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# ONTARIO MEDICAL JOURNAL.

A MONTHLY REVIEW.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH  
COLUMBIA BY THE MEDICAL COUNCIL OF THE  
RESPECTIVE PROVINCES.

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MANAGING EDITOR: - - - R. B. ORR, M.D.

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# Ontario Medical Journal.

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VOL. I.]

TORONTO, AUGUST, 1892.

[No. 1.

## THE ADDRESS OF DR. WILLIAMS, RETIRING PRESIDENT OF THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

*Gentlemen of the Council*,—It is my pleasing duty to welcome you to your labour for the ensuing year.

With you I deeply regret that one member, a representative of the Homeopathic branch of the profession, Dr. Oliphant, will not meet with us again. For him, trouble and strife in the medical profession are over. With his more intimate friends, we join our sorrows that in the morning of life—a life full of promise for future usefulness—his sun has set.

“From toil he wins his spirit's light,  
From busy day the peaceful night;  
Rich, from the very want of wealth,  
In heaven's best treasures—peace and health.”

In his place we welcome back to the Council our former colleague, co-worker and esteemed friend, Dr. Vernon, of Hamilton.

The year that is now drawing to its close has not been without considerable anxiety to the medical profession. The legislation which you secured in 1891, and which you believed to be in the interests of the public and the profession, has been very largely misunderstood. Efforts have been made, not only to have that legislation repealed, but to have other changes made in the Medical Act, some of which would be of very great detriment to the College of Physicians and Surgeons of Ontario, if

they did not entirely destroy its usefulness. (Hear, hear.)

It is to be regretted that there should be any members of the profession, who would think for a moment that the Council—the representative body of the profession—should have any interest to serve other than that of the public and the profession; but so long as we have representative institutions, we must expect to come under the same influences as other representative bodies. If, for instance, in a municipality we select twelve of the most estimable men, elect them as municipal councillors, before the first year is ended, they are incompetents and noodles; and if they unfortunately continue in power for three years or more, they need not be surprised to learn from the criticising public that they are murderers, or worse. Members of this Council must not hope to escape from a like fate.

We think that one reason why the actions of the Council are misunderstood, is because of a want of inter-communication between it and the profession. As you are aware, it is not possible to get any considerable number of the medical men together, for the purpose of allowing their representatives to address them on the questions likely to come before the Council. The public press can scarcely be expected to deal with these subjects to any great extent, because it caters to the entire public, and can not be expected to give great space to questions interesting only to some 2,100 medical men. We would think that the medical press would be placed in a somewhat different position; that their highest interests would be to afford such information as

would be beneficial to the members of the profession. But while we, as outsiders, think so, the editors, upon whom rests the responsibility of managing the papers, apparently do not look at the question in the same light; for we find the merest epitome of the Council proceedings is all that goes out to the profession; and they are left without that light, on the proceedings of the Council, which they are anxious to get and ought to receive.

Because of this want of publicity, or largely because of it, a misconception exists with the public, as well as with many members of the profession, as to the utility of the College of Physicians and Surgeons. It is not uncommon to hear from the public, that it is a huge monopoly gotten up and maintained for the benefit of the profession, to the detriment of the public; and from the profession, we not infrequently hear that free trade in medicine is a desideratum.

I need not say to you, that this is a great mistake, not only in so far as the public are concerned, but also the profession; for the public are the beneficiaries in the first place, and the medical men, in a secondary sense, receive more than compensation for all they have been called upon to contribute to the funds of the college. That we may understand to what extent the public and the profession are interested, it may be wise to hastily review some steps which have led up to the present status, and to mention some of the difficulties that we have had to overcome. To understand this fully, we must look to the status of the profession previous to 1865, the date of the first Act by which the Council was established. We practically had free trade in medicine, though not in the letter of the law. We had three medical schools in Ontario. We had three licensing boards, including Eclectic and Homeopathic. Each one of these had its own standard, and each its own curriculum; and each vied with the other to turn out the greatest number of students. The Province of Quebec sent up a goodly number, and the American schools of all shades, Eclectic, Homeopathic and Regulars, not a few, while Europe drenched upon us her surplus graduates. Thus this Province was more than full with imperfectly qualified medical men. Under these circumstances, the schools sought legislation, each thinking the other a greater culprit than itself, in letting loose upon the country poorly qualified

men; and they hoped by legislation to restrain the offenders, while they had a common desire to preserve the Province for the practice of their own graduates to the exclusion of foreigners.

The Medical Act of Upper Canada, passed in 1865, was the result. This Act established "The General Council of Medical Education and Registration of Upper Canada," subsequently known as "The Council." It was a compromise Act. The universities and schools, whether granting degrees or teaching medicine, were either consenting parties to this Act, or were compelled to come under its provisions; their interests being protected, by their being given representation in the Council, and by a further provision, that any curriculum established by the Medical Council, must receive the approval of the Governor-in-Council, and be published once in the *Canada Gazette*, before it became binding on the universities and schools. Provision was also made for the election of twelve persons for a period of three years from among the registered practitioners of medicine in Upper Canada. These with the representatives of the universities and schools, made up the entire Council. The taking into the Council of the territorial men was viewed differently by different parties. To one it was the giving of representation to the profession in the Council, that it might have a voice in its control and management; while to others it was a further guarantee that one school should get no advantage over the others, the territorial men holding the balance of power. The electoral divisions then accepted were those established for the election of members of the Legislative Council. These were convenient in those days, and perhaps as fair as any could have been. It was before the science of gerrymander had secured a footing.

The Act provided for registration. It stipulated what the qualification should be, and the fees to be paid, and gave to the Council the general control and management.

The Council was given power to establish a uniform standard of matriculation, and also to "fix and determine from time to time the medical curriculum," though it was not allowed to conduct the examinations. Each individual school conducted its own examinations after its own fashion. I may call your attention to the fact, that the British Medical Act has only reached this stage up to the

present. The House of Commons in Great Britain refused to take from the schools the right to hold examinations, which should qualify for obtaining the necessary license to practise without their consent.

When this Act came into operation in 1866, it made a wonderful stirring up among the practitioners. Those with foreign degrees were obliged to return to the country of their profession, or enter one of the schools and qualify here. Some presented themselves to the licensing boards, and in many cases secured licenses and returned to practice. The less fortunate, who were practically without qualification, were compelled to complete their medical education. The result was, the number of practitioners in the country was very materially decreased, to the great advantage of both public and profession. But this Act was not found to be satisfactory. Though the standard for graduation was the same for all the schools, yet, each controlling and conducting its own examinations, the attainments of the graduates, as might be expected, were widely different.

Then, again, there were two legalized branches of the profession, the Homeopathic and the Eclectic, whose status was in no way allowed to be effected by this Act, a special clause being introduced for this purpose. Because of these defects, and with a view to remedying them, the Legislature was again approached in 1868, in this instance, not by the schools, but by the Council; and the 1868-69 Act was the result. The features of this Act were in many respects like the '65 Act, but there were some very important advances. The Council was given power to conduct matriculation and also professional examinations.

From this time, the uniform standard of medical examinations became a fixed fact, the same being exacted from all students from all branches of the profession. This provision rendered it necessary that, if the Homeopathic and Eclectic students were to pass the same examination and be subject to the same pains and penalties, these bodies should be represented in the Council and on the Examining Board. And it became necessary that the different medical Acts be consolidated, and the medical profession of Ontario incorporated. This was done, under the name and style of "The College of Physicians and Surgeons of Ontario."

To induce the schools, as well as the Eclectic and Homeopathic branches of the profession, to consent to submit their students to the one common examination, in so far as applicable, it became necessary to so organize the Council and Examining Board that their individual interests would be protected. The Homeopaths and the Eclectics were each allowed five representatives in the Council, and provision was made, on the Board of Examiners, to protect the interests of their students. The schools were each given the right to have one member on the Board of Examiners, in addition to continuing the representative in the Council, and the provision that the curriculum shall receive "the approval of the Governor-in-Council" before becoming obligatory on either schools, universities or students. The profession was well pleased for these considerations in the Council, and on the Examining Board, to have the entire profession brought under one control, and would have been willing to make even greater concessions had it been necessary. These privileges having been accepted in good faith, can they now be honorably withdrawn? To withdraw them, would it not be a breach of faith that would give rise to dissatisfaction, and an agitation that would break the entire compact?

There was no provision in the 1868 Act to allow the College to hold chattel property or real estate for the purposes of the Act; and they were compelled to hire such halls and other premises as they could, for the purpose of conducting the examinations, and to so examine that appliances were not necessary. The halls of Toronto University were secured and some others, but they did not prove satisfactory. When you recollect that the students from three different medical schools in Ontario, as well as students from Quebec and other places, had all to come together in one hall, you will readily understand that it required larger premises than was provided at that time by any of the universities. Examinations were conducted under difficulties, dissatisfaction prevailed both in the Council and among the students. The Board of Examiners was blamed, but the fault was not theirs; it was in the insufficient accommodation provided. This continued from 1868 to 1874, when we have the Council approaching the Legislature again. They pointed



out that the Act as it existed was scarcely workable; that we were not allowed to hold real estate or chattel property; that we could not therefore own a hall in which to make proper provision for examining students, nor own the requisite appliances to make the examinations practical; and they sought further legislation in this direction. At the same time, they asked for a money grant on the ground that the Medical Act was a public Act and for the public interest, and that therefore public money should be given them. In reply, the Government said: "What you say is largely true. The public are greatly benefited. We readily grant you the right to hold chattels and real estate, that you may perfect your examinations. This is in the public interest as well as the professional interest." But the members of the profession are themselves receiving the first benefit, and before we ask the public for a grant, they themselves should contribute something, as members of other professions do, to their professional funds. Upon that basis, a clause was introduced giving the Council power to impose a fee of not less than \$1, nor more than \$2 per year, upon each member of the profession, the \$1 being made compulsory the first year. A glance at the financial returns will be instructive at this point. Previous to the 1874 Act, and after the establishment and conduct of examinations, during the six years from 1868 to 1874, the receipts were not equal to the annual expenditure; the Treasurer was receiving no compensation for his services. The members of the Council complained that they were insufficiently paid, and as a matter of fact, the Council was not able to pay for what it honestly and legitimately should. After 1874 there was an influx of funds, partially owing to fees from members, and an increase from those passing the professional examinations. From that time forward, the Council had funds at its command, and were enabled to make provision for conducting more thorough and more complete examinations. These were more satisfactory to both Council and students, and more beneficial to the public and the profession, by bringing them in contact with a less number of poorly qualified medical men.

The general provisions of this Act, as to representation, registration, etc., were largely the same as with previous Acts with this material advance.

There were three branches of the profession having representation in the Council. There were no students presenting themselves who wished to follow the Eclectic system. It was therefore concluded, that after five years, there would be no further need of their having representation in the Council, nor a member on the Examining Board. With their consent provision was made for terminating these privileges.

Another striking feature in this Act is that the Council is given full power to fix and establish the medical curriculum, without its being submitted for, and obtaining the approval of the Governor-in-Council, as required in both the '65 and '68 Acts.

