion which the children take without the slightest disgust, and which is better tolerated than any other form. Certainly, if we can approach the natural emulsions, it is an achievement much to be desired. In milk, the oily part is held in suspension by an albuminoid—casein—which can be precipitated from it by acetic acid, so that an emulsion prepared with this substance would be a sort of milk having the butter replaced by a medicinal substance. It is well known that not only castor-oil but cod-liver oil and other oils are best tolerated in this form.

To prepare milk casein, shake together four litres (about five pints) of milk, and sixty grammes (about two ounces) of ammonia-water, and let the mixture stand for twenty-four hours, when it will be found to have separated into two layers, the upper one containing the oily matters, and the lower one consisting of whey. The liquid is now decanted, and crystallization is effected with acetic acid, as before mentioned. The magma is compressed, and ten grammes (about one hundred and fifty grains) of sodium bicarbonate are added. The casein dissolves, and, if a certain quantity of sugar is added, the saccharate of casein can be isolated in the form of a powder which will contain

10 per cent. of soluble casein. This keeps well, and has a slight odor like that of pastry. As to its use: Emulsions of all substances that dissolve readily in alcohol—such as balsams, resins, etc.—can be made in the bottle itself, so that a physician may prescribe it by ordering the substance to be dissolved in the smallest quantity of alcohol, the saccharate of casein to be added dissolved in its weight of water, and syrup or water added as may be desired. For an emulsion of one hundred and twenty-five parts, add ten parts of the saccharate of casein. For the insoluble oils, the emulsion must be made in a mortar, the gums ordinarily used being replaced by the same quantity of the casein saccharate.—*Paris Correspondent of the N. Y. Medical Journal.*

TREATMENT OF ANAL FISSURE AND HEMORRHOIDS BY GRADUAL DILATATION.

H. O. Walker, M.D., of Detroit, says in the *N. Y. Medical Journal*: Anal fissure, or irritable ulcer, according to statistics, ranks third in frequency among the diseases of the rectum, is found in the infant as well as in the octogenarian, and is due principally to the passage of hardened feces through the sphincters. Although insignificant in character, it causes fully as much exquisite agony as any ill that human flesh is heir to. Very many simple fissures get well promptly, but where, by frequent mechanical irritation, they come to stay, it is then that beneficial treatment is desirable. The following is one of his cases illustrating his method of treatment:

CASE I. L. M., aged forty-one years, book-keeper by occupation, consulted me in January, 1874, for a rectal trouble which he called "piles," that had troubled him more or less for several years, and for several months had been very annoying. Lately he stated defecation was followed for several hours with excruciating pain, and at times there was considerable loss of blood while at stool. On examination, I found a marked protrusion of hemorrhoids, and, by separating the parts exposed to view posteriorly, a fissure of the anus extending well up.

The nature of the trouble was explained to

him, and the necessity of an operation for its cure. The operation proposed was forcible dilatation of the external sphincter, and ligation of the hemorrhoids.

This he emphatically refused to have done, and asked if I could not do something in a palliative way. I accordingly directed the use of ext. belladonnæ, gr. $\frac{1}{4}$, ext. stramonii, gr. $\frac{1}{2}$, in the form of a suppository at bed-time, together with the following application to the parts: Glycerin, ʒ vij. and tannic acid, ʒ j. After following this treatment for some time with little or no benefit, he consented to allow me to introduce my index finger into the rectum, which I did. Next day he returned, stating that he felt better. I then, after considerable solicitation, introduced a bivalve rectal speculum, slightly separating the blades, and allowing it to remain *in situ* for about two minutes. This procedure I continued daily, gradually increasing the dilatation at each sitting until the blades were separated to their fullest extent, about two inches in diameter. My patient continued to improve gradually until there was an entire subsidence of all previous symptoms, with a thorough healing of the fissure and an absorption of the hemorrhoidal tumors. The constipation (which I forgot to mention) also disappeared. The entire treatment lasted about five weeks, not being employed daily after the first week, but at intervals of every two to four days. Since that time there has been no return of the trouble.

The doctor says, in conclusion, the treatment of anal fissure and hemorrhoids by gradual dilatation:

1st. Is almost painless, at least after the first two or three distensions.

2nd. It does not tear the parts; nor does it produce paresis, as occasionally occurs after forcible dilatation.

3d. Neither does it leave cicatrices that are apt to produce stricture, as in the method of hypodermic injection or ligation of hemorrhoids.

THE ANATOMY OF MELANCHOLY.—"There is no doubt," says Sir John Lubbock, "some selfish satisfaction in yielding to melancholy, in brooding over grievances, especially if more or less imaginary, in fancying that we are victims

of fate. To be bright and cheerful often requires an effort. There is a certain art in keeping ourselves happy; in this respect as in others, we require to watch over and manage ourselves almost as if we were somebody else."—*Medical Press and Circular*.

REMOVAL OF NEEDLE FROM HEART.

Stetznor.—A student, after a spree, sought to commit suicide by driving a sewing needle into his heart. Twelve hours after the introduction of the needle the first serious symptoms made their appearance. He then had pain in the cardiac region, difficulty in breathing, and a loud pericardial murmur at the apex. After thirty-six hours the symptoms became so very serious that an operation for the removal of the foreign body was determined upon. No trace of the needle being found either under the skin or in the intercostal space, a piece of the fifth rib was resected, thus opening up the left pleural cavity; then the pericardium was opened up, and about a teaspoonful of cloudy pericardial fluid ran out, and now the needle could be felt lying diagonally in the right ventricle. They succeeded in driving its head out through the anterior wall of the heart, and then fixing it in this position with the fingernail. The irregular and violent beating of the heart made it very difficult to catch the foreign body with the forceps, and, in attempting it, it again slipped into the ventricle, but this time assuming a vertical instead of a diagonal position, rendering it impossible to make any further attempt at its removal; and besides this, an iodoform tampon, used to block up the hole into the pleural cavity, was drawn into the cavity by a very deep inspiratory effort. The tampon could not be found again. The wound was thoroughly tamponed, and the patient recovered in four weeks, although in the meantime he had suffered from a severe pneumo-thorax, with a copious exudation. At present the patient enjoys good health, and feels no effects from his escapade. There is neither heart murmur nor abnormal pulse, nor any trace whatever of the pleural exudation. Where the needle now is, is, of course, mere matter of speculation; it may be in the heart, or it may have gone on into the mediastinum.

Dr. Iver Hardt has collected together, out of medical literature, twenty-two cases of needle in the heart, of which nineteen were found accidentally on making autopsies. In three cases the needles had been driven into the heart accidentally, and penetrated such a short distance that they were easily extracted.

No case similar to the present, in which the heart has been laid bare by splitting the pericardium, is mentioned in medical literature.

Discussion.—Hahn, of Berlin, showed the half of a knitting needle which V. Bergmann had removed from the heart of a girl eleven years of age. It had been driven into her breast by a blow from a slipper. The patient suffered immediately from asphyxia, and was removed to the hospital. Under the left third rib, between the parasternal and mamillary lines, a black point could be seen, which was felt to be the end of the needle. There was a blowing, systolic murmur at the apex. As the needle was slowly withdrawn, it was seen to have a distinctly pendulum movement. Immediately after the extraction, the previously very rapid pulse sank to ninety per minute. The needle was withdrawn very slowly, in order to give time for a clot to form in the punctured wound, and thus avoid hemorrhage into the pericardial sack, which, in some cases of punctured wound of the heart, has been the cause of death. Von Bergmann said that he thought there should be no doubt in this case of the puncture of the heart muscle by the needle, because the murmur changed in character while the needle was being withdrawn, and when completely removed, the murmur ceased entirely.—*Centralblatt f. Chirurgie*. Translated by D. W. Montgomery, M.D., for *Pacific Medical and Surgical Journal*.

SALICIN IN SCARLET FEVER.—Mr. W. P. Meharry, of Belfast, says: "My experience has convinced me that the pure alkaloid (salicin itself) is by far the best form to administer the willow in this affection. If given early, after a free purge, the disease will certainly be arrested, but if the tonsils have become much swollen and hard, or if the pus has formed, nothing will prove effectual, and the disease will run its course. In scarlatina, especially

in that form known as scarlatina anginosa, salicin is of great value. In those cases of simple scarlatina in which the disease is prolonged by the throat complication, salicin immediately effects a cure. I have treated during the last three years twenty-seven or twenty-eight of such cases, and in no instance has failure occurred. I do not consider it necessary or prudent to administer it in every case of scarlatina as a routine treatment. Salicylate of sodium should not be given, as poisonous symptoms set in when it is administered in large doses to young children. I generally give to a child 4 or 5 years of age five grains of salicin every two hours until the temperature becomes normal; afterwards the same quantity three times daily for a few days to prevent a relapse.—*British Medical Journal*.

ON THE DIAGNOSIS OF ACUTE MENINGITIS.