The next Act is that of 1887. It has just two or three prominent features. The first is, that there is a change made in the representation in the Council. This change was to allow a representative each from Regiopolis and Ottawa Colleges respectively. This was brought about, not at the instance of the Council, or of the colleges themselves, but rather in spite of the Council. The Council believed that the colleges already had all the representation they should have, but the Legislature thought otherwise, and introduced these names as colleges to have representatives. I mention this particularly to show that, when you go to the Legislature to secure any measure for the medical profession, you are not exactly certain what you will bring away. You may get what you want. You may come away with additions that you did not desire. You are not approaching a body of professional men, but in the main laymen, who look with suspicion on the professions. It is therefore important that, when you do approach the Legislature, you do so as a united profession, working in the most perfect harmony, otherwise the results may be disastrous.

Another amendment by this Act is, a limitation was put to the period in which a medical man might be prosecuted for malpractice. Previous to its enactment, I believe, the only limit was something like six years. In some cases, a medical man had been obliged to defend himself years after the witnesses were out of the way, and when the points were difficult to meet. This clause was obtained at the instance of the Council, and for the purpose of freeing the profession from an injustice of that kind.

The third feature of the Act was to give the profession a right to say who should continue to remain members. Hitherto you could not strike a man from the list of practitioners unless for some serious crime. This Act of 1887 allowed the Council, by a committee of medical men, to try members of their own profession on charges of infamous or disgraceful conduct in a professional sense. They take the evidence in the case, both for and against, and if, in their judgment, the person is unworthy to practise, the Council has a right to order his name erased from the register. The effect of this 1887 Act was to give the medical profession entire control of themselves. It made them completely self-governing. It has now a right to say who shall enter the profession, and the line of conduct they must pursue if they wish to remain in it. In a word, the profession established its own matriculation, its own medical curriculum, without its being submitted to the Governor-in-Council, and its own methods of conducting the examinations; it can hold the requisite chattels to make the examination efficient; and the necessary real estate to provide halls, and such premises as may be required for the purposes of the Act; it may determine what is disgraceful and infamous conduct in a professional sense, may try the practitioner charged with such, and if found guilty, expel him as unworthy to belong to an honourable profession. But for these privileges, we must tax ourselves not less than one nor more than two dollars per year each.

The next Act we come to is that of 1891. This Act has given rise to considerable misunderstanding and dissatisfaction. It has a number of prominent features. Previous to this time, you will remember, any person who was a matriculate in arts in any university in Her Majesty's dominions, had a right to be admitted as a matriculate in medicine. It was felt by some, that this was opening the door too wide, that in some parts of Her Majesty's dominions, there might be universities whose matriculation standard was not sufficiently high. The Legislature concurred in that view, and the Council was given power to say just what the standard shall be, anywhere, up to a degree in arts. It was finally arranged that it should be the Pass University Department Arts Matriculation examination, with Physics and Chemistry.

There is a feeling with some, that the Council is blameable for not being willing to accept arts matriculation from any part of Her Majesty's dominions. It is feared a standard may be set up which would shut out some honest, industrious young men, and leave the profession open only to those born with "a spoon of silver." I need scarcely say to you, gentlemen, that the College of Physicians and Surgeons of Ontario is not likely to take any such step.

Another amendment under the heading of "Appeals" is made. If a practitioner had his name erased for unprofessional conduct, under the '87 Act an appeal might be made to a High Court Judge. A change was made so that an appeal may be had to a Division of the High Court.

There are a couple of other clauses amending the '87 Act, with reference to the taking of evidence and to the assessment of costs, important to the conduct of these cases.

We now come to a more important particular: section 9, sub-section 22. This was placed in the Act for the purpose of enabling the registrar to keep a correct register of all medical practitioners in the Province. If you examine the present register, you will find on it about 2,600 names. After the most careful examination, we believe there are about 2,146 practitioners in the Province. You will see, therefore, there is a great defect in the register. The registrar does not become aware of those who have left the country, or who have ceased to practise from one cause or another, and, unless fully conversant with the facts, has no right to erase names. This clause provided, that in the event of an official letter from the registrar, sent to a practitioner, remaining unanswered for six months, we may have a right to assume that he is dead, has left the country, or gone out of practice, hence his name may be dropped from the register. A similar clause is found in the '65 and '68 Acts, and, I believe, in the British Act. It was not in the 1874 Act, but is re-introduced in the Act of 1891. It was put there, not as a means of punishing the members of the medical profession, but rather with a view for perfecting the register, so that we might know who had a right to practise, and who had not. It also had the object of establishing a means of closer communication between the profession and the Council.

We turn next to the section that has given rise to the greatest amount of controversy, section 41, "A."

This section has several striking features in itself. The first is, a medical man is required to take out an annual certificate, and he is required to pay his annual dues before the 31st December in each year. According to the Statute of 1874, the fee was due on the 1st of January. He is given twelve months in which to pay the sum of not less than \$1.00 nor more than \$2.00. But even then, should he not pay, he must receive two months' notice; and if at the end of that time he does not remit the amount, the assumption is, that he does not wish to practise, and his name is erased from the register. The matter is thus left optional with himself, either to practise and pay, or to cease to practise and cease to pay. He is prevented, however, from taking advantage of the payments made by others, and profiting at their expense.

The idea has been promulgated, that when a member is dropped from the list, he cannot be restored without considerable difficulty. That is not correct. Under clause 6 of the Act, provision is made that, whenever he wishes to resume his position among the medical men on the register, he need ask no favor from any person. He requires simply to pay his fees, and be reinstated.

It has been said the Council impose the fee. Gentlemen, you all know the Council do not impose the fee. It was imposed by the Statute in 1874, after it was made clear to the Legislature that the fee was necessary to meet professional requirements; and every member of the profession at that time, or who entered it since, knew, or ought to have known, that it was one of the obligations he assumed as a member of the profession; he knew, or he ought to have known that this fee was due and payable; and he should have known that unless it was paid, it is the duty of the Council to collect the amount and to collect it from every man alike. If they did not collect it they were negligent of their duty. Many have paid annually, or at least periodically, their entire indebtedness. Some there have been, who have taken all the advantages, and have not contributed their share. Is this just to the others?

The Council did not make collections as fully as they should. What is our excuse? Simply this:

When we attempted to collect, the costs consumed nearly the whole amount, and the process through the Division Court was vexatious to those from whom we collected. Let me read you some figures. In the medical year 1887-88, an expenditure of \$434.00 collected \$630.00 in fees. In 1888, an expenditure of \$319.00 collected \$376.00. Now these are the excuses and the only excuses the Council can offer, why it did not compel every member of the profession to contribute his fair and honest share as he should have done, in justice to his fellow-practitioners. Finding this difficulty in the way, and knowing that every member of the profession was alike responsible, and knowing, too, that this was part of the revenue to meet current expenses, the Council came to the conclusion that it was time steps be taken by which the payment should be equalized, and every man made to pay his equitable share. To receive a fee from one part, to use that money in the interest of the profession, to allow others to pay nothing, was laying an unequal burden on the shoulders of the medical men, and could not be justified. This clause was inserted, that it might be impossible for any to enjoy the advantages at the expense of others. Is that not right? That the amendment will meet the object desired, I need only mention that, since it came into operation, nearly \$6,000 in fees have been paid, with no expense other than postage. In connection with this same provision, the Act was made retroactive; this is said to be an unprecedented thing. What does this retroactive feature mean? It simply means this: That men who have been taking advantage of their fellow-practitioners for years, shall now be compelled to pay their fair share. It means, that they shall not be allowed to plead the Statute of Limitations, but at this late day, they shall pay as others have done. Could justice demand less?

It has been urged very strongly that the taking out of an annual certificate is derogatory to the profession—that it is humiliating—that it is placing you on a par with the hackman who requires to take out an annual license. The members of the profession are supposed to be so very dignified in their make-up, that they should not be asked to pay their just debts, and get a receipt, under the more genteel title of a certificate. Yet, some of these gentlemen, but yesterday so pachydermatous

in their make-up, that they could be pierced only in the Division Court, now so sensitive, cannot stand this provision!

Are we children? Are we hypercritical wise acres? Or are we men?

Gentlemen, we are not the only incorporated body, the members of which are required to pay promptly an annual fee. The druggists have a provision by which every man who keeps a drug store must pay \$4 per annum for his license. To pay this he is allowed till the first of May, otherwise he loses his license. Then, there is the legal profession. We have never found members of the legal profession backward in looking after their rights. We have never found them backward in standing up for liberty. The annual fees in their profession amount to about \$18, and they are allowed to the last day in Michaelmas term to make payment and obtain the annual certificate. If after that time the amount is not paid, the right to practise is lost and they are subject to fine. We hear no outcry about their being humiliated or their liberties curtailed. Now, gentlemen, surely members of the medical profession are not so much more sensitive than those I have mentioned, that they should object to being asked to contribute their professional fee after being given twelve months in which to pay it, and two months' notice being required before any action can be taken.

The annual certificate is objected to because they say we had a right under our diplomas to practise without a fee during good behaviour. Unfortunately, diplomas do not undertake to cover everything. Previous to 1865 as now, each of the universities granted diplomas. These diplomas did not entitle to practise medicine, but they were received by the Government as proof that the person had the required professional knowledge, and upon the production of other testimonials "required by law in that behalf," the Government granted a license. The licentiates of the Medical Boards obtained licenses to practise on proof of the same nature. Under the old diploma itself, there was no right granted to practise medicine at all. Some have said that the diploma of the College of Physicians and Surgeons was a diploma giving the right to practise for all time, and that it contains nothing about an annual fee. Look at the exact wording of that diploma. It simply sets

forth that a certain gentleman has completed the curriculum, that he has passed the requisite examination, and that he has become a member of the College of Physicians and Surgeons of Ontario, and is *thereby* entitled to practise medicine, surgery and midwifery. This is simply an acknowledgment that he is a member of the College, and if a member he must be registered, and if registered he has a right to practise. But when registered, he is subject to the provisions of the Act respecting registration, and under that same Act he is required to pay an annual fee of not less than \$1 nor more than \$2; and that fee is due on the first day of January each year. The Council does not undertake by that diploma to grant any privilege whatever, either to practise or anything else, and it would be of no use if it did. There is no provision in the Statute to allow of it doing so, and its duty is not to make law but to carry out the provision of the Statute provided.

This section 41, "A" had in view the equalizing of the burdens of the profession; the avoidance of an accumulated amount of back fees, and the vexatious process of collecting through the Division Court; the saving of the expense necessarily incurred (a waste of funds) in collection; and the placing on the practitioner the onus of deciding whether or not he wished to practise, and if to practise then to make payment, and not on the Council to make collections. All of which it bids fair to accomplish, and all of which fair-thinking medical men will consider equitable and just.

Very serious objection has been taken to the Council for the uses to which this building is put. It has been said that the profession at large are being made to pay for a great mass of brick and mortar in Toronto, that the city medical men shall have a grand home at their expense. If we look carefully into the matter we find this is not true. The city practitioner does not use it unless he pays for it, and receives no advantage any more than the country practitioner. It is said the Council established a library for the exclusive benefit of the medical men of the city of Toronto. I need not tell you that the Council have not expended one solitary dollar on the library. While there is a library in the building, the owners of it pay a rental for the space they occupy, as any other person or persons would be required to do.

Then we are told, too, that the Toronto Medical Association have a rather fine time; that they were paying one hundred dollars a year rental for another building, but that they now use our hall, in the building of the College of Physicians and Surgeons, without cost. The facts are, the Library Association have sub-let to the Toronto Medical Association, the right to meet in their library once a week. The Council has no responsibility in any sense whatever; neither do they contribute, nor do the Toronto medical men derive one single cent's worth of benefit from this building, other than the indirect benefit every other practitioner derives.

Again it is stated, that the college has no need of a hall for more than a few days in the year, and that one could be hired more cheaply. This needs very little in the way of reply. The experiment was tried from 1869 to 1874, and was so unsatisfactory that power was sought and obtained to own property. We mistake the profession if they would willingly return to trying the experiment again. There are those who do not learn by experience: they are not of the medical profession.

After obtaining the right to own property for the purposes of the Act in 1874, the building on this corner, an old church, was purchased at the earliest practical moment. It was utilized for Council purposes until about 1886. It was found inadequate for the purpose, partly because of original construction, and partly because the progress of time brought greater necessities.

But it is urged a much less expensive building would meet the purpose, a building with less capacity, and why not erect such as would provide merely for your necessities. The answer is plain. It is because the larger building is cheaper to the profession. To obtain the required hall room to accommodate the students from the four medical schools in Ontario (not to mention the schools for ladies), together with those coming from Quebec and other places, it will readily be understood that large premises are required. If this were provided, and nothing more, there must be much waste space. Converting this space into offices, and renting them, affords the income that pays the interest on the indebtedness, and leaves a good margin towards maintenance, which would otherwise be borne out of funds from other sources, hence it is cheaper for

the profession than a smaller building with no apartments to let.

We said at the Medical Association some days since, that the Council had a net income from this building of upwards of \$500.00 per annum. On looking into this more critically, I find I had mistaken the Treasurer's statement; I will now give you some figures which I think are correct. We have a mortgage on the building for \$60,000.00, bearing interest at five per cent., that costs us \$3,000.00 a year for interest; the insurance is about \$80, taxes about \$625, man in charge of elevator \$260, water rates \$400, fuel \$600, gas \$150, making a total annual expenditure of \$5,142.

Now we will look at the receipts. The last year before we came to occupy this building we paid rents for premises required \$750. We have a right to place to the credit that sum; for while it does not come in, we have prevented it going out by owning this building. We have rents amounting to \$4,090: a total of \$4,840. Deducting that from the \$5,142 expenditure, it leaves \$302 to be met annually from other sources. This represents the burden of the building at present. We have still a number of rooms that may be leased. If leased at the same rate as those at present in use, they will bring in about \$3,000 per annum in addition to what we are already receiving. The City of Toronto buildings are being put up in the immediate vicinity, and offices in this locality will be easily rented, in fact will be at a premium, and I think we may safely count that those apartments will be rented in a short time.

The revenue will be somewhere in the neighborhood of \$7,840. Deducting our present expenditure, will leave us a margin of \$2,600 or so. I do not think this is calculated unfairly. It is what may reasonably be expected, and would be very satisfactory.

Gentlemen, there is just one other feature that I wish to bring to your attention. I pointed out in the early part of my remarks, that an attempt had been made to secure the repeal of the legislation of 1891, and to make other amendments to the Medical Act as well. As I have already told you, while the profession has not secured a Medical Act as perfect in all particulars as we could wish, yet we have made progress in our present status. Practically, the profession has been given self-

governing power, and when we consider the diversity of interest to be guarded, the progress is perhaps as rapid as could be expected. In 1865, when the first Act establishing the Council was passed, there was a large number of medical men in practice with a great variety of qualifications; and some with no qualifications other than what they had acquired by time; there were several teaching schools and universities; there were three legalized branches of the profession, Eclectic, Homeopathic, and Regular, each having peculiar rights to be guarded. When you consider the Legislature is not made up of medical men, or even of professional men, I think you will agree with me, that the profession is to be congratulated on the progress made—but while this is true, there is yet danger of retrogressive steps being taken.

There are some among the profession who are dissatisfied with the action of the Council. They are principally of those who have given their own representative body the cold shoulder for these many years, and it is only now, when they can no longer secure advantages for which others have paid, that they take a lively interest in the profession and its representative body. While this is regrettable, it is still more to be regretted that they make attempts to secure alterations in the medical legislation of the Province, without the sanction of the profession obtained through their representative body. Such attempts are against our best interests. They are ignoring the fact that we have a representative body, and that changes in our constitution should be sought in the constitutional way. Changes obtained in any other way will render the professional status insecure from year to year, and subject it to the whims and fancies of those seeking notoriety, or those who think that, through their influence in the Legislature, they can become the rulers of the profession. We need scarcely say that thoughtful medical men will not wish to put their profession in that position, but prefer that radical changes in the organization shall emanate from the profession in some organized form. The consensus of opinion may then be secured even should all details not harmonize with our individual wishes. The last session of the Legislature was fruitful in attempts of this kind. There were no less than three Bills introduced to amend the Ontario Medical Act.

The first is, "an Act to amend the Ontario Medical Act." In this form, section 45 is amended by adding as follows: "But the application of a plaster or plasters, with the object of healing or removing cancers or other growths, shall not be considered as practising medicine or surgery within the meaning of this Act." Now, if the Legislature can be induced by unauthorized parties to amend the Medical Act, then the members of the College of Physicians and Surgeons have no guarantee as to what their position will be. The only guarantee the profession can have is to insist that legislation shall emanate in some way from their representative body, and, if not satisfied with their representatives, change them in the regular way. There will be a difference of opinion as to what is best. There must be compromises by individuals; there must be compromises by members of the Council. Each cannot secure his particular views in every detail, but so long as the legislation secured by the Council is in the right direction, moving forward in the interests of the public and the profession, we should be satisfied. The public's security and ours is in obtaining legislation through our representative body, and we should be prepared to resist all legislation introduced from any other source.

The next Bill is to repeal section 27 of the Ontario Medical Act. It is introduced not by medical men, as, in fact, neither was the other. It is therefore open to the same objections. To repeal this section means to strike off the fee that was found necessary and was imposed in 1874. The Council had the right, in making their estimates, to rely on this income from the profession; and now when they have entered into obligations, this Bill comes forward, not from the medical men, but from outsiders, to take away the fund upon which they have been relying to provide for their annual expenditure. It is equally objectionable with the other, as it did not emanate from the proper source.

We come now to the third Bill. This unfortunately was introduced by a medical man. I say unfortunately, because it is a great misfortune when we have medical men in the Legislature, who should be the guardians of the professional interests, yet are swerved from their plain duty, and who allow themselves to be used to make attacks

on their own representative body. What is to be expected from lay members if professional men do not stand by their own profession? In the Ontario Legislature, there are eleven members of the College of Physicians and Surgeons of Ontario. Of these, nine worked manfully for their own representative body, and deserve the gratitude of the College, and of every individual member of it. To their exertions we are largely indebted for the throwing out of the three Bills we have brought to your notice. There were but two, who, for the moment, forgot their allegiance.

Gentlemen, the profession should watch this matter closely, and take what steps may be necessary to oppose all so-called amendments to the medical Acts, which do not emanate from the profession in organized form. It is difficult enough to secure the advancement of the profession. It will be still more difficult if by divided counsels one party pulls down while the other strives to build up. If we do not stand manfully together, that retrograde movements will be made there can be no doubt. The profession, I trust, will not expect too much from the Council. They must remember that its members are chosen from the human family with its usual frailties and its many infirmities, and it is not to be expected that its decisions can, in all cases, meet the views of the 2,100 medical men in Ontario, nor even the views of all the individual members of the Council. Yet with honesty of purpose, and a faithful determination to do its duty, we have confidence the interests of the public and the profession will be served.

For the persistent loss of appetite and want of energy, associated with restlessness and disturbed sleep, sometimes with traces of hallucinations following long after prolonged alcoholic excess, there is no better remedy than the following:

R Quininæ sulphatis..... grs xxv  
 Acid nitrohyd dil ..... ʒ vi  
 Ext. cinchonæ liq..... ʒ iii  
 Aquæ distill..... ad ʒ x

℞

S. Take a tablespoonful three times a day with water before meals.—*Hilt's Dictionary of Treatment.*

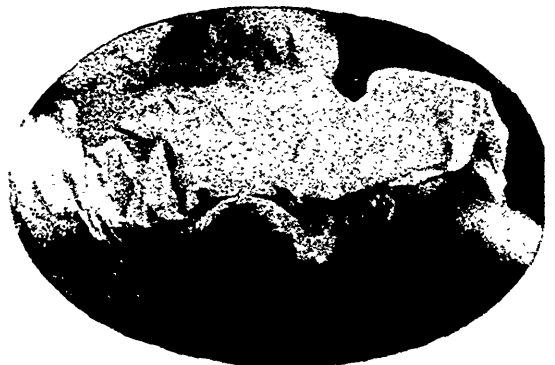
## Original Communications.

### A CASE OF CONGENITAL ABSENCE OF THE TIBIA.

BY ARTHUR JUKES JOHNSON, M.B., M.R.C.S., ENG.

Five weeks before the birth of my patient, her mother tumbled down stairs, striking her abdomen against the baluster.

When, therefore, it was found that the infant had what seemed to be a separation of the epiphysis of the tibia, it was looked upon as having resulted from the blow, and was considered to be an interuterine fracture. The head of the tibia could be felt in its normal position, making the knee-joint perfect. Immediately below this there was a slight space, and then the position of the shaft of the bone was occupied by what appeared to be the remainder of the tibia. Under any circumstances it was decided by all the surgeons who saw the case, that no surgical interference should be attempted till the child was about three years old. But as she grew older it became evident that this was probably not a case of interuterine fracture, but that the shaft of the tibia was wanting. The fibula was intact, and this with the foot continued to grow and develop—but the tibial side of the leg did not develop; so that the foot and leg were gradually turned more and more inwards, until the leg was at right angles to the knee, and the foot at right angles to the leg. The foot and leg were curled inwards and drawn upwards, so that they occupied a position pointing towards and rather above the left knee. The child had learned to run about on her knees with great ease. This was the position at the time of the operation.



As the knee-joint seemed to be intact and its movements perfect, it was decided to try to utilize it by applying an artificial limb without a joint at the knee, which would be attached to and move with the epiphysis. This, however, it was found could not succeed, as the epiphysis was too short to be of any use, and also because, during the operation I found that the head of the fibula entered into the joint, articulating with the epiphysis of the tibia, and forming the outer wall of the joint.