Prof. Schultze has reported his observations in three cases in the Medical Clinic in Heidelberg, in which, from a clinical standpoint, a diagnosis of acute meningitis must be made, but at the *post mortem*, however, there were no microscopic appearances of meningitis present. A closer histological examination also showed no evidences of the usual forms of meningitis, but merely accumulations of cells about single vessels of the dura mater, and, in the first case, there were a few round cells also in the pia mater outside the vessels. Considerably enlarged, however, especially in the first of the communicated cases, were the vessels of the brain and spinal cord; also in the substance of the central nerve system were abnormal cell accumulations. It is possible, therefore, to have a clinical picture of meningitis independent of the usual anatomical form of the inflammation through disease of the central nerve system itself; as, however, meningitis with myelitis can exist and advance with increasing acute paralysis without all the usual meningeal symptoms, so, indeed, on the other hand, every symptom must not be attributed to deep destruction of certain parts of the brain and spinal cord, but rather should be referred to the nature of the existing infection, or poison, and its

peculiar effect on the nerve system. In Curschmann's observations on typhoid bacilli in the spinal cord of a patient, dead from advancing paralysis, we possess the first intimation in this direction.—*Med. Chirurg. Recordschau*.

MR. LAWSON TAIT AT THE BRITISH MEDICAL ASSOCIATION.—Mr. Tait, who was present, said that the reports just read would show how he selected his cases. This cry about the selection of cases is an absolute falsehood. I care not who says it. One case reported here was one I would certainly have been excused from operating on. The woman was brought in in a state of collapse, almost dead. I had done 300 laparotomies with but few deaths, and I did not care, I assure you, to add another. I confess it was a temptation to refuse, but I thought I must give the woman a chance for her life, slight as it may be. The result was wonderful. Suppose some one of our "tramp visitors" had come along and seen this case; he would have gone away saying: "Lawson Tait is the most reckless operator I ever saw."

Dr. Richard Barnes, of London, expressed unqualified admiration of Mr. Tait and his results. He thought the surgery of the abdomen and of the brain were epochs in surgery. He was glad to know that they were British productions, and that we were not indebted for them to the Germans.

Dr. W. H. Humiston, of Cleveland, O., said that he was one of these "tramp visitors" who was excluded by Mr. Tait. He had heard Mr. Tait abused and called a liar in Germany, but it was done by those "tramp visitors," scamps and scalawags, who went once or twice, and then went away to criticize. If you want to study a man's methods go and stay long enough to know them.

Mr. Tait: the "tramp" does mischief in more ways than one, and I'll have nothing more to do with him. He is doing mischief on the other side of the Atlantic. There are two kinds of doctors in America as well as in England. Some know something, others do not. I have had doctors come from America, bring their wives and families and stay six months. I taught them all I could. Others

came once or twice, went away, and knew more than those who had tarried six months.

No case of puerperal peritonitis ought to be left to die without the abdomen being opened, and I believe the day will come when we will make a large number of operations in the median line for hernia.

Several other speeches laudatory of Mr. Tait and his methods were made.—*The Med. and Surg. Reporter.*

ANTIPYRINE.—Antipyrine is not only a powerful antithermic, but also one of the most active remedies against pain. M. Germain Sée remarks, that to realize the remarkable analgeic effects, it suffices to employ it in rheumatismal or gouty affections with marked arthritic pain, or in nervous affections that are solely characterised by pain. In fifteen patients with sub-acute rheumatism or hydrarthrosis, the pain and articular engorgement disappeared in a few days, without relapse, when care was taken to continue the remedy in small doses for about a week. The same effects were observed in attacks of acute gout, ensuing or not on chronic gout, with deposit of urates or tophus in the joints of the upper or lower extremity; antipyrine in doses of from four to six grammes caused the pain and swelling to disappear in from two to four days, without injurious effect on the heart or kidneys. It is especially in nervous troubles of sensibility, that antipyrine is most effectual. M. Sée has seen facial neuralgia, chronic and repeated migraines, headaches due at first to other causes, cured in a few hours by one to two grammes of antipyrine. He cites numerous affections against which antipyrine was used with most happy results: neuralgias, neuritis, lumbago, etc.; finally, general dorsal neuro-muscular pains and painful muscular fatigue, such as are often observed in over-worked and neuropathic individuals, diseases of the heart, and especially of the aorta and coronary arteries, which betray themselves by local pain at the apex or base, with radiations to the shoulders, neck and left arm yielded rapidly, in six cardio-aortic and three aneurismal cases under the influence of four or five grammes of antipyrine, frequently repeated, without alteration of either the force

or regularity of the cardiac beats, and the remedy could be continued for a long time without inconvenience. In all these kinds of disease, so diverse, with nothing in common but the element of pain, the dose of antipyrine was from three grammes as a minimum to six grammes maximum, administered in solutions at intervals of from one to four hours.—*Progrès Medical.*

DR. SENN ON THE HEIDELBERG STUDENTS.—A look at the straggling students that remained during vacation must satisfy even the most superficial observer that the four years prescribed for study are not spent exclusively in the lecture-rooms, hospitals and laboratories, or burning the midnight oil in boarding houses, as, almost without exception, they present a florid, healthy appearance, not at all suggestive of hard mental work. Every student wears his mark of honor, from one to twenty-four scars, indicative of the number of times he has been marked by his opponent in the defence of a real or imaginary question of honor. As a rule, the left side of the face is disfigured; but when this has been converted into a checker-board, incapable of receiving further impressions, it seems it becomes necessary to attack the other side, in order to increase the surface for recording the number of times he had met his man. These scars are a study in themselves. In size they vary from a mere scratch to a complete division of a cheek. You can see recent scars, with an exuberance of granulation tissue and a high degree of vascularization, and the linear depressed scars of old veterans upon the field of honor, which have left the face in all stages of contraction and distortion. Many of the faces, as far as looks are concerned, to the sight of an ordinary individual, are maimed for life, but among students a man appears to be appreciated by the number of scars he can show. These passports prove for him at all times and at all places that he has been a student, and as such they possess an intrinsic value. One of the assistants in the hospital had so many marks that for the sake of curiosity I made repeated attempts to count them, but had to abandon the task as insurmountable as the counting of the stars of the firmament.—*Journal of American Medical Association.*

MEDICAL ETHICS.—The greed of gain or the pressure of poverty frequently urges medical men to pursue methods injurious to their brothers in the profession, and which, if universally adopted, would be disastrous to the public. Instead of trying to preserve the right, they endeavor to walk as near as possible to the dividing line between quackery and legitimate medicine without stepping over to the wrong side; they are like children trying how close they can run to the flame without being burned; they are quacks at heart, but lack the courage. As an instance, we know of one prominent medical man in this State who believes himself to be better qualified in certain departments of general practice than the other members of the profession, and he desires to know "how he may inform the public of the fact without violating the code of ethics." Perhaps some one of our readers who has a smaller foot, a lighter boot, and a more angelic temper than our own will kindly inform him. We have been asked the difference between such an individual as this and a specialist, and could reply that a specialist does not *claim* greater skill even in his own department than belongs to the general practitioner, he only announces that he devotes his attention and time exclusively to certain subjects, and leaves the public to infer that, intellectual development being about the average, he should be pre-eminent in these branches.—*Pacific Med. and Surg. Jour.*

MICROBES AND SUPPURATION.—A. Zuckermann relates his experiments upon suppuration, which have led him to these conclusions: That no chemical, mechanical, or thermic influences can excite suppuration if they are wholly free from microbes, and in cases where these causes apparently act it is probably through some pyogenic microbe; for substances chemically pure may be mycotically impure; thus, some disinfectants are not always free from microbes. The varieties of microbes known to cause suppuration are staphylococcus pyogenes aureus, albus, and citreus; streptococcus pyogenes; and in fetid abscesses, bacillus pyogenes estidus. Inoculations with staphylococcus and streptococcus produce fatal results if injected in large amounts into animals, or lead to suppuration if

death do not occur. The pyogenic microbes must have a very general distribution of nature; they may enter the body through the air-passages, the intestinal canal, and especially the skin, and by means of small wounds to the orifices of the cutaneous glands. Staphylococcus is more frequent than the streptococcus pyogenes.—*Deutsche Medicinal Zeitung—London Lancet.*

TYPHOID BACILLI IN THE BLOOD.—The results of investigations of the blood for typhoid bacilli have been contradictory, but Ruetimeyer approaches the question with the employment of all necessary caution. The blood was taken from the spots of the eruption. Of six typhoid cases, one in the first week and five in the second, sixteen original cultures were made from thirteen different spots by about fifty-five punctures, and were put into test tubes; fifteen of the original cultures remained sterile and only in one culture from two punctures there developed itself in the course of some days a small grayish spot, which the microscope showed to consist of bacilli, showing the character of typhoid bacilli. These results are of general interest, but for diagnostic purposes can only apply to a few cases.—*Medical Reporter.*

ANTIPYRINE IN PREGNANCY CONTRAINDICATED (P. Chéron).—To a young woman seven and a-half months pregnant, who had typhoid fever, one gramme of antipyrine in two doses, at 5 hours' interval, was given. Temperature fell from 42.5 to 34.5 (108.5 to 91.1). Cramps, difficult speech, deafness, and intellectual dulness followed, and required application of heat and diffusible stimulants. A second trial of 0 gr. 40 centigr., in doses at 3 hours' intervals, was followed by the same symptoms. Still smaller doses caused no alarming symptoms but had no effect on the fever.—*L'Union Med.*

BWARE OF S. M. MILLER, M.D.!—In many of our exchanges we notice complaints from those who have been defrauded by this man in Philadelphia, who at various times has flooded the mails with printed postal cards offering to furnish medical books at greatly reduced prices. After he receives the money

nothing more can be heard from him. Beware of him!—*Practice.*

We endorse the above, and know of the swindling character of S. M. Miller, M.D., of Philadelphia.—*Lancet-Clinic.*

["Me, too."]