In removing the leg I made a long anterior skin flap, such as is usual in Teale's operation, and a rectangular flap behind. The head of the fibula was dissected out, as it came in the line between the anterior and posterior flaps. It was then discovered that it entered into the joint, which was opened by its removal, necessitating the use of a drainage tube, which, however, was only kept in twenty-four hours. The arteries were tied, the wound dressed antiseptically, the knee joint being flexed and fixed in that position by broad strips of plaster. Union took place through the greater part by first intention, the spot over the opening into the joint closing on the fourth day. There was no rise of temperature throughout, and recovery was very rapid. My thanks are due to Drs. Cameron, Primrose and Harrington for their kind assistance during the operation.

The following dissection of the leg and foot was made by Dr. A. Primrose shortly after amputation:

*External Examination.*—The fibula is apparently entire, and is the only bone which can be found in the leg. The external malleolus projects prominently as a pointed process.

The foot comes in contact with the ground on the following points, the limb being held vertical: 1. The projecting external malleolus; 2. the external surface of the os calcis, which lies horizontally; 3. the outer margin of the foot; 4. the dorsal surface of the outer portion of the foot as far inwards as a line drawn so as to split the third digit longitudinally.

The resting surface extends posteriorly as far as the external malleolus, around which the skin is stretched at a right angle where it becomes continuous with the integument on the back of the calf. The resting part of the foot is limited anteriorly, extending as far forward as a point one and a quarter inches from the base of the first

phalanx of the fifth digit; beyond this the outer margin of the foot turns somewhat abruptly upwards, the proximal phalanx forming an angle of about 130 degrees with the fifth metatarsal bone. The entire plantar aspect of the foot looks upwards and inwards. The great toe is turned so completely over that a vertical longitudinal plane passing through its centre passes backwards to the outer side of the fibula; the plane of the little toe prolonged backwards in a similar manner lies to the inner side of the fibula.

The foot is further twisted at an angle of acute adduction, mainly at the tarso-metatarsal joints, so that the anterior and inner margin of the foot lies quite close to (three-quarter inch from) the anterior surface of the leg.

The heel is so twisted inwards and upwards upon the leg that a sulcus is left of considerable depth between them.

The bony points which could be felt and recognized were as follows: 1. The base of the fifth metatarsal bone; 2. the tuberosity of the os calcis; 3. the internal cuneiform at the apex of the angle formed between it on the first metatarsal; 4. a continuous ridge of bone which could be traced from the internal cuneiform to the external malleolus; 5. the external malleolus.

*Movements.*—1. The inner margin of the foot could be brought in contact with the anterior surface of the leg (adduction), the movement being apparently at the tarso-metatarsal joint; 2. base of the great toe could be separated (adducted) two and a half inches from the anterior surface of the leg; 3. the foot could be twisted inwards so that the ball of the great toe could be brought to a vertical longitudinal plane passing backwards to the inner side of the leg; 4. the foot could be twisted outwards—increasing the deformity considerably—so that a vertical longitudinal plane passing through the great toe, when prolonged backwards, passed to the outer side of the leg surface; 5. there was little or no appreciable movement of the os calcis at the proximal joint.

*Dissection.*—A bursa existed over the external malleolus musculo cutaneous nerve; lay on the anterior face of the fibula, passed downwards and inwards in front of the external malleolus, and divided at the level of the malleolus into an inner and outer division. The inner passed to the inner



side of the first digit and adjacent sides of the second and third toes. The outer passed to the adjacent side of the third and fourth, and fourth and fifth toes, and a branch to the outer side of the fifth toe.

*Anterior Tibial Nerve*—Becomes superficial one inch from base of the great toe, it is distributed to adjacent sides of the first and second toes.

*Internal Saphenous Vein*—Can be traced to the dorsal aspect of the first metatarsal bone and inner side of the foot. It passes up above the sulcus formed by the os calcis and the fibula, and lies along the inner side of the leg.

*External Saphenous Vein*—Lies along the outer margin and dorsum of the foot and the outer side of the leg.

*External Saphenous Nerve*—Lies along the outer margin of the foot and the outer side of the fifth digit.

*Internal Saphenous Nerve*—Lies along the inner side of the foot.

*Internal Calcanean Nerve*—Distributed to the inner side of the os calcis.

*The Plantar Fascia*—Is attached posteriorly to the under portion of the os calcis one-quarter inch from the attachment of the tendo-achillis. The amount of adduction and extension is so great that the plane of the plantar fascia is almost the same as the plane of the tendon inserted into the os calcis.

One inch in front of its posterior attachment the plantar fascia divides into two portions, one of which is continued over the abductor minimi digiti, the other over the inner and middle portions of the sole. The fascia over the abductor minimi digiti is unusually well developed, and is in fact the strongest portion of the plantar fascia; it extends forward to the base of the proximal phalanx where it has its normal attachments and relations. The fascia over the abductor hallucis is comparatively poorly developed and is thin; it is continuous with the fascia over the middle of the sole, but a firm fibrous portion of fascia marks the division between that covering the abductor hallucis and that covering the short flexor of the toes. This thickened band of fascia along the line indicated is very strong and dense; it extends from the common attachment behind to the second digit, and it stands out as a firm fibrous white cord

on attempting to correct the varus. Whilst the middle portion of the fascia is rendered tense in attempting to correct the varus, the outer portion is relaxed. The inner portion of the fascia over the abductor hallucis does not appear to be rendered tense by any manipulation of the foot. On attempting to correct the equinus, both outer and middle portions of the fascia are rendered tense, but more particularly the middle portion.

(The best place to divide the tense band of fascia above referred to, would appear to be one-half inch behind a line drawn transversely across the foot from the base of the fifth metatarsal bone, and in a line with the second toe.)

*The Muscles*—*Extensor Longus Digitorum*.—Origin from anterior surface of the fibula, becoming continuous below with origin of the peroneus tertius, extending upwards beyond the limits indicated in the preparation as it had been cut in the operation for removal of the limb. On the dorsum of the foot the muscle was distributed to the four outer toes in a normal fashion.

*Peroneus Tertius*—Lies in same compartment of the annular ligament with the extensor longus digitorum. The peroneus tertius arises from the anterior surface of the fibula, being continuous with the extensor longus digitorum and lying in front of the peroneus longus. This tendon forms the outermost one on the dorsum of the foot; it passes to the outer margin of the foot and proceeds to its insertion. The outer margin of the foot is so much twisted in, and forming as it does part of the resting surface of the foot, the peroneus tertius is in consequence stretched across this resting surface and pursues a course very similar to that of the peroneus longus in the normal foot across the resting surface of the foot.

*Extensor Longus Hallucis*—Lies in a compartment of fascia at the ankle with the tibialis anticus. These two muscles arise from a common origin, having an extensive attachment to the anterior surface of the fibula internal to the extensor longus hallucis.

*Flexor Accessorius*.—The origin of this muscle is somewhat in front of its normal attachment.

*Flexor Longus Digitorum* and some fibres taken to be the tibialis posticus arise from a common origin posteriorly, immediately internal to the attachment of the peroneus longus on the fibula.

*Soleus*.—An origin from the upper portion of the fibula posteriorly; it is joined by the gastrocnemius tendons and the tendo-achillis tendon thus formed passes to its insertion into the os calcis.

*Peroneus Longus*.—Arises from the posterior surface of the fibula, below and slightly external to the origin of the soleus.

*Peroneus Brevis*.—Arises below the peroneus longus, the two muscles being in line. The tendon of the peroneus longus is small and passes down between the malleolus and the outer side of the os calcis to the base of the fifth metatarsal bone, it then crosses the sole to its normal insertion on the inner side. The peroneus brevis lies in front of the peroneus longus on the outer side of the os calcis. It is an unusually large and powerful tendon, and goes to the fifth metatarsal bone.

*Small Muscles of the Foot*.—Nothing of interest or peculiar was observed with regard to them. They were present apparently in normal relations.

The vessels were not injected, so that it was difficult to ascertain the accurate relations of the deeper vessels and nerves. The ligaments were apparently shortened on the plantar aspect of the foot, and elongated on the dorsal aspect, the shortening was more marked on the inner margin.

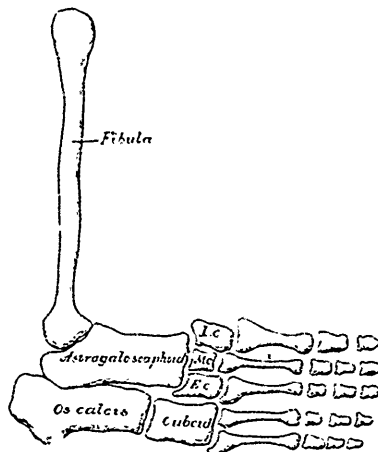
*The Bones*.—After removal of the soft parts the following points were noted concerning the bones:

*Fibula*.—This was the only bone present in the leg. Its general conformation was like that of the normal bone, but the margins were not so sharp, they were somewhat rounded off and there was no interosseous ridge. The upper portion terminated in a head closely approaching the normal condition, the articular facet was not found, although looked for. Below the bone terminated in an expanded portion, which was in shape somewhat like the external malleolus of the normal foot, but was much longer in an antero-posterior direction. An articular facet existed on its inner side of considerable extent, the articular surface for the astragalus being apparently continuous with the articular surface for the tibia. The foot is so completely inverted that the articular surface on the fibula articulates with the superior and to a very limited extent with the internal surface of the astragalus. The foot is in this way turned so that the inner margin

looks upwards and outwards and the sole looks upwards and inwards.

*Astragalo-scaploid*.—The bone which I have referred to above as the astragalus, is in reality both astragalus and scaphoid, the two bones being joined into one. This bone is somewhat elongated in form and tapers somewhat, the larger end being that representing the astragalus. This bone articulates behind with the fibula in the manner described. The os calcis articulates with it below on its inferior surface and the cuboid along its outer surface anteriorly. The anterior face of the bone articulates with the three cuneiform bones. There is no apparent tubercle on the scaphoid.

*Os Calcis*.—Fairly normal in shape. The sustentaculum tali is well marked as also are the tubercles on the under surface. The peroneal tubercle is not distinguishable. The bone articulates above with the astragalus and with the part of the same bone anteriorly which seems to represent the scaphoid. The bone articulates in front with the cuboid.



*The Cuboid*.—Articulates with the external cuneiform and with the anterior end of the scaphoid in front with the third, fourth and fifth metatarsal bones.

*Internal Cuneiform*.—Articulates behind with the scaphoid, in front with the first and second metatarsal bones externally with the middle cuneiform.

*Middle Cuneiform*.—Articulates behind with the scaphoid, in front with the second metatarsal bone, to the inner side with the internal cuneiform bone, to the outer side with the external cuneiform.

*External Cuneiform.*—Articulates behind with the scaphoid, in front with the second and third metatarsal bones, to the inner side with the middle cuneiform, and externally with the cuboid.

The metatarsal bones and the phalanges are quite normal in their number and relations.

## SOME BRAIN LESIONS, WITH RESULTS.

BY DR. DANIEL CLARK, TORONTO.

*Read at the Annual Meeting of the Association of Medical Officers of the Militia, June, 1892.*

The study of the brain in health and disease must of necessity be of absorbing interest to all anatomists and physiologists. Its simplicity of structure, its exceptional arrangements in the circulation of the blood, its congery of ganglia, its peculiar cell aggregations and structure, and its intimate yet distinct relation of grey and white matter, are remarkable.