NITROGLYCERINE IN NEPHRITIS AND URÆMIA.
—Dr. S. A. Lentovsky, of the Cronstadt Marine Hospital, employed nitroglycerine (in tablets containing 1-100th of a grain of the drug) and hot water baths in four cases, three of which are given with minute details. In two of the patients the daily amount of urine rapidly increased, while albuminuria and dropsy disappeared and the patient's subjective feeling and general state strikingly improved. In a third case the improvement was but fleeting, the patient dying after a short stay at the hospital. The post-mortem examination showed that he had not suffered from nephritis, but from an extensive amyloid degeneration of the kidneys and spleen. The remaining case illustrates the beneficial action of nitroglycerine on uræmic symptoms. The patient, a girl of 15, was brought in in an almost unconscious state, with general convulsions, frequent vomiting (the ejected matter smelling of urine), extensive dropsy, stertorous frequent breathing, and small pulse. Nitroglycerine and hot baths having been at once ordered, on the next day the girl was able to sit up in her bed, ate with appetite, and generally felt comparatively well.—*London Medical Journal.*

EFFECT OF CARBOLIC ACID ON TEMPERATURE.—Dr. H. A. Hare draws the following conclusions from a number of experiments:—

1. Carbolic acid possesses considerable power in lowering normal bodily temperature.
2. It possesses more influence over pyretic temperature than does salicylic acid, generally preventing a rise or causing a fall of temperature, but sometimes failing to do so.
3. Carbolic acid probably decreases arterial pressure when lowering temperature.
4. That its mode of decreasing normal bodily temperature is as yet not fully understood, although it would seem probable that it acts on both heat functions.

5. When influencing bodily heat in fever it acts chiefly by decreasing production, although it affects both functions.—*Therapeutic Gazette.*

Therapeutical Notes.

AGALACTIA.—Fl. ext. of jaborandi is said to be a specific in certain cases of agalactia.

A SOLVENT FOR ANTIFEBRIN.—Dr. Prægler, of Fort Wayne, finds the aromatic spirits of ammonia a good solvent for antifebrin.

Sugar of milk has the property of rapidly dissolving the calcareous deposit between the teeth. It therefore forms a valuable dentrifice.

TETANUS.—From an antagonistic standpoint, of all remedies proposed for remedial treatment of tetanus, none are comparable to nicotine or preparation of tobacco.

AS AN INJECTION IN BLENNORRHOEA.—

R̄ Salol.....	10.0
Gummi Arab	5.0
Aqua distill.....	200.0 ℥.

AS AN HYPNOTIC.—

R̄ Methylali	1.00
Syr. simpl.....	100.00
℥. Sig. One drachm to the dose.	

IN DIABETES.—

R̄ Sodæ arsenici.....	0.20
Aqua distill	500.00
℥. Sig. A teaspoonful in soda water to be taken three times a day. Also can be mixed with wine.— <i>Centralblatt für Therapie.</i>	

LISTERINE.—

Thymol.....	6 grains.
Boric acid.....	30 "
Ol eucalyptus	4 minims.
Ol gaulthencæ	1 "
Alcohol	½ fl. oz.
Glycerine	½ "
Water	q.s. { to make 16 fl. oz.

WHOOPING COUGH (Cadet).—The author recommends tincture of *grindelia robusta*, in doses of 40 to 100 drops daily. M. Blachez extols bromide of potash, 2 to 8 grains daily.—*Progrès Med.*

PITYRIASIS VERSICOLOR.—

℞ Acid salicylic 3 parts.
Sulphur precip. 10 "
Lanoline and vaseline aa 50 "
Apply at night, after washing with tar soap.

FLIES.—Oil of bayberries (*Laurus nobilis*) is extensively used in Switzerland by butchers to keep their shops free from flies. It is applied to the walls. In France gilt frames, chandeliers, etc., are protected by being coated with this oil. It is even remarked that flies soon avoid the rooms where this application has been used.

TREATMENT OF FAVUS (Monoe).—In an old and obstinate case the following treatment was adopted: Removal of crusts, epilation of the hairs, frictions at night for 15 minutes with acid salicylic and chrysarobine $\bar{a}\bar{a}$ 8.50 grammes, creta preparata 11 grammes, vaseline 70 grammes. The spots on the body were treated with a solution of sublimate 1 to 120. Washing with black soap.—*Centralb. f. Klin. med.*—*Lyon Med.*

INJECTION FOR INFANTILE CONVULSIONS (J. Simon).—

℞ Musk 0 gr. 20
Camphor 1 gramme.
Chloral 0.50
Yolk of egg No. 1
Distilled water 150 grammes.

The bowel must first be emptied by a large simple enema, or with the addition of oil.—*Progrès Med.*

PEDICULI.—M. Vartanian, of Constantinople, recommends highly for pediculus pubis the following:—

℞ Acid salicylic 2 to 3 grammes.
Toilet vinegar 25 "
Alcohol, 80° 75 "

℞. To be rubbed in with a piece of flannel. One application proved effectual. It was used successfully in 20 cases.—*Lyon Medical.*

HAGER'S CATARRH REMEDY.—This now somewhat celebrated mixture has, according to Dr. Herman Hager, the originator, this composition:
℞.—Acidi carbolic

Alcoholis $\bar{a}\bar{a}$ part. x.
Aquæ ammon part. xij.
Aquæ destillat part. xx.—℞.

Take two-ounce wide-mouthed bottles, fill them to one-third with this mixture; then introduce a bunch of absorbent cotton of sufficient size to soak up all the liquid and cork. This is to be used in incipient cold in the head, chronic catarrh, coryza, etc.—*Register.*

PRURITUS.—At the Society of Medical Sciences, Lyons, M. Icard related a case of pruritus: A woman, aged 44 years, with rheumatic and syphilitic antecedents. The urine contained neither sugar nor albumen. She was in good health when attacked, without apparent cause, with a general pruritus without cutaneous eruption. By turns, arsenic, bromide of potash, atropia, sulphur baths, alkalies, emollients, etc., were tried without any result. M. Icard then had recourse to salicylate of soda, 3 grammes daily. The pruritus which had already existed for eight or nine months, disappeared the next day, and the cure has been maintained ever since.—*Lyon Medical.*

VARIOLA.—Otvoes has used xylol, recommended by Tuelza, as an antiseptic and albumen-coagulating agent, in 315 grave cases of variola, and has met with great success. He gives it in wine in doses of 2 or 3 grammes daily; the total dose of the medicine has reached 24 grammes. Otvoes uses the following formula:—

Xylol pur 3 grammes.
Mint water 50 "
Distilled water 50 "
Syrup of cinnamon 10 "
Mucilag. acaciæ 10 "

A spoonful every two hours. The expired air of the patients had a strong odor of xylol.—*Journal des Sciences Medicales de Lille-Lyon Med.*

ACETANILIDE IN TABES.—M. Fisher, of the Caunstatt hospital for nervous diseases, has ex-

perimented eighty to ninety times since last February upon the sedative effect of acetanilide in the lightning pains of ataxics. The results are extremely satisfactory. Only one patient in ten failed to receive relief. In other cases the action of acetanilide, though varying, was favorable. M. Fisher considers the remedy almost a specific in these cases. In other cases of pain, as sciatica, hysteria, odontalgia, brachio-intercostal neuralgia, and spinal irritation the remedy was powerless. In a case of occipital neuralgia, of syphilitic origin, in a case of syphilitic paralytic dementia with osteocopic pains, in three cases of anæmic cephalalgia, and in four cases of migraine the remedy was beneficial.—*Lyon Med.*—*Mun. Med. Woch.*

DISINFECTANT PROPERTIES OF COCAINE.—

When cocaine is administered to the extent of 25 centigrammes or more daily, we soon notice that the various secretions and excretions—sweat, urine, breath, products of suppuration, and even in the fœces—gradually lose their fetidness, and even become quite odorless. From this fact, the clinical application is apparent, for we need no longer dread the dangers from carbolic acid, sublimate, etc. It is in typhoid fever, at the adynamic period, with intestinal ulceration and fetid diarrhœa, that the new disinfectant is indicated. Benefit will accrue from the double property of the agent as an antiseptic and neurasthenic tonic.—Dr. Luton, in *Gazette Med. du Nord-Est.*

COCAINE IN RADICAL CURE OF HYDROCELE.

—At the Society of Medicine of Paris, M. Dubuc reported successful operations for hydrocele, rendered painless by injecting a solution of cocaine after evacuating the contents of the tumor. Care was taken to cause the cocaine solution to come in contact with all parts of the sac. After eight minutes the solution was allowed to escape, and iodine solution injected. The following formulæ were used:—

Hydrochlorate of cocaine	30 centigrammes.
Distilled water	30 grammes.
Boracic acid, pure	90 centigrammes
℞.	
Tinct. iodine	40 grammes.
Iodide of potash	1½ "
Distilled water	40 " ℥

During six minutes that the iodine injection remained in the cyst no pain was felt. No symptoms of absorption of the cocaine solution.—*L'Union Med.*

DIPHTHERIA.—Dr. Lasnon has treated sixty-eight cases of diphtheria in three years, and has only lost three patients. He attributes his success to the combined use of local and constitutional remedies, as follows:—

Internally.

℞ Bromide of potash	4 grammes.
Bromine, pure	0.20 to .30 "
Distilled water	130 "
Simple syrup	30 "

A spoonful every three hours.

Collatory, No. 1.

℞ Acid tartaric	10 grammes.
Glycerine	15 "
Mint water	25 "

Apply every two hours, followed by an application of lemon juice.

Collatory, No. 2.

℞ Borax	2 gr. 50
Glycerine, pure	7 gr. 50
Tinct. of pyrethrum	0 gr. 25
Essence of mint	3 minims.
Distilled water	30 grammes.

—*La Normandie Med.*—*Lyon Med.*

METHYLAL.—According to the report of M. Personali, of Turin, methylal causes profound sleep with abolition of reflexes, slower but fuller respirations, acceleration of the pulse with lowering of the blood pressure, diminution of temperature, and less active nutritive change. Methylal also acts antagonistically to strychnine, and suspends the tetanic convulsions caused by the latter. It is quickly absorbed and quickly eliminated; its action is rapid and causes no unpleasant symptoms. MM. Mairet and Combemale have experimented with methylal, and conclude: 1. Given hypodermically, in doses of 25 to 50 centigrammes for each kilogramme in weight of the body, it causes sleep in a quarter of an hour. The sleep is calm, but reflexes persist, though diminished. Awakening occurs at the end of several hours, with dulness and apathy soon disappearing. Be-

tween 50 and 120 centigrammes to each kilogramme causes profound sleep, with reflexes almost abolished and temperature slightly lowered. Above 2 grammes cause at first paralytic, especially paraplegic, symptoms, muscular hyperexcitability, more or less marked anaesthesia and dilatation of the pupil, hyperthermy, acceleration of the pulse, difficulty in respiration. Two or three hours after all these abate, notably the paresis, which has often disappeared and the sleep become calm. On awakening the animal is stupid, without appetite, grows thin, and requires several days to recover. Death may follow large doses. Given internally, the same results, more tardy but more persistent, ensue. Methylal has been given in doses from 1 to 8 grammes in insomnia of the insane. In acute maniacal paroxysms it causes continued or broken sleep. It is innocuous, and being sweet is readily taken. It has no effect in alcoholic or syphilitic mania.—*Progrès Med.*

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TORONTO, OCTOBER, 1897.

This month also we furnish our subscribers with eight pages of additional reading matter.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The arrangements for the establishment of a Medical Faculty in the University of Toronto have been fully completed, and the regular work of the winter session will commence on Monday, October 3rd, when the opening lecture will be delivered by Professor Ramsay Wright, in the Convocation Hall of the University. The Chair will be taken by the Hon. Edward Blake,

Chancellor of the University, and several addresses will be delivered by prominent friends of the University, who are at the same time interested in the subject of higher medical education.

We are pleased to hear that the mass of the medical profession are taking a deep interest in the inauguration of this new Medical Faculty, and are inclined to give it a generous support. The new college will not be the private property of any corporation, but will be an integral portion of the great educational system of our country. As a part of our national University, it will be owned by the public generally, and, as a consequence, all are likely to be interested in its welfare and success.

We are glad to know that one of the chief aims of the Governing Board will be to cooperate with the College of Physicians and Surgeons of Ontario in maintaining a high standard of medical education in our Province. The Medical Council is the parliament of the profession of Ontario, and is acquiring more and more, from year to year, the confidence of its members. It is well that the promoters of the new departure fully realize this fact, and show their desire to work in the interests of the general profession as well as the public.

As far as numbers are concerned in Medicine we are pretty well supplied with practising physicians. There is no desire evident on the part of the public for a great increase in quantity, but rather a desire for a better quality of those licensed to practise. We hope that the new College, the old Colleges, and the Council will all unite in bringing about this happy condition of things medical.

TREATMENT OF PSORIASIS.—Haslund (*Centralblatt für Therapie*) has treated many cases of psoriasis by the use of iodide of potassium, commencing with a small dose and gradually increasing until between twenty and fifty grammes were taken daily. The result of this treatment was the following in fifty cases. In forty a complete cure; while four showed improvement, six were without benefit. The average duration of treatment was a little over seven weeks.

GRAVE DELIRIUM.

Most practitioners of long experience will recollect having met with occasional cases of what is generally called acute mania. The patients are sent to the asylum, and the physician is surprised to learn that after a few days' residence the case resulted fatally.

Dr. E. C. Spitzka describes and classifies such patients, in an able article recently published in the *Journal of the American Medical Association*. He thus describes the typical form :

"The previous condition of most sufferers from grave delirium is usually poor. General nutrition is impaired, and there is an obscure malaise, comprising ill-defined nervous and slight gastric disturbances. Sometimes the outbreak of the disease is preceded from four to six weeks, by a matutinal headache. This is described as a feeling of tension and often associated with vertigo. The patient is irritable ; light, sound and, in some cases, even odors annoy him ; sleep is disturbed. He finds it difficult to collect his thoughts. He feels conscious that he is morbidly emotional, but is unable to restrain this, and in a remarkably large proportion of cases there is a sense of some impending misfortune.

"The onset of the disorder may be so sudden and accompanied by so total a subversion of the mental and physical powers as to suggest the fulminating type of epidemic cerebro-spinal meningitis, or the action of a violent nerve poison. The patient while walking on the street, suddenly totters, and if he do not fall, stumbles about aimlessly like a drunken person. At other times, while taking refuge from the impending misfortune dreaded by him, the sufferer breaks out in violent acts, which are, however, rather manifestations of anxiety than of aggressiveness. He clutches at those about him, tearing their clothing or hair, and then delirates about his enemies, refuses food because it contains poison, complains of crawling vermin, has hallucinations of policemen, negroes, or of multitudinous images of a more frightful character, such as toads, snakes, bugs, goats and horses' heads, 'with flaming eyes.' Such visions cause him to pause in his delirious talk and to look in an alarmed or threatening manner at certain parts of the room. In some cases

the visions are of a pleasant nature, and the accompanying delirium may be of an ambitious, religious or erotic tinge. Flaming spectra of angels, numerous husbands and countless lovers are seen, and in the midst of ecstatic contemplation, the patient starts, awakened by the voice of God or of a paramour, who delivers flattering missives in a voice of thunder or a glare of celestial light. Sometimes the terrible and pleasant alternate in the history of the same case. In that event, corresponding changes in demeanor of a most dramatic character are noticed. The attitude of a timid hunted victim gives way to theatrical gestures, and exclamations of terror to praying, singing and whistling. In the erotic form, obscene gestures are indulged in, and the genitals are manipulated either automatically or with a definite purpose. Rapid changes of this kind are particularly observed in females. At one time such patients will dance and jump around, laughing immoderately and vociferating ; at another they will be found dissolved in tears, or try to escape from their imaginary foes with an air of intense anguish."

THE PRESIDENT'S RECEPTION OF THE MEMBERS OF THE INTERNATIONAL MEDICAL CONGRESS.

Among the most pleasing incidents of the International Medical Congress, held at Washington, was the Reception by the President of the United States, and her Majesty, the President's charming wife. Grant Bey, of Cairo, Egypt, Sir James Grant, of Canada, and other distinguished foreigners were present to give tone to the happy event. All sections of the great republic were well represented. The doctors of the centre, the south, and the far west, still exultant over their great victory at New Orleans, when they "wopped the swells" of the eastern cities, were present in full force. The culture of the "sectional" representatives and the occasional want of it were fully exemplified on this grand occasion.

Unfortunately, however, many of the great unwashed of Washington mingled with this distinguished throng. They should not have been there, and the officers of the Congress made a supreme effort to exclude them from

all other festive occasions. With a due appreciation of the serious aspects of the case, and after a careful deliberation, they issued neat but not gaudy silver medals, somewhat similar to those worn by the gallant heroes of Bull's Run and Gettysburg, which were to adorn the noble breasts of the members. No unclean thing in Washington was allowed to touch the members thereafter while thus decorated. At the conclusion of the Congress the members were allowed to bring these medals to their happy homes, where they will doubtless be treasured as precious heirlooms in the far distant future.

WINNIPEG GENERAL HOSPITAL.

We learn that the following minutes were unanimously adopted by the Board of Directors at a meeting held at the hospital on September 16th:—

The Secretary-Treasurer reported that since the last meeting of the Board he had received the following sums on account of the hospital jubilee collection, viz.:

From the Government of Manitoba as voted by the Legislature	\$5,000
From the city council of Winnipeg	3,500
From the treasurer of the fund constituted by the C. P. R. and M. & N. W. Ry. employees, labor organizations, national societies, and citizens generally	4,000
	<u>\$12,500</u>

It was resolved, That the thanks of the corporation are due to Lieutenant-Governor Aikins and to Judge Ardagh, who, at the hospital annual meeting in February last, proposed and seconded the resolution which was the inauguration of the effort which has been so successfully accomplished.