In its life function it is the organ of the mind. Our relation with the external world and our immediate knowledge of it, are carried on and recognized through this mass of nerve substance. We can predicate the proportion of mental force by the mass, complexity and tone of this mental instrument. Notwithstanding the existence of these important functions which belong to the brain, and as a result the necessity of its healthful condition to make manifest its psychic force, yet there is no organ of the body which can be lacerated with such impunity as can the brain. It is astonishing how tumours can grow and impinge on its domain without producing much disturbance of activity; exostosis may even grow into its substance without being suspected until after death by some other disease.

Abscesses may form because of thromboses or emboli and no functional or mental derangement ensue commensurate with the injury inflicted. It is surprising what pathological conditions may exist, or what traumatic injuries may be inflicted which, reasoning from analogy, would be supposed to prove fatal, and yet the victims of disease or of surgical lesion remain afterward good and useful citizens. On the other hand, an apparently small apoplectic clot finding its way out of a vessel into the brain substance causes coma and death. Irregular heart action or mal-assimilation from

dyspeptic conditions, or an excited uterus, or passing emotion may cause brain derangement and insanity.

A cutting tooth stretching a small section of gum produces infantile convulsions, and as a consequence there may be permanent brain atrophy, idiocy or imbecility. The same results may flow from dysentery, or a severe burn or erysipelas. These causes or occasions of brain disease would seem at first thought to be altogether inadequate to produce such disastrous results, seeing they are external to the brain and not serious in themselves. These apparent anomalies are many, and only experience could certify to them, so exceptional do they seem to be at first sight. It is not, however, my intention to discuss brain lesions in general and the results flowing therefrom, but rather to give a few examples of brain injury, and the slight mental alienation which resulted from these lesions, many of which being of extensive and serious character. Before quoting examples, I may say, that I am convinced that localization of function lies in the base ganglia and not in the hemispheres.

It is impossible to suppose that all this destruction could take place of so-called motor centres without utter obliteration, or at least disturbance of functions, were such centred therein, as claimed by the Ferrier school of localizers.

I will now give a few examples of brain injury, illustrative of these views. The first are culled from the surgical records of the war of the late American rebellion:

Private Hughes was wounded at the battle of Antietam. The hospital reports say that the injury was a perforation of the skull by a single conoidal musket ball entering near the inner posterior angle of the right parietal, and emerging at a higher point of the left parietal, making, after traversing a portion of the brain, a large exit wound. At the time of this extensive injury he dragged himself from the field, but *he did not lose his consciousness*. Eight days after the injury, it is reported the general condition of the patient was good; suppuration had commenced, no febrile action existed, the pulse was regular; sleep not materially disturbed, *mind clear*, and manifested no signs of compression of the brain, or inflammation of its membranes. When the swelling of the

scalp subsided, a prominence of brain substance was found— one inch in height, and three inches in length—in which the pulsation of the arteries could be distinctly observed. Spiculæ of bone came away from time to time, and the tumour subsided within the cranium. On December 20th, 1870, or over eight years after the injury, he was examined by two medical men. Previous to this time he had worked in an iron foundry. His memory remained quite good. He had no paralysis, and it is reported by Drs. Keen and Thomson that it is remarkable to observe the almost entire restoration of his mental faculties, especially in view of the probable deep lesion of the brain, both by the primary injury and the subsequent fungus cerebri.

It will be seen that in this case there was no functional disorder, except that, for a short time at first, "the brain functions seemed clouded." This might be expected for a time.

Private Sheridan was shot through the left temporal region. The missile lodged in the brain and was never extracted. At the close of the war he was discharged—recovered, and received no pension. No functional disturbance.

Corporal Farnum, wounded by a round ball entering the cranium and brain matter. He recovered, and was put on the Veteran Reserve Corps. He was not pensioned. He was none the worse for the wound.

Private Dillon was wounded by a bullet which entered the cranium very near the superior angle of the occipital bone, and had passed anteriorly into the substance of the brain. He lay on the field of battle two days without any attention. After being a year invalided he returned to active service, perfectly well physically, but with the intellect slightly impaired. Afterwards he was mustered out of the service perfectly well, and was not pensioned. The ball was not extracted. After the first shock there was no functional disturbance.

Private Bemis, wounded by a ball entering a little outside the left frontal protuberance, and passing backwards and outwards. It removed a piece of the squamous portion of the temporal bone, with brain substance and membranes. When the patient entered the hospital, brain matter was oozing from the wound. At first, respiration was slow; pulse 40; the right side was paralyzed, and

there was total insensibility. Three days after the injury the bullet was extracted from the substance of the left hemisphere. It was a conoidal ball and badly shattered. He then rapidly recovered, and the report says that in four months and a half afterwards "the mental and the sensory faculties were unimpaired." On October 30th, 1870, he wrote: "I am still in the land of the living. My health is good, considering what I passed through. My head aches some of the time. I am married and have one child. My memory is affected, and I cannot hear as well as I could before I was wounded." These were the only results of this extensive laceration of brain matter. The slight functional disturbance did not correspond with the doctrine of cortical functional centres.

Sergeant Rotherham, wounded at Gettysburg by a musket ball, which penetrated the skull near the right frontal eminence, passed directly inwards and lodged somewhere on the membranes or in the brain substance. The opening through the bone was similar to that made by a trephine, and the track of the ball could be followed on the dura mater with a probe for a considerable distance, as that membrane was detached from its natural connection with the skull. The ball was not extracted. There was no perceptible loss of power, motion, or sensation on either side of the body. There was no arterial excitement. His recovery was rapid, and five weeks after the injury he was furloughed for fifteen days, at the expiration of which time he returned to duty, having suffered no inconvenience from the injury. After this several bones exfoliated, but his mind was not impaired to any perceptible degree. For some time after the wound was received, he was assigned light duty in the Veteran Reserve Corps Hospital.

Lieut. Brown, at the battle of Wilson Creek, received a penetrating gunshot wound of the cranium and brain. The ball was not removed for seven years after the injury, but in a few days after being wounded he was fit for duty. In January, 1871, this officer was on duty as captain in the 13th Infantry.

Private Stallman, wounded at Winchester by a musket ball, which entered at the right temple and emerged at the opposite side of the head. In spite of this serious lesion of the brain, in a few months he was put on light duty. He had no strabismus,

and we are told that, although his mental faculties were slow and uncertain and his memory impaired, he had no hallucinations nor mental aberrations. The year following the injury he was pensioned. No functional impairment except the above mentioned.

Private Haggart was wounded by a conoidal musket ball, which struck the left side of the head, and passing through, carried away a large part of the left half of the occipital bone. At first he became insensible and lost more than an ounce of cerebrum, leaving bare the meningeal artery. Seven months afterwards he was discharged from the hospital. At that time both eyes were dilated, causing dimness of vision, but his intellect was good, and he could read very coarse print. He died four years afterwards, but it is not recorded what was the cause of death. This extensive lesion only produced these slight results.

Sergeant Woodman was wounded by a gunshot missile, which entered above the left frontal eminence and emerged at a point one inch behind the upper margin of the right ear. He was unconscious for several hours. At the wound of exit eight small bones afterwards discharged. He was alive three years afterwards, and it was reported that the organs of special sense and the intellect were unimpaired.

Private Plumly was wounded by a conoidal musket ball, which entered at the inner angle of the left eye, and after passing through the brain substance it emerged behind the left ear. On March 7th, 1867, nearly three years after the wound was inflicted, he was in good health, and a pensioner. The only physical results were obscuration of the vision of the left eye for a short time, the discharge of pus from the orifice of entrance of the ball and through the right nostril and upper part of the posterior nasal cavity into the mouth.

Private Sechler was wounded by a conoidal ball, which struck the os frontis over the right eye and passed into the brain. He not only lived, but returned to duty six months afterwards, and at the close of the war mustered out so well that he did not even receive a pension. The ball was not extracted. No functional results.

Private Samuel D. Solomon was wounded at Bull Run, August 27th, 1862, by a carbine ball which struck at a point two inches behind the tip of the

left ear. The missile entered the brain to the extent of two inches and was not extracted. When struck he fell to the ground, but retained his consciousness. Healthy suppuration followed, and a fragment of bone was discharged from the wound. He suffered from headache, and also from acute darting pains across the base of the brain, from the right temple to the scar of the wound. No paralysis existed, and the functions of the body were generally well performed. He afterwards served in a Washington hospital in the capacity of nurse, and was discharged from service in the subsequent year, with no record of mental unsoundness or functional disability.

Corporal Wood, wounded at the battle of Winchester by a conoidal ball, which fractured the occipital bone and entered the brain. This was September 19th, 1864. He was examined by a Confederate Board, on March 24th, 1865, whose members recommended that he might be employed at some post where the duties were not laborious, showing his mental faculties could not have been impaired to an appreciable degree. No functional results were seen.

Private Sheridan was wounded at the siege of Vicksburg by a canister shot. The missile entered the left parietal bone, immediately posterior to the coronal and three inches from the sagittal suture, passed horizontally inward a distance of two and a half inches and lodged. The ball could not be extracted. He suffered but little inconvenience. The wound supplicated freely, sometimes bled, and small fragments of bone escaped. Six months after, he was placed to work on the levee, and experienced no trouble, except on approach of a storm, when he had a dull pain and sensation of weight. In eight months after the wound was received he returned to duty.

Lieut. Lilycrantz, wounded at Fort Pulaski. The ball perforated the os frontis, over the right superciliary ridge. When first seen after the injury he was vomiting freely, and about a fluid ounce of brain matter had exuded from the wound. A probe, five inches long, glided easily, by its own weight, its full length directly backwards through the wound without coming in contact with the ball. For ten days the patient showed a tendency to sleep, but was easily aroused and would converse freely, constantly wandering, however, from the

topic of conversation. He could, at this time, neither taste nor smell, and hearing and sight were much impaired. He recovered his mental faculties to such an extent as to be employed in Government service at Washington, and died five years afterwards. During this time he articulated distinctly; had no paralysis, but had occasionally slight attacks of epilepsy, but they were becoming slighter as time wore on.

I have culled these cases out of 559 persons who received penetrating or perforating fractures of the skull. These 559 were selected out of 4,350 cases of gunshot wounds of the cranium and its contents. Of that large number many were afflicted with functional and mental disturbance, but in no two cases of similarly injured were there like results.