That the warmest thanks are tendered to the Local Government of Manitoba, who so generously proposed the grant of \$5,000, and to the members of the Legislature who so generously passed the necessary vote in the bill of supply.

That thanks are also hereby tendered to the mayor and council of the city of Winnipeg for the vote of \$3,500 in aid of the payment of the debt and also to the 43 country municipalities, which, during the present year, have

contributed an aggregate amount of nearly \$1,500 in aid of the hospital funds.

That the cordial thanks of the Board are tendered to the employees of the Canadian Pacific Railway and the Manitoba and North-Western Railway, to the different labor organizations and national and other societies, and to the citizens generally, who all came forward so generously to swell the contributions to the jubilee fund.

MEDICAL DEGREES IN THE UNITED STATES.

Complaints have been made in some parts of the United States because their diplomas are not recognized in Ontario, while our degrees receive full recognition from them. We regret that such a one-sided arrangement should exist by which our conduct appears somewhat ungenerous and discourteous. We think, however, our course is the correct one, and we are not likely to change it. We have ample evidence from American sources that many of their degrees possess very little value. The *Boston Medical and Surgical Journal* has recently reported some cases of rapid graduation. One young man commenced his medical studies at the beginning of last Winter Session (1886-7) at Denver University, and obtained a degree from a University in New England, nine months and eight days later. Other instances are given where parties completed their medical courses in less than one year.

Dr. Gerrish, of the Maine Board of Health, has recently been making investigations respecting the entrance examination in American Medical Colleges. He found that about half insisted upon a thorough preliminary examination, while the remaining colleges generally intimated their willingness to make their prescribed examinations a mere matter of form. One college said to an applicant: "Our examination is not difficult, no one has yet failed to pass." Another said: "Natural philosophy is not required, except as a suggestion in the line of a liberal education." A third said: "The preliminary examinations are not difficult, and no deserving applicant is rejected on account of not being able to pass them. Call and see

me when you are in the city, and I will fix it so you can enter."

We have no desire to see such mills as these send their graduates into Canada. We think our friends in the United States could not do better than follow the example of Ontario, and have a Central Examining Board established for the whole country, or for the different States, after the plan of our Medical Council. The best of their Medical Colleges, which will compare favorably with any in the world, would thus get justice, and the country would be protected against such illiterate and incompetent practitioners as are turned out by wholesale, year after year.

SPREAD OF DISEASE BY FLIES.

According to *The Lancet* a discovery has just been made of great importance to those in the neighborhood of consumptive patients. Some flies which had been seen to enter spittoons containing the sputum of phthisical patients were caught and examined, when it was found that they were full of tubercle bacilli. This indicates that the disease may be widely spread by this means.—*Ex.*

This point does not seem perfectly clear. If the tubercle bacilli act as an irritant to the fly, causing processes analogous to emesis or expectoration after the insect has migrated some distance from its feeding-ground; or if the bacilli find a nidus in the tissues of the fly, causing in their host disease and death, then the flies must plead guilty to the charge of *The Lancet*. But if, on the other hand—the ingested bacilli are destroyed during the process of digestion, the part taken by the fly in the spread of this fell disease is much more to the credit of this much-abused insect. It is now in order for some bacteriologist to show whether or not the bacilli are found in an active state in the excreta of flies fed upon tuberculous sputa. The reputation of the fly as a scavenger is at stake.

Nor is the practical bearing of this question so trivial as may at first appear. It is comparatively easy to disinfect the sputa which is collected in the spittoon, but minute particles

of bacillus-laden sputum are scattered in the act of coughing, over the floor, furniture, and bed linen; and, though these may escape the notice of the most scrupulously careful nurse, they are readily detected by the painstaking and industrious fly. In this way, not only in phthisis, but in other infectious diseases, large quantities of septic matter may be destroyed by these little scavengers. Just as the jackal, hyæna, and wild dog, in eastern cities, devour all manner of offal, and thus render innocuous what would otherwise be a source of plague and pestilence, so in our own land large quantities of effete matter are effectively disposed of by flies, cockroaches, and even rats. True, Nature's scavengers are not subject to the authority of the Medical Health Officer, but their work is on that account none the less satisfactorily and systematically performed.

DISEASE OF THE FALLOPIAN TUBES.

Dr. Martin, of Berlin, has presented records of 287 cases of tubal disease in the *Zeitschrift für Geburtshülfe*. The majority were in the most active period of sexual life; 220 were married; 113 had never borne children; 61 had aborted once or oftener. Generally there were other diseases of the pelvic organs, especially endometritis and pelvic peritonitis. Gonorrhœa appeared to be the source of the disease in 55 cases, *i.e.*, in less than 20 per cent. This will not coincide with the records of Tait, Noegerrath, and others, but we think will nearly agree with our experience in Toronto. Affections of the endometrium were the cause in 147 cases; puerperal complications in 70; tubercle in 10; and recent syphilis in 3. The left tube was the most frequently affected. Dr. Martin describes three varieties: "salpingitis catarrhalis" or "endosalpingitis," when there is small-celled infiltration into the mucous membrane; "salpingitis interstitialis," when the infiltration extends into the muscular layer; and "salpingitis follicularis," when we have, in addition to the infiltration of the mucous and muscular layers, the formation of pouches in the mucous membrane which gradually riddle the muscular coat.

DR. A. R. ROBINSON'S ADDRESS AT THE INTERNATIONAL CONGRESS.

One of the redeeming features of the recent International Congress was the opening address made by the President of the Dermatological section. Some may think that it was a little out of taste to discuss, in such an open and vigorous manner, the failings shown by American Dermatologists, when so many distinguished visitors were present. The point, however, which we must consider, is whether Dr. Robinson had sufficient ground for the strictures made. His remarks will apply as well to the other specialties as to dermatology, and equally to all parts of the American Continent. We quite agree with him that a great injury is done to dermatology by connecting it with the study of genito-urinary diseases. There is no more connection between diseases of the bladder and those of cutaneous system, than there is between the latter and uterine affections, and we might as well combine gynæcology with dermatology as to combine genito-urinary surgery with dermatology. We differ from Dr. Robinson in his views that there is no American School of Dermatology. We were always of the opinion that the American school combined the excellencies of the German, French, and English schools; and was, consequently, in some points, particularly that of therapeutics, superior to any other. Physicians of this continent have few prejudices, and have always been willing to adopt any remedial measure which may prove successful. That the American School of Dermatology is becoming more and more recognized throughout the world, is shown by the many references made to it in recent works on dermatology.

The practice of publishing articles which are simply compilations, and contain no original matter, was severely commented on. It is impossible that all papers read at medical societies can be original in character, and we can hardly help agreeing with Dr. Robinson in the view that the publications of such are sometimes made with the sole purpose of attracting the attention of the profession.

Dr. Robinson's address was not of that stereotyped character in which, when the reader commences, he can guess the nature of the con-

tents throughout without further perusal. It was original in conception, and well suited to our modern profession.

Although in some points we consider his criticisms too severe, still many wholesome truths were uttered, which we would all do well to ponder.

The following appears in the *Manitoba Lancet*, from the pen of one of Winnipeg's leading surgeons:—"Whatever may be the respective merits of the various hospitals in Canada as to facilities for clinical study, I think there can be no doubt Toronto is the best designed, arranged, and especially the best managed. I understand Dr. Cameron has had during the last year over a dozen laparotomies, and with more than the average success. . . . In my humble opinion, Montreal possesses in Dr. Gardner an operator who is soon destined to give a material advance to abdominal surgery in Canada. He is a close follower of Tait, and his record so far leaves no doubt as to his future success. Dr. Trenholme, of Bishop's, divides with Dr. Gardner the gynecological honors; and in Montreal a very promising and likely competitor in the same race is J. Johnstone Alloway, of lacerated perineal fame."

We take the liberty of publishing a portion of a letter which was recently received from Montreal: . . . "From what I have heard of the meeting in Hamilton, there is much room for your suggestions as to a three days' session, and a section for gynecology and obstetrics. If men could be kept from long-winded speeches on papers they have not even heard—coming in after the paper is read or almost finished—it would be a good thing. It is a misnomer to call such 'discussions:' if we could reform these altogether it would be a great gain. Written papers must not be sacrificed to rambling talks, even by experienced men, else we shall lack well-prepared papers before long. I read with pleasure your criticisms of the Ontario Council, which with much good has mingled much blundering and stupidity. The progress of the University, in creating a medical faculty, is also a source of gratification to me. Yours sincerely, T. W. M."

Prof. Mendel, of Berlin, in an exhaustive communication to the *Therap. Monatschrift*, on the use of antipyrine in diseases of the nervous system, states that he has found this drug very useful in cases of migraine, trifacial neuralgia, neur'gic affections of the occipital and isciatic nerves. In certain organic affections of the nervous system favorable results followed its use. The lancinating pains of the tabetic were modified, and severe headaches due to organic cerebral trouble (tumor of the brain) were relieved. This drug, however, was proved to be useless in epilepsy, and not to be recommended in the innumerable pains of the hysteric.

REMOVAL OF NECROSED BONE BY IRRIGATIONS WITH WEAK HYDROCHLORIC ACID.—Dr. Edmund Andrews, in a paper read at the last Annual Meeting of the American Medical Association, demonstrates the possibility of removing the sequestrum by irrigation with weak hydrochloric acid. The strength recommended is from one-fourth to one-sixteenth the strength of the ordinary acid hydrochlor dil. of the pharmacopeia.

The opening lectures of the Medical Colleges will be delivered on October 3rd, as follows:—
 Toronto University—Prof. R. Wright.
 McGill University—Sir James Grant.
 Western University—Dr. Moorhouse.
 Trinity Medical College—Dr. Davison.
 Manitoba University—Dr. R. B. Ferguson.
 Queen's University—Dr. Dupuis.
 Woman's Medical College, Toronto—Dr. McPhedran. (Oct. 1st.)

In the last number of the PRACTITIONER it was stated that the address by Dr. Eccles, of London, delivered at the Canadian Medical Association, would appear in this issue, but we have not been furnished with an abstract, and there was not sufficient space to publish the address in its entirety.

Dr. Weller publishes, in a recent number of the *Medical and Surgical Reporter*, a case of diabetes cured by the administration of cocaine. He prescribed two drops of a four per cent. solution every three hours, at the same time enjoining the anti-diabetic diet.

The relative market value of the different parts of the human body has been calculated by a German mathematician, with a view to fix a basis for the award of damages in case of disablement. The loss of both arms, legs, hands or feet, is put at 100; that of the right hand at 60; of a foot at 50; of left hand at 40; the right thumb 33½; an eye at 22; left thumb or right forefinger at 14; the left forefinger at 8; and any other finger of left hand at 4 per cent.

The New York Polyclinic opened for its sixth annual session on Sept. 19th. This popular clinic was attended last year by a class of 301—probably the largest class of practitioners ever brought together in any school. Two large lecture-rooms have been added to the college building, and a laboratory for the study of bacteriology has been thoroughly equipped.

Manitoba will keep to the front in matters medical. A medical journal, called the *Manitoba Lancet*, has been started.

Meetings of Medical Societies.

NINTH INTERNATIONAL MEDICAL CONGRESS,

HELD AT WASHINGTON, D.C., SEPT. 5, 6, 7, 8, 9, AND 10, 1887.

[We have selected from the slips kindly supplied by the *Medical Record*, of New York, reports of the papers read by Canadians, which will be of interest to the subscribers of THE PRACTITIONER.]

Duncan C. MacCallum, M.D., M.R.C.S. Eng., of Montreal, read a paper on

VICARIOUS MENSTRUATION.

After a *resume* of the literature of the subject and the diverse opinions of modern authorities, the reader cited four cases:

1st. Mrs. W., aged 38; six children; never nursed; good health. Two months after birth of child had melimina and vomited blood. Treated by rest, ice, and gallic acid. No unpleasant after-effects and no further hemorrhage for four weeks, when she again had melimina followed by hæmatemesis. At next period

menses reappeared and have been normal since. Continued good health.

2nd. Healthy woman; single. On the first day of a menstrual period was exposed to cold, and menses stopped; next day vomited blood; no vaginal discharge; regular since and healthy.

3rd. Patient, aged 33; healthy. First menstruation at 14 years of age. Soon after had scarlatina, followed by amenorrhœa until 18. At 23 menstruation became very scanty and was accompanied by epistaxis for six periods, when it became regular again. Recently has again become scant and is accompanied by the epistaxis as before.

4th. Healthy woman. Pregnant 3 months. Six weeks before had received a severe fright. Had a profuse hæmoptysis on two successive mornings, and three days later aborted. Four weeks later molimina and hæmoptysis, but since normal menstruation. Chest perfectly sound; good health. In this case the ovum was killed six weeks before ovulation became established, and obstruction being offered to the usual flow, hemorrhage took place from the weakest point.

To constitute vicarious menstruation there must be (a) absence of menstrual blood flow; (b) blood from some other organ than the uterus; and (c) no other assignable cause for the hemorrhage than the increased premenstrual blood-tension.

A hemorrhage under these conditions is truly supplementary and clearly vicarious.

Dr. W. P. Geikie, Professor of Medicine, Trinity Medical School, Toronto, read a paper, entitled,

PNEUMONIA AS MET WITH IN VARIOUS PARTS OF THE DOMINION OF CANADA.

Pneumonia he had found to be far more frequently secondary than primary; the former was probably most frequently seen as a complication of typhoid fever. In preparing this paper he had corresponded with physicians practising in newly and sparsely settled countries, and he had found that in these localities, both East and West, it was a rare disease. It never occurred in epidemics. He asks this question, "Is it because there are so few inhabitants that there never occurs an epidemic?"

As sanitary methods increase low and asthenic forms and epidemics decrease.

In the recent epidemic in Toronto, the disease seemed to affect both the weak and strong alike. Investigation showed that the disease is more acute in rural, and less so in populated districts. There had been cases in the recent epidemic in which it seemed to be contagious. The specific character of the fever would naturally support such a view. Realizing fully the predisposition to the disease which arises from the abuse of alcoholic stimulants, yet improper drainage and water were the great cause.

Dr. Daniel G. Clark, of Toronto, read a paper on

THE BASAL GANGLIA OF THE BRAIN AS CENTRES OF PSYCHIC AND FUNCTIONAL POWER.

The author of the paper maintained that these ganglia are psychical centres: (1) Because of their greater activity physiologically; (2) because they are the focal centres to the hemispheres; (3) they are vital points of greater significance than any other part of the brain, and (4) experiments point to their directing and controlling power. The paper gave rise to discussion which was participated in by Drs. Love, Wythe, Stockman, of Edinburgh; Kleinschmidt, of Washington; Hallibert, Professor Madden, and Boenning, of Philadelphia. Also one which caused a good deal of discussion with the title,

REMISSIONS AND INTERMISSIONS IN INSANITY.

He said there can be no vital and psychic energy without its presence and co-operation. It is an indispensable condition. When the rigor mortis of death sets in it takes its flight, hence the evidence of its intimacy with, and necessity to, vitality. It has, in normal physiological operations, seasons of remissions and intermissions, and it determines their intensity and duration in organic life. In chronic pathological conditions the same law exists, but it necessarily, by virtue of low vitality attended with excessive energy, makes the intervals more extended and the symptoms more pronounced in the ever-recurring periodicity and alternations. Dr. Clark treated of a trinity of forces—chemical, psychic, and vital forces—and believed the lower forms embraced the greater.

Dr. Blandford, of London, Eng., asked Dr. Clark to explain his theory and principle more fully. He differed with Dr. Clark on many points of his paper. He had seen many patients have intermissions of exactly the same form of mental disorder, and who were not subject, as Dr. Clark had claimed, to different forms of mental disease at each remission; and instanced one case familiar to him, of a patient who had been sent to one of the English asylums on thirty-five different occasions, suffering with precisely the same form of mental disorder, mania, upon each commitment.

Dr. Clark stated that his experience had been different from that of Dr. Blandford. He had never seen a patient suffering from *folie circulaire* who enjoyed during intermissions normal mental health. Patients had said as much to him; they had been able to transact business during intermissions, but had lost their former grip on affairs.

Dr. Savage differed quite widely from the sentiments expressed by Dr. Clark, particularly as related to animal magnetism, which, he said, was not at present well defined. The question of the correlation of forces was an important one, and should receive much attention. Dr. Savage cited several cases in which the remissions in *folie circulaire* were complete. He also cited the case of a patient whose disease was diagnosed as general paresis, and who appeared to be steadily going down hill, but who, after the development of a large carbuncle upon his shoulders, quite recovered, and lived outside transacting business for seven or eight years, when he died of some nervous disease.

Dr. Ferguson next discussed Dr. Clark's paper. He did not believe it possible to explain the rhythmical phenomena of intermissions and remissions of mental disease by Dr. Clark's theory.

Dr. Hughes, of St. Louis, Mo., thought the obstacles which enter into the consideration of Dr. Clark's paper consisted in the barrier which physiology has placed in the way of allying physical organism to chemical organism, and which consists in the basil-motor mechanism and the part which it plays in neuro-pathology and neuro-physiology.

Dr. Clark was glad that his paper had suc-

ceeded in evoking discussions upon the subject of the phenomena of remissions and intermissions. He had not assumed that the key presented by him would open the lock. On the other hand, he did not see that the gentlemen who followed him offered any solution of the mystery at all. He believed that when a man suffered from an attack of insanity a post-mortem examination would, in every case, reveal changes in the brain, no matter whether it was claimed the man had recovered or not. Recovery is only a relative term.

Dr. James C. Cameron, of Montreal, read a paper entitled,

THE INFLUENCE OF LEUKÆMIA ON PREGNANCY.

In this he showed, by a *resume* of the literature, how incomplete our knowledge of the subject still was. We knew that cases were most frequent in women, especially during pregnancy or at the climacteric. Its effect upon the reproductive organs was but little known, and barely mentioned in any work. The disease was apt to begin during the latter part of pregnancy, and indeed, in many of those who became sallow and anæmic during pregnancy, though only temporarily so, the ratio of white to red blood-corpuscles was much increased.