Dr. Van Peyma gives a record of a singular case in the *Buffalo Medical and Surgical Journal*, December, 1873:

A man, aged fifty, was found comatose and brought to the Buffalo General Hospital. He subsequently was sufficiently roused to give his name and age. He died six days after admission. On *post mortem* examination, the meninges on the right side were found considerably congested. On removing the brain, a collection of pus was found at its base, extending from the medulla oblongata forwards. The lateral ventricles were also found filled with a purulent collection. At this moment, as the incisions were being extended, something was heard to fall on the tray on which the brain was lying. To our utter amazement this was found to be a bullet. The ball, which was of small size and considerably flattened, had been liberated by the knife. The conviction was forced upon us (says the surgeon) that the external opening, through which the ball had passed, had been overlooked during the life of the patient, but our astonishment was increased when, after a careful examination of the surface, no opening could be found. As a last resort, the cranium was examined from the interior; and on the anterior surface, above and a little to the right of the left orbit, was found a fracture of the frontal bone, the internal table of which was extensively fissured. With this as a guide, we again made search for the external aperture, and again failed in finding an opening, but found a discolouration of the skin over the seat of the fracture, of a lead colour, circular in shape. There was not

the least sign of a wound or the slightest scar. The wound, which must have existed, had healed perfectly, and left nothing but this leaden discolouration to show its former presence. The course of the ball through the brain could still be traced by a probe to the place where it had lodged, near the anterior surface of the medulla. The opening in the bone was filled in with a gelatinous material through which tenaculum passed readily. There was no previous history of the case, but it was evident that the wound had been inflicted a considerable time before death; and seeing the patient had not found refuge in a poorhouse, hospital, or asylum, the inference is fair that the intellect had not been much impaired, if any, up to the fatal attack. I am the more ready to think so, from the immunity enjoyed by patients similarly afflicted. There could not have been serious functional results, as he had been able to look after himself.

A somewhat analogous case is recorded by Dr. Prewitt, of the City Hospital, St. Louis (*St. Louis Medical and Surgical Journal*): A man, aged 32, shot himself with a pistol. The ball entered the forehead about an inch and a half above the supra-orbital ridge. He recovered in a little over a month, and *without marked impairment of intellect*. He died eleven months afterwards from erysipelas. No functional impairment is mentioned.

Asst.-Surgeon P. F. Harvey, U.S.A., reports the following case (*vide American Journal of the Medical Sciences*, July, 1879): It is that of an Indian Agency physician who received a Winchester rifle-ball three inches and a quarter above and one inch behind the right external auditory meatus. The missile took a transverse direction across both hemispheres toward the left supra-orbital convolution. A grooved director was easily passed in this track, a distance of five inches, without, however, reaching the ball. The patient did not lose consciousness on being wounded, and complained only of "seeing stars" and of some confusion of ideas. He recovered so rapidly that, after five days of convalescence, he took a journey of ninety miles, in December, in an open buggy, alighting several times to make his way on foot through deep snowdrifts. At the end of this exertion, however, two convulsions occurred, and the wound in the head re-opened. In a short time complete convalescence ensued. Six months

after the wounding the patient travelled across the plains to his home in Indianapolis, and on his arrival reported himself in excellent condition.

Dr. Hopwood, of Ashton-under-Lyne District Infirmary, England, gives, in the London *Lancet*, an account of a case under his care in 1883. A male patient, aged 28, was engaged in removing the centre support of the arch of a brick-kiln, and before he could get out of the way the arch fell, burying him and several others in the ruins. All the bones of the face were crushed in; and among other injuries the coronoid process of the lower jaw was broken off, and there was a depressed fracture of the temporal bone just above the zygoma, from which the brain protruded to about the size of a strawberry. The coronoid process of the lower jaw and the zygoma were removed, the protruding brain matter was shaved off and the temporal bone elevated. Temperature at this time was 99 degrees Fah., pulse 62. The patient was perfectly sensible when brought to the Infirmary, and thought he was only slightly hurt. There was no shock, nor had there been any. The pupils were perfectly regular, and there was no paralysis. There was no mental disturbance at any time, and ten days after the injury he said "he felt as well as ever he did in his life." The injury was inflicted on 30th July, 1879, and on October 14th following, he was quite well and working regularly.

John MacEvoy, of Paterson, N.Y., a lad of 15 years of age, was gathering sawdust in a sawmill in 1880. He had crawled under a circular saw going at a speed of 2,500 revolutions a minute. The saw was twelve inches in diameter, and nine inches of this was under the table. Becoming startled by a noise, the boy suddenly raised his head, bringing it in contact with the saw. The saw had made a clean sweep from the upper part of the frontal bone to the right side of the nose. The right upper eyelid was completely severed, but the eyeball were untouched. The cut was three-sixteenths of an inch wide, and the edges of the wound were smooth. The boy was able afterwards to walk, and told how the accident had happened. He appealed to the physician to save his life, saying that he did not want to die. During the dressing of the wound the boy straightened up several times, and the physicians

were obliged to tell him repeatedly to lie still. He obeyed as readily as a well person would, and understood what was required of him. He took in his hand a glass of whiskey which was given him, which he drank without assistance. The accident happened on Monday; and during the week his intellect remained unimpaired until Saturday, when convulsions set in and he died. No *post mortem* was allowed by the parents, so the exact extent of the injury could not be ascertained. Taking the extent of the surface wound as a basis of conjecture, or, speaking mathematically, as the segment of a circle, the deepest serrated rim of the saw must have entered at least two inches into the skull and brain together. The cut was as clean as if done with a sabre, and was no doubt done almost as rapidly. Towards the end, paralysis set in; but, strange to say, the medical men differed as to which side or limbs were paralyzed. No functional impairment was seen until the boy was dying.

Dr. Quin, the Chief Surgeon of the hospital where the boy lay, gives another case which came under his notice years before. There was a boy named Murphy who fell out of a window of considerable height upon the curbstone in the street. He struck it with his forehead. When he was picked up, more than a teaspoonful of brain matter oozed out of his head. He got well, physically and mentally, and lived to be 22 years old, although he was only 5 years old at the time of the accident.

Of another case the doctor says: "There is Joe Murphy. You may see him almost any day walking round the streets here. He is lame and drags one foot a little. One day, in 1864, I was going along the street, when some people came running after me. I went into a basement and found Joe Murphy had been shot in the right eye two minutes before with a bullet 38'900 calibre. I probed the wound and found the bullet flattened against the back of his skull. It is there yet; but Joe got well, *and his mental faculties are unimpaired*. I've been intending to make a *post mortem* examination of his head, but I begin to think the old man will outlive me."

In the *Canada Lancet* of April, 1872, Dr. T. R. Dupuis, of Kingston, Ont., states the case of a boy who had been injured by a fall from a horse while

going at a rapid rate. The lesion was a compound fracture at the middle of the superior portion of the left parietal bone, with considerable laceration of the brain. The broken piece of bone was nearly an inch and three-quarters long, three-quarters of an inch broad at one end, and three-eighths of an inch at the other. One edge of this piece was driven down into the brain in such a manner that its surfaces occupied a position perpendicular to their original situation, while the other edge remained in situ, being still attached to the solid bone by the dura mater, which formed a sort of hinge upon which the fragment turned. The history of the case states that the injury had been inflicted by the sharp edge of a stone. After exploring the wound with the points of the fingers—which passed in readily to the depth of half an inch or more—the fragments were extracted by means of forceps. Nearly a tablespoonful of brain substance was lost. At first, the patient was comatose. This state continued for two days. At the end of the second day he had lucid intervals. On the third day consciousness began to return, and with it voluntary motion. At this time the wound was discharging disintegrated brain matter, mixed with grumous blood and pus. Thirteen days after the accident the delirium was gone, but the mind was fickle and temper irritable and capricious. Without entering into the whole history of the case as given, it may be said, the doctor adds, that a month after this lesion had taken place all effects of this severe injury had passed away, except a slight puffy appearance about the face, a little clumsiness in his movements, and some irritability of temper. Since that time, he became as healthy and strong as ever he was. The patient was closely watched during the course of his illness, but the doctor failed to detect any morbid manifestations that seemed to indicate injury to any distinct phrenological development.

It will be seen that no disturbance of functions took place commensurate with the injury, nor were they such as would be expected by the school of surface localizers.

In the Montreal Hospital Reports for 1879, we have two cases recorded. This first is a case of a wound inflicted by a swiftly-revolving circular wood-saw. It produced serious lesion in the cen-

tral part of the first and second frontal convolutions on the left side. The skull wound extended in an oblique direction from above the outer angle of the left orbit across the frontal, through the anterior superior angle of the right parietal and terminated about the centre of this bone. It had penetrated through the membranes, and at the central part the brain substance was lacerated and exposed and could be seen pulsating. The *post mortem* revealed a large rent extending from the longitudinal sinus downward and outward to a point a little anterior to the beginning of the fissure of Sylvius. The central portions of the first and second left frontal convolutions were completely destroyed. The patient was unconscious for about ten minutes after the accident, but when taken to the hospital became *quite conscious* and at that time had no paralysis; nor are we told that either one or the other supervened before death, which took place two days after the accident.

In the same Hospital Reports, the history of a second case is given: A young man, aged 22, was accidentally shot by the discharge of a pistol. The bullet entered the skull above and a little in front of the right ear. From the first he was perfectly conscious, *not paralyzed*, and gave a rational account of how it happened. A probe was inserted into the wound, and it passed freely into the frontal lobe in the course of the bullet. Pulse 60; no elevation of temperature. The accident happened March 8th, 1882, and he died of consumption, August 12th, 1882, following; but between these two periods there was no unusual mental disturbance. Without giving the details of the autopsy, suffice it to say, that the bullet entered the brain substance in the right inferior frontal convolution, just in front of the ascending branch of the Sylvian fissure. From this point the course of the bullet was upwards and forwards, passing out at the inner surface of the frontal lobe and lodging between the brain substance and the falx, where it lay surrounded by a firm membrane. A firm membranous canal marked the course of the bullet, and the brain substance about this was somewhat softened. This extensive destruction of brain tissue did not disturb the mind.

M. Flourens, of Paris, some years ago, experimented on animals, not only to show the curability of brain substance, but also to demonstrate how



much brain tissue can be injured without the untoward physical and mental results formerly apprehended and dreaded. He trepanned the skulls of dogs and rabbits, made a small opening through the dura mater into the substance of the brain, and then put bullets into the wound. These bullets gradually penetrated through the cerebral matter by their own weight. When the ball was small, he found that the whole thickness of the lobe of the brain, or of the cerebellum, might be traversed by it without occasioning any symptom or disturbance of function. The fissure made by the passage of the ball remains for some time as a canal; it then closes up and cicatrizes. (*L'Union Med.*, 1863.)