The case which he reported was unique, in that pregnancy recurred successively during the progress of the disease, and was also interesting in showing a marked hereditary tendency—the parents of the patient and her six children being all leukæmic. The splenic tumor was first noticed during a pregnancy, and increased markedly in size during each successive gestation, the disease running a remarkably chronic course. A fact worthy of note, was that the red blood-corpuscles of a child born when the disease was well marked, were in the normal proportion in the vessels of the child, even above the normal in the placental artery, but much diminished in the placental vein, showing that the blood actually lost red corpuscles while passing through the placenta. In the placental sinuses the red globules were fewer than in the general circulation of the mother.

Dr. Chas. Warrington Earle, of Chicago, Ill., recalled two cases of extreme anæmia, together with great emaciation, occurring during preg-

nancy, and which at the autopsies were found to be caused by chronic inflammation of the pancreas, all other organs being normal. The pancreas was white and hard, the microscope showing a great increase in the connective tissue. He thought that this condition might explain some cases of pernicious anæmia, and proposed for it the name of pancreatic anæmia.

Dr. P. H. Bryce, of Toronto, Secretary of the Provincial Board of Health, read a paper upon

HOUSE ATMOSPHERES, OR ARTIFICIAL CLIMATES.

The points considered were the constituents of house atmospheres, their temperature and humidity, and air-currents; the effects of house atmospheres on populations, and remedies for existing evils connected with house atmospheres.

With reference to the constituents of house atmospheres, the observations of Miquel, Koch, Aitken, and Tyndall upon indoor and outdoor air were quoted. Considerable attention was given to temperature and humidity in connection with house air.

The remedies for the evils mentioned are sunlight in abundance, greater care in the construction of dwellings, foundations, and plumbing appliances, improved municipal sanitation, and the attainment of equable heating and thorough ventilation. In conclusion, it must be recognized, regarding the fatal effects of the imperfect conditions of human life under which Indians, negroes, and many of the people of limited means exist, demand the earnest consideration of all workers in the field of climatology and demography; and since the occupations, urban residence, and limited means make it impossible for an increasing proportion of our population to enjoy the health-giving influences of rural residence and the stimulating effects of life by the ever-restless ocean, or upon the mountain side, we shall best conceive the duties assigned to us, of making it possible for every willing citizen to so live under his own roof as to maintain a vigor unimpaired for the discharge of the work lying nearest him, and to transmit to the race that is to be a legacy of physical health.

Dr. Edward Henry Trenholme, of Montreal, presented a consideration of

INTERNAL UTERINE HEMORRHAGE, THE RESULT OF OVER-DISTENTION OF THE UTERUS FROM HYDRAMNIOS.

The author pointed out some of the causes of hydramnios and the serious results of such distention. The distention caused a deficient nutrition of the deciduæ which allowed it to rupture, causing hemorrhage from the site of the tear. The blood might clot *in situ* or pass between the layers of the deciduæ. The hemorrhage began with severe pain and sense of fullness, with signs of internal hemorrhage. Cited case. We should forestall the danger by causing premature labor before the hemorrhage occurred, that is, as soon as the distention becomes excessive. Should bleeding have occurred, it is necessary to wait until the vessels have closed before we attempt treatment.

Dr. Thomas W. Poole, of Lindsay, Ontario, read a paper entitled,

THE NECESSITY FOR A MODIFICATION OF CERTAIN PHYSIOLOGICAL DOCTRINES REGARDING THE INTER-RELATIONS OF NERVE AND MUSCLE.

1. He hoped to show, on the highest physiological authority, that muscles of the involuntary class pass into a state of spasm of contraction, not when their motor nerves are stimulated, but when these nerves are cut, or are paralyzed, or dead.

2. That the same is true of the muscular bands of the arterial coats.

3. That the statements given in our physiological works as to the excited condition of the nervous centres in such states as asphyxia, and the theories of Traube and others in explanation of the Cheyene-Stokes' respiration, in which impure, venous blood, loaded with carbonic acid and deficient in oxygen, is assumed to stimulate and excite the nervous centres, are absurd, and have been put forward solely to meet the exigency of an erroneous theory.

4. His thesis entered into what he deemed conclusive evidence that electricity, as employed for physiological and therapeutical purposes, is not a stimulant but a paralyzing agent to nerve-activity, and that the undoubted beneficial effects of this agent may all be satisfactorily accounted for in strict accord with its role as a paralyzer.

5. The same applies also to strychnia.
6. The action of the vascular sedatives, aconite, ergot, etc., and the rigidity and subsequent relaxation of the muscles during anaesthesia are amply accounted for on the view presented in this paper.
7. This theory is not an extension of the inhibitory hypothesis of recent physiology.
8. Ample proof is produced that "irritation" and "inflammation" are not attended by excitation of nervous activity, but the reverse; also, that what is called "morbid" nerve-force, as something different from proper nerve-function, does not exist.
9. Even the voluntary muscles pass into a state of spasm or contraction under conditions which may properly be regarded as attended by a deprivation of nerve-force, oftener, perhaps, than is generally supposed, as in cases depending on "irritation," which is a paretic condition rather than one of exalted nervous activity.
10. It is not necessary to his thesis that he hold, or prove, rigor mortis to be a condition of muscular contraction. But this state has not yet been otherwise satisfactorily explained, the myosin hypothesis proving unsatisfactory in that respect.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

THE WASHINGTON INTERNATIONAL MEDICAL CONGRESS.

The ninth International Medical Congress, which began on Sept. 5th and ended its sessions on Sept. 10th, has become a matter of history; and the unseemly disputes, which ought never to have arisen, will have become a thing of the past, soon, we trust, wholly forgotten. The popular question, "Was the Congress a success?" can be easily asked; but the answer to it will depend in some measure on who the respondent is and what he understands by success. All will agree that it would have been a greater success had the disputes between the East and West, the *Schools*, and those who captured the committees, not occurred; but the whole is but a repetition of history, and the Western bellicose party again triumphed

over an iconoclastic East, to the detriment of medicine, as doubtless the old dispute was to the Christian Church. But good has never, since the "loss of Eden," been free from evil, and those who attended the Congress have been unanimous in saying that much energy was everywhere evinced, showing a determination on the part of the Executive that those who did come, either from home or foreign parts, should have no cause to regret the time occupied and expense attendant upon a journey to Washington. Now that the Congress is over and the delegates are returning with pleasant memories of kind entertainment and friendly welcome, the sentiments of those who remained away are probably best expressed in the words of a prominent Glasgow surgeon, who, originally intending to be at Washington, was dissuaded from going by what he heard of the bickerings of parties. Saying good-bye to friend who was starting for the steamer, he remarked, "I wish I were going with you."

Many of the European delegates will feelingly unite with many from Canada and the North in the prayer that when the next International meets in America in September it will be at a point a little nearer the confines of the arctic circle, and in the neighborhood of the great lakes; for generally experienced borborygmal rumblings were altogether too suggestive of undue proximity to the Charleston area of seismic disturbance, or of the explosive effects of paludal fermentation present in Potomac waters. The weather, however, was, with the exception of one or two days, very pleasant and unusually cool, we were told, for Washington at the season; and all had the opportunity, taken advantage of by many to the detriment of the attendance on the Sections, of viewing the many wonders and pleasing sights of the capital of the Union.

The opening session began with business-like promptness, and after the formal opening by President Cleveland, Secretary Bayard, the silver-tongued orator of the Cabinet, welcomed the delegates in a speech of some length. Here are two notable passages amongst many: "If letters be a republic, science is surely a democracy, whose domain is penetrated and traversed by no royal road, but is open on all sides and equally to all who with humility and intelligence

shall watch and wait for light, as it is gradually disclosed by Divine Providence for the amelioration of mankind." . . . "Forgive me if, as one the great army of patients, I humbly petition the profession that in your deliberations Nature may be allowed a hearing when remedies are proposed; that her *vis medicatrix* may not be omitted in computing the forces of cure, and that science may be restricted as often as possible to sound the alarm for Nature to hasten, as surely she will, if permitted, to the defence of the part assailed."

Brief responses to the welcome of Secretary Bayard were made by Dr. W. H. Lloyd, British Navy; Dr. Leon Le Fort, Paris; Dr. Mariano Semmola, Naples, etc., after which President N. S. Davis, M.D., Chicago, delivered the inaugural address.

The address was like the man, plain and practical, with no attempt at eloquence not habitual to him; but it was admirable in its comprehensiveness, pointing out how broad are the fields of enquiry, how absorbing are the questions, and how difficult their solution, which confront the physician. He further neatly indicated the special necessities which have given origin to Medical Congresses, and the many direct benefits which have flown from such meetings: he said, "It is by associated action that education in its broadest sense, religion and civilization, have been more rapidly diffused among the masses of mankind during the present century than during any other period of the world's history."

With the President's Address the opening session concluded, and at 2 p.m. the various Sections met at the different places set apart for them, some of these at points at considerable distances from the principal hotels.

With eighteen Sections at work, reading and discussing papers of various merit, the succeeding four days passed rapidly, and those specially interested in any Department, or attendant upon official duties, had but little time for amusement, or for becoming widely introduced. The evenings were mostly given over, however, to entertainment, and Washington hospitality shone conspicuously.