Dr. Thomas Smith, Surgeon to St. Bartholomew's Hospital, London, gives, in the *London Lancet*, an interesting case in which the patient made a good recovery without loss of mental or physical power. A man, 35 years of age, shot himself with a revolver through the head. The bullet passed in at one temple and out at the other. Half an hour after the accident the pupils were found to be natural, pulse feeble, and respiration natural. The patient was quite conscious, and answered questions correctly concerning his name, age, and address, and of his own accord. He was an educated man and spoke in German, but when addressed in either French or English he would reply in the corresponding language. He showed no signs of mental incapacity, nor was there any loss of motor power. He vomited a good deal at first, and at that time blood and cerebral substance were forced from the wound in the right temple. For several days he became quite irritable and had a few delusions, but no functional deprivation. On the forty-third day after the wound was inflicted he became quite well. At first a probe was passed its whole length into the wound and across the head without meeting the slightest resistance. At first the special senses were very slightly impaired; but all recovered their tone before he left the hospital, except the sight, which was slightly impaired. As regards the course of the bullet in this case, Dr. Smith says: It is certain, from the position of the apertures of entrance and exit, that it entered the outer surface of the anterior lobe of the brain, a little above the level of the highest part of the roof of the orbit, and that it emerged from the left anterior hemisphere

at a spot rather further back and at a slightly higher level. From the large effusion of blood in both orbits, which so rapidly followed the injury, there is reason to believe that in its passage across the skull the bullet fractured the roof of both these cavities. From the free and persistent epistaxis, it is probable that the cribriform plate of the ethmoid, or some part of the roof of the nasal cavity was broken into, while there was evidence, from the symptoms, that the olfactory bulbs did not escape disturbance or injury. It may be said that there is no direct proof that the left hemisphere of the brain was wounded at all; that the bullet may have run over the roof of the left orbit and up the inside of the skull to its point of exit from the bone. The surgeon is sure, however, that the probe traversed without any sensation of resistance, both hemispheres, and one would think it impossible that a bullet of the size and weight indicated, after passing through one side of the skull, could have knocked a piece of bone clean out of the opposite side unless it impinged upon the inner surface of the bone in a direct line. As further proof, pulsation and respiratory movements were observed in the blood tumour over the aperture of exit, and these were so forcible as to indicate that the interior of the brain was in direct contact with the ecchymosis. It is certain that the part of the hemisphere that was damaged was the anterior frontal portion just above the orbits. Has this part any functional centre? If so, where is the evidence of its being necessary, seeing that both frontal lobes were injured seriously, without any immediate results in proportion to the lesion inflicted? Is this an organization put in more to fill up than to be of use to its neighbours? I had the impression Nature had no garret filled with useless furniture. Some functional centres must have been badly broken up by this destructive intruder.

About seventeen years ago I was called to visit a boy, aged 13, who had been kicked by a horse. A section of the skull was crushed in on the right side, near the median line, in the upper part of the frontal and parietal bones. One of the nine pieces fractured and detached from the surrounding bone had been driven into the substance of the brain, over an inch, in a perpendicular direction. The membranes were lacerated very much and brain substance, within a few grains of an ounce in

weight, protruded through the wound much broken up, some of it hanging down upon his cheek. At the time I first saw him he was comatose. I extracted the bones, cut away the ragged edges of the membranes and the lacerated brain substance. Consciousness returned immediately. His temperature remained normal; his pulse did not rise at any time above 96. He did not lose a night's sleep nor a meal after the evening of the accident. No febrile symptoms intervened. There was no paralysis, nor perversion of any of the organs of special sense. There was no difficulty in speaking. A large cavity remained. He afterwards went to school to the same mistress as before, and she informed me that with the exception of a certain irritability of temper when thwarted (which he did not possess before), he was as intelligent as ever, and could learn his lessons with the usual aptitude. This was especially noticeable in mental arithmetical exercises. He was under my observation for several years after the accident. After he was aroused from his comatose condition, consequent on compression, his special senses were unimpaired; his locomotion and grasping power normal; and his bodily health good in every particular.

#### A DOG WITHOUT A BRAIN.

At a meeting of the South-West German Neurologists in Baden Baden, on the 26th of May, 1889, "Archiv für Psychiatrie," xxi. Band, 2 Hefte, Dr. Goltz gave a report of his observations on a dog from whom he had removed both hemispheres with the scissors. The animal survived the last operation fifty-one days, and died of pneumonia. From the preparation which was shown, it appeared that the whole of the cerebrum had been removed, with the exception of two symmetrical small pieces of gray matter at the base, belonging to the middle of the gyri hippocampi and some brain substance between the optic tracts and the crura cerebri. The corpora striata was also gone. The optic thalami were much injured and softened on their lateral surfaces. The rest of the thalami was covered by what seemed to be the remains of the corpus callosum and fornix. The cornua ammonis were wanting on both sides. The corpora quadrigemina were found to be uninjured, but spread out and softened. The pons Varolii and medulla had not the same firmness as in a normal brain.

The left pyramidal tract was much smaller than the right. The left brain had been removed 263 days before the animal died. The cerebellum was injured. It is questionable whether the remains of the gyri hippocampi had any physiological connection with the stump of the crura cerebri. On the whole, one can fairly say that this dog, for the last fifty-one days of its life, possessed no brain at all. Nevertheless, after this deprivation the animal did a number of things for whose performance, according to the opinion of most physiologists, the cerebrum is absolutely indispensable. A few hours after the last operation, the dog was not only able to stand and walk, but he raised himself upon his hind legs, and put his fore paws upon the edge of the chest in which he found himself. Though he was unable to eat or drink, he chewed the food which was put into his mouth. The alternations of sleep and waking succeeded one another as in a normal animal. Before the time of feeding he was always restless; when satiated with food he became quiet and fell asleep. He could be waked out of his sleep through touching any part of his skin. He then opened his eyes and stretched himself like an animal awaking from sleep. If one put his legs in an inconvenient position, he immediately resisted it by a counter movement. He could whine, growl, bark and howl. He did not appear to be affected by sounds, and could not have any sense of smell, as the paths of conduction from the olfactory nerves had been cut.

Here by one fell swoop were cut away the so-called cortical areas of specific functions, and nothing left inside the cranium but fragments of some of the basal ganglia and the medulla oblongata, yet bodily movements of specialized kinds were made without these centres.

These examples might be indefinitely extended. Medical literature is full of evidences of destruction to the brain matter of the cerebrum and cerebellum without any serious impairment of mental power or physical functions. Let a brain be taken, and wires passed through it to indicate the course of the missiles in these cases I have mentioned, and it will be seen that brain substance has been injured in almost every conceivable direction, yet with no results at all commensurate with the lesions inflicted. If these parts are motor centres, then have we the miraculous phenomena

of organic operations without an organ; of varied and distinct functions without a motive power; of uniform results without an efficient cause. Were we even to consider the brain a dual organ the difficulty would remain, where corresponding sides are simultaneously injured. In all the dual organs of the body we find sudden injury to one is always followed by imperfect work in its fellow until time is given to allow provision to be made for the extra labour imposed. When we find no impairment in function consequent on destruction of *one* so-called motor centre, we are led by uniform analogy to doubt a doctrine so anomalous and contradictory. At least, it is better to receive with caution a theory which is being accepted, based upon exceptional examples, which do not account for the physical results, except in isolated cases. The mental effects seen, as consequent upon brain injury, would prove too prolific a theme for present investigation.

#### A PREDISPOSING CAUSE OF HAY FEVER.

BY R. SHAWE TYRRELL, M.D., TORONTO.

*Read before the Ontario Medical Association.*

*Mr. President and Gentlemen,*—This paper which I am about to read to you on Hay Fever has been prompted by a personal experience of the malady, extending over a period of sixteen years, and although I ought to be able to write somewhat in detail on this subject, inasmuch as experience is in many cases the best master, I feel diffident in expressing a theory upon what might be considered insufficient grounds; yet because there has been so much want of unanimity in the treatment of this affection, and so much loss incurred yearly by the enforced absence of ourselves or our patients from professional or other work, not to speak of the personal annoyance occasioned by the disease itself, I consider that I am justified at any rate in stating my views to you, and in doing so to endeavour to elicit information regarding this troublesome autumnal catarrh.

I myself have enjoyed no immunity by medicinal measures from the regular recurrent attacks until the year which has just passed; in other words, I have had my annual attacks with pitiful regularity for a period of fifteen years and finally succeeded in missing a season. I do not wish to place too

much importance upon this fact, inasmuch as I am aware that one swallow does not prove the existence of summer, but I hope that you will be able to acknowledge that at least my theory will apply to a considerable number of cases, and if so, I will feel that I have been the means of conveying some small amount of benefit to my fellow-practitioners.

And now, proceeding to state my views without any discussion on the literature of the subject, and having regard to no theory, however plausible, that has, so far as I know, been advanced, but speaking simply from what has fallen under my own observation, I would at once call your attention to what I consider to be the most important predisposing cause of hay fever, excluding altogether from this paper all other causes. The cause I refer to is Lithæmia, and in discussing this as one of the causative agents in the production of this disease, it will perhaps be as well to simply enumerate the causes of Lithæmia, and then to consider these in reference to hay fever. Now, the three causes which have been assigned as occasioning this imperfect oxidation of nitrogenous matter in the liver, resulting in the production of insoluble lithic acid and lithates, are an excess of food, want of exercise and derangement of the liver and kidneys, any or all of which conditions will bring about this excess of lithic acid, which in circulating through the blood produces symptoms that are of a very unmistakable character and which I have recognized as being present in a considerable number of cases of hay fever that has fallen under my observation.

Then again, defective action of the kidneys, either from functional disorder or organic disease, has the effect of retaining in the system the lithic acid or lithates which may have been encreted by the liver in normal quantity, and hence you will have the same effects produced, viz., those disorders of digestion which are so common in everyday practice; but, if lithæmia is so common, you may ask me how it is that hay fever is not so also, to which I would reply that it is simply one of the manifestations of this lithic acid and its salts.

It will frequently be observed that one son of a gouty father will develop bronchitis, while another will inherit his parent's disease, and if gout and bronchitis are so closely allied, is it unreasonable to suppose that this (hypersensitive) condition of the nasal mucous membrane may not be due also to

lithic acid, provided, of course, that these patients suffer from other symptoms which point to an excess of this acid in the blood?

I think that it will readily be admitted that hay fever patients have a more or less tender condition of the nasal mucous membrane all the year round, although in some more than others, and this sensitive condition you will notice to be frequently aggravated at any season by some excess in diet or in attention to the functions of the encretory organs. How often do you observe a so-called "cold in the head" as a consequence of one's indiscretion in diet, and I think that it would not be inferring too much to say that if to this cold be added certain conditions of the atmosphere, we might expect at least that the patient would suffer from a more or less aggravated attack of nasal catarrh. I have stated that an excess of food was one of the causes of lithæmia, and have drawn an inference that it also was one of the causative agents in the production of hay fever, and although this in the main may be true, yet I think it would be well to qualify the statement by the remark that an excess of some kinds of foods, or even some varieties, in any quantity, will provoke or increase this sensitive condition of the mucous membrane of the nasal passages. It would be going too much into details to discuss food of all kinds in this paper as it relates to my subject, and it will be sufficient for my purpose to state that I have found those varieties of food which provoke symptoms of lithæmia all the year around, are highly provocative of attacks of sneezing during the hay fever season.

I have mentioned a sedentary life, or want of exercise as a cause of lithæmia, and of them all I think this one holds a prominent place, for proper disintegration cannot go on in an inactive body, neither can elimination of the waste products of the system take place satisfactorily, which being granted, I have frequently observed during active and steady exercise in the hay fever season, that I would be almost entirely free from the distressing affection. One year I remember having made a somewhat lengthy canoe trip, using the paddle myself, and in this way obtained almost complete immunity throughout the entire time, although the district in question was by no means one in which the atmospheric influence was favourable, and I have found on numerous occasions that the prostra-

tion which is so pronounced a symptom with many persons gradually gives way under the influence of forced exercise.

I have now referred shortly to food and exercise in relation to hay fever, and it will only be necessary to mention the third and last causes of lithæmia, viz., an inactive liver and kidneys, resulting either from organic disease or functional disorders, and I have frequently observed that the symptoms of hay fever may be considerably modified, and distress mitigated by promoting an increased action of these organs, and hence I think it not improbable that defective disintegration of albuminous substances in the liver as well as some defect in the eliminating power of the kidneys may be responsible to a certain extent for the occurrence of this affection.

It has been well established that gout is hereditary, it has also been made manifest that disordered conditions of the liver descend from father to son, and it has more recently become evident that hay fever patients beget children who have a strong tendency to their parent's malady. This is no proof in itself that these disorders are due to the same cause, but it is, to say the least, a straw pointing to the direction of the wind.

And now as we are sometimes able to diagnose certain conditions by the treatment adopted, the inferences which I have taken the liberty to draw, that lithæmia is a causative element in hay fever, may be verified to a certain extent, by my method of treatment which I will proceed, in as few words as possible, to place before you.

I myself being of a lithæmic habit have had frequent opportunities, at all seasons, of testing different drugs with a view of combating this lithic acid, and before mentioning the particular medicine which I have found of most value not only in the more common symptoms of lithæmia, but also in hay fever during the past season, I may merely refer to some of the classes of medicines which are frequently prescribed, and—to make a pretty bold statement—I have found no benefit from any of the neurotics.

Stimulants are of a very evanescent value, and on the whole are better avoided inasmuch as the reaction which follows them is accompanied by great depression.

Tonics I have found of very doubtful benefit,

although they ought not to be entirely discarded in many cases. Mercurial cathartics are of considerable value in all the cases of lithæmia that have come under my notice, and the remark applies also to hay fever, but, inasmuch as it is difficult or impossible to administer them daily, I have not been able to obtain anything like complete immunity from the catarrh, although I have often experienced decided relief by their employment. Diuretics and diaphoretics are of especial value, not only in the more common manifestations of uric acid but also in hay fever, and claim more than a passing notice, especially when they also combine the property of a purgative, for it was by a medicine of this class that I succeeded in avoiding an attack during the month of September last. I refer to the salicylate of soda, which acts with me as a laxative, diaphoretic and diuretic when taken at the proper time. I may say that I have used this drug for several years, occasionally, to combat lithæmic symptoms and always with the happiest results, so that it was not unnatural that I should have been led to try it for the relief of autumnal catarrh. I accordingly, two years ago, took a dose of about 20 grains on retiring every night, which had the effect of relieving the symptoms very materially, in fact to such an extent, that I escaped the cough which had on previous years always commenced about the 10th of September and continued for a month or longer. I may remark in this connection, however, that this dose taken at night did not act as a decided laxative, but had the effect of a powerful diaphoretic and diuretic.

Last year I commenced the drug on 20th August, being a few days before the time when my attacks commence, and instead of taking 20 grains at bed, time I took about 15 before breakfast every morning; this had the effect of a mild purgative, besides being diuretic and diaphoretic in its action, and by this means I think that I succeeded in eliminating the excess of uric acid from the system, or at all events, I succeeded in escaping an attack of hay fever. I do not wish to maintain that this dose would be a suitable one for all patients, as I know it would not, neither do I think that one dose in the day would be sufficient for many patients, but I place considerable importance on the fact that if taken before breakfast the best results are obtainable.

It may be urged that the skin does not eliminate uric acid from the blood, but, if this be the case, diaphoresis would in another way have a salutary effect, by preventing congestion of the liver and kidneys, and thus in reality assisting their action, and I may conclude by saying that I think it is not outside the bounds of probabilities that the successful treatment of the more common forms of lithæmia and hay fever being identical, the causes, if not the same, are more or less closely allied, and hence we may have this abnormal condition of the blood, as represented by some writers, explained in the way which I have endeavoured to elucidate.

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### NARCOLEPSY.

BY A. JEROME HARRINGTON, M.D., M.R.C.S. ENG.

*Narcolepsy*, as a disease, stands midway between *epilepsia minor* and *lethargy*. It differs from *epilepsy* in the fact that the attacks are of shorter duration and has no prodromic symptoms. From *lethargy*, that in the latter there is unconsciousness, irresponsiveness of the senses to stimuli and a fixed position of the muscles (*flexibilitas cerea*). *Somnambulism* somewhat resembles *narcolepsy*, but in the former the patient is in a condition of half sleep in which the senses are but partially suspended. Its *ætiology* is obscure, but from my observations of the two cases here recorded, I am of opinion that its causation may lie in liver torpor.

*Case I.* This case I saw while a student with Dr. Arthur Jukes Johnson, and to whom I am indebted for the history. Boy, age 11, healthy appearing; father, a nervous, excitable man; mother, hysterical; one brother and two sisters quite healthy. This lad slept well at night, but would go to sleep at any hour of the day, or in any position: would remain asleep for four or five minutes, wake up and be perfectly natural, could always be aroused by shaking and would then be perfectly wide awake; on several occasions he went to sleep while eating his meals; he had no voracious appetite, and his mother could always prevent him from going to sleep by rousing him suddenly when she noticed it at its onset. Friends of his mother suggested that he must have a tape-worm, so she consulted Dr. Johnson, and he expressed his opinion that it was a case of *narcolepsy* and gave the following prescription:

Ry

Liq. Pot. Arsenit ..... ʒiiss  
 Tr. Cinchona Rubræ..... ʒiili  
 Syr. Aurantii ..... ʒiiss  
 Aq. ad. .... ʒiv

ftm

ʒi ter in die.

He improved on this mixture and continued to improve until about a year after, when he passed out of his notice. During the time he was under Dr. Johnson's care he did not take his mixture as regularly as he should, and I may mention that the amount of arsenic was gradually but slowly increased.

*Case II.* A young lady, age 24. I first saw her last January, when she gave me the following history: For about a year she had what she called "sleepy fits." No matter where she was, if everything was quiet, she was sure to go to sleep. She could almost always throw it off with an effort, but of late it seemed to be getting more disagreeable to her. I may mention these transient attacks were accompanied by the most vivid dreams. I gave her arsenic and tincture of bark, but she received little benefit from it, so I requested her mother to carefully watch her and explain to me as exactly as she could, whether the girl turned pale, whether she pressed her thumbs into her palms, or if there were any muscular twitchings; her mission was soon completed, for the attacks occurred daily, and as a result she was only able to tell me that her daughter slept as peaceful as a baby. I then gave her the following prescription, having an idea that liver torpor was the cause of the attacks.

Ac. Nit-Mur. Dil. .... ʒv  
 Tr. Nucis. Vom. .... ʒiiss  
 Glycerinæ ..... ʒvi  
 Aq. ad. .... ʒviii

ftm

ʒiis three times a day.

She has taken this mixture very regularly since, with the exception of a diminution in amount of nux. vomica, and is still under treatment, much improved, so much that she is satisfied that she will soon be entirely free from her malady. One point I forgot to mention, she could always be aroused by shaking and she had no aura.

## RARE CASE OF FOREIGN BODY IN THE NOSE.

BY MURRAY M'FARLANE, M.D., TORONTO.

Mrs. A., wife of a Toronto merchant, recently consulted me; she gave the following history: The previous day, feeling a slight irritation in the nose, she began to pick it with an ordinary sized pin, which immediately excited sneezing. During the first inspiratory effort the pin escaped from her fingers and was drawn into the nasal passage, causing great pain and further sneezing, each paroxysm giving rise to a severe pricking sensation.

After many unsuccessful efforts to dislodge it herself, the family physician was sent for; but, being absent from home, she went to a specialist who, after an examination, not finding the foreign body, concluded that it must have escaped unnoticed.

The discomfort continuing, however, she was brought to my office the next day, and I found upon examination a condition of acute rhinitis, the parts being so swollen that anterior rhinoscopy gave negative results; the throat was so irritable that no posterior examination could be made. I applied a 2% solution of cocaine to the parts, which in a few minutes caused great retraction of the nasal tissues, and relieved the pharyngeal hyperæsthesia, permitting both anterior and posterior nasal examination to be made with facility.

Nothing could be seen of the pin, however, although the cavities were flooded with light by means of a small electric light introduced into the nares, and also by means of the usual head mirror.

The parts were probed with the same unsuccessful result, and I was about to desist, thinking that the pin had escaped, with only the sensation remaining as is frequently the case. The patient, however, being positive in her assertions that it had not done so, I took a probe and searched once more; finally, in the upper part of the passage, almost in a line with the superior meatus, entirely out of view, I touched something imparting a metallic sensation to the probe, whereupon I introduced a pair of nasal forceps, and after one or two unsuccessful efforts, grasped the body, and attempted to displace it, but I failed to do so, the instrument having slipped, and the parts becoming obscured by blood. At last I used a

stronger pair and moved the body to and fro, and finally had the satisfaction of seeing the pin emerging from the mucous membrane, where it had been imbedded for more than half its length, with the point directed forward, probably having been forced in by the convulsive act of sneezing.

The peculiar points in connection with this case are (1) The almost inaccessible position of the pin, and, (2) The fact of its being buried beneath the mucous membrane for over half its length with the point forward. After cleansing the parts with Seiler's solution, a spray of *Ol. Eucalyptol* and *Benzoïnol* was ordered, the patient experienced no further discomfort.

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### Selections.

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#### ON DILATION OF THE UTERUS, AND THE TREATMENT OF SOME OF THE COMMONER FORMS OF UTERINE DISEASE.

BY LOMBE ATHILL, M.D.,

*Ex-Master Rotunda Hospital, Dublin.*

The wonderful advance that has been made in abdominal surgery within the last few years—an advance which in no small degree has been due to the efforts of gynecologists—while conferring the greatest benefits on mankind, has had this disadvantage, that in every appreciable degree it has diverted the attention of the students, and, indeed, that of many of the practitioners, from the study of those ailments which are of common occurrence amongst women, and are the cause of so much distress, and directed it too exclusively to those which are curable by surgical means only. Abdominal surgery is most fascinating, and it is easy to understand how pupils rush to see the skilful operator perform an abdominal section, and practitioners endeavor to imitate him; but after all, it is granted to but a comparatively few to have the opportunity of performing these often most difficult operations, while, no matter whether specialists or engaged in general practice, all will constantly be called on to treat those other numerous ailments which are so peculiar to women, and which, although they may be looked upon as of less importance, are often the cause of the greatest misery to the patient.

When I commenced my professional career, gynecology as it is now understood did not exist; and even when first attached to the Rotunda Hospital as assistant to the Master, I saw nothing of uterine disease, and it was not till the teachings of Sir James Simpson became generally known that any systematic attempt to study and teach the treatment of those diseases which are peculiar to women was attempted, not alone in this city, but throughout the whole kingdom. To him mankind are deeply indebted; but for him the general use of anæsthetics would have been delayed for years; and it was he who prominently brought forward the practice of dilating the uterus, and taught us that its interior could with safety be thoroughly explored.

Dilatation of the cervix—not alone during parturition, but sometimes also under other conditions—is a natural process, and when conducted artificially, nature