Regarding the work of the various Sections, much comment was naturally made. If you

happened to drop into the Section on General Medicine and heard a paper on "Pneumonia," you might say this Section was somewhat stale; or into the Section on Army Surgery, and heard some one reading about "Stretchers and Stretcher Slings," you might mildly suggest to "sling the stretchers;" while if you chanced to hear a brief synopsis of the "Medical Botany of the United States," you could be excused, for wishing for the opportunity to prescribe for the reader a dose of his own medicine. On the other hand, if Flint were heard, *ore rotundo*, discussing "Fevers," Gihon, with splendid imagery and scathing criticism, discussing the value of climatological and demographical studies, and the empiricism of vulgar therapeutic; or Professor Grailey Hewitt on "Relations between changes in the Tissues and changes in the Shape of the Uterus," one would naturally say: "This is a splendid Section, and we are learning something!" On the whole, we are inclined to the opinion that here, in Conferences in general, many were not heard who ought to have spoken, while a much larger number, "intoxicated with their own verbosity," flaunted their wares before a somewhat unwilling public. The liberty of the free-born American which sometimes degenerates into licence, was to be expected, and the man from *away back* spoke confidently, especially in the Section on Gynecology of what much-enduring woman had suffered at his hands. Altogether, the Congress possessed much of good, and not least of this was the ample provision which was made for the entertainment of the delegates.

The first evening was a Reception, *very informal*, in the Pension Building, 100 yards long by 40 yards wide, where *profanum vulgus* found admittance, and good naturedly from the seats under the gallery, watched the promenading medical visitors. Nobody was, however, hurt thereby; but the President's *informal* Reception on the Tuesday evening did hurt somebody, especially the President and Mrs. Cleveland. Imagine a procession some 200 yards long, yourself at one end of it and the first lady of the land at the other, both desperate in the resolve to shake hands; count the number of shakes *à la mode* which have to be made before you have reached the *point d'appui*, and you

will then have a slight conception of what an informal "White House" reception means. Add to this, that the waiting-maid the next morning could tell you that she, too, shook hands last night with Mrs. Cleveland, and we will very gladly draw a veil over its further glories, except to say that this most admirable and lovely lady smiled pleasantly and performed her unenviable task heroically to the last.

But even good-natured democratic hospitality has a limit to its endurance, and the *buffet* banquet of Thursday evening was much more *en règle*. Held in the splendid Pension Building, decorated most handsomely with innumerable flags, with the naval band discoursing sweet music, and with a generous supply of refreshments—all the delegates and their ladies, a number of the most prominent citizens, and such of their ladies as had returned from the mountains or the seaside, were most thoroughly entertained by the executive committee and the committee of local arrangements of the Congress.

To the European foreigners the banquet may likewise have seemed informal, but to us it seemed home-like, endued with a native grace, peculiarly American.

Friday the Sections were in large measure deserted, many delegates preparing to leave, or making visits to Mount Vernon or Arlington.

The general sessions, generally well attended, were favored with addresses on Wednesday and Thursday, in French and German respectively. That by Dr. Unna, of Hamburg, on "Dermatology in Relation to General Medicine," is said to have been comprehensive and of much value. But the paper of Dr. Mariano Semmola, Naples, in French, on "Scientific Medicine and Bacteriology in their Relation to the Experimental Method," must be considered to have been the *pièce de resistance* of the Congress. It was at once brilliant, learned, and practical, and delivered with a fervid eloquence entrancing even those who did not understand the language. On Friday Dr. G. F. Blandford, London, read a paper on "The Treatment of the Recently Insane," which was received with marked approbation. Votes of thanks by the foreign delegates were then in order, and Dr. Edmund Owen, London, was vociferously cheered in his

graceful references to the President and Mrs. Cleveland. Thus ended the practical work of the General Sessions of the Congress.

By Saturday evening the delegates were scattered, many returning northward on an excursion to Niagara Falls, via Canandaigua and Watkin's Glen. A number of the British delegates honored Toronto with a brief visit, while some extended their trip to Chicago, and a few even to the Pacific.

The international character of the Congress will still be maintained, and Berlin is to have the honor of next entertaining the world's great physicians in 1890. There will, we are assured, be little danger that in a *united* Germany differences will arise to in any degree mar the success or disturb the harmony of the meetings of a profession proverbially *long-suffering*!

P. H. B.

Book Notices.

BOOKS RECEIVED.

Maryland State Board of Health, 1887—Report on Improved Methods of Sewage Disposal and Water Supplies. By C. W. CHANCELLOR, M.D. Baltimore: 1887.

Surgery: Its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St., 1887.

Lessons in Gynecology. By WM. GOODELL, A.M., M.D., Professor of Clinical Gynecology in the University of Pennsylvania, etc. Third Edition, thoroughly revised and greatly enlarged. Philadelphia, Pa.: D. G. Binton, 115 South Seventh St., 1887.

A Reference Handbook of the Medical Sciences, Embracing the entire range of Scientific and Practical Medicine and Allied Science. By various writers. Edited by ALBERT H. BUCK, M.D., New York City. Vol. V. New York: Wm. Wood & Co., 1887.

A Manual of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, Jr., A.M., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Co.

Diseases of the Female Mammary Glands, by TH. BILLROTH, M.D., of Vienna, and *New Growths of the Uterus*, by A. GUSSEROW, M.D., Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopædia of Obstetrics and Gynecology," (12 vols. price \$16.50) issued monthly during 1887. New York: William Wood & Co.

Personal.

Dr. Bigelow has left Parkdale to practice in Chicago.

Dr. E. E. King has returned to the city from New York, where he devoted himself to the study of genito-urinary surgery.

A. B. Macallum, M.A., Lecturer on Physiology in Toronto University, will return from Germany early this month.

Dr. Alonzo Clarke, one of New York's oldest and ablest physicians, died Sept. 13th, in his 81st year.

Dr. James Kerr, of Winnipeg, has returned home after an absence of four months. He and Dr. Sheppard, of Montreal, visited the principal hospitals of Great Britain and the Continent.

Births and Marriages.

BIRTHS.

TUCKER—At Orono, on the 12th September, the wife of Dr. M. M. Tucker, of a daughter.

FERGUSON—At 321 Spadina Avenue, Toronto, on the 25th of August, the wife of Dr. J. Ferguson, of a son.

MARRIAGES.

TAYLOR-TOOZE—At Toronto, on the 14th of September, at the residence of the bride's mother, by the Rev. Dr. Thomas, W. O. Taylor, M.D., Princeton, Ontario, to Jessie, fourth daughter of the late Mark Tooze.

GARRETT-KIRKPATRICK—In St. George's Cathedral, Kingston, on the 14th Sept., 1887, by the Rev. Buxton B. Smith, M.A., R. W. Garrett, M.D., Kingston, to Minnie Louisa, only daughter of the late Alexander S. Kirkpatrick, barrister, Kingston.

WORTHINGTON-COOK—At the Metropolitan Church, Toronto, on the 14th of September, by the Rev. J. Lawson Forster, LL.B., of London, England, and the Rev. E. Stafford, LL.B., Arthur Norreys Worthington, M.D., second son of E. D. Worthington, M.D., F.R.C.S.E., Sherbrooke, P.Q., to Emma May, second daughter of H. H. Cook, Esq., M.P., Parkdale.

Miscellaneous.

EFFERVESCING BROMO-SODA WITH CAFFEINE.—This speciality, for which Mr. W. R. Warner & Co., of Philadelphia, are initially responsible, is attracting a good deal of attention just now both in Europe and America, and we have, therefore, examined the preparation with some little care. For some time past medical men have been prescribing bromides rather extensively, and rightly so, as in a large number of affections of the brain, nerves, and kidneys, as well as in a variety of skin diseases, the results obtained have been eminently satisfactory. Bromide of potassium, however, which for a long time was practically the only form in which it was given, exhibits only too frequently those toxic properties which detract so much from the therapeutical value of potassium salts generally, so far, at least, as long continued and comparatively large doses are concerned.

Sodium salts, as a rule, are comparatively innocuous, and possess the additional advantage of containing, weight for weight, a larger quantity of the acid radical. This is owing to the lower atomic weight of sodium, which is 23 only, as compared with 39, which is the combining equivalent of potassium. Hence while Kbr. contains, in round numbers, but little more than 67 per cent. of bromine, the corresponding sodium salt, NaBr., contains nearly 87 per cent. of the element in question.

The preparation before us is in the granular form, and seems to be very carefully and evenly made. In addition to the usual vegetable acid and alkaline carbonates common to this class of medicaments, it contains about a quarter of its weight of sodium-bromide, and some 1.52 per cent. of pure caffeine. This alkaloid is well known as a reliable nerve tonic and restorative, useful also in cases of cardiac dropsy, hemiplegia, and neuralgia. In conjunction with bromides, and especially in the form of an effervescent saline, it is one of the most successful agents known for the relief of headache and insomnia, arising from overwork and sedentary employment.

This bromo-soda with caffeine, therefore, not only merits, but is likely to acquire, an increasing meed of popularity. It is shown to physicians at the American Exhibition at West Kensington, London.—*From the Monthly Magazine of Medicine, London.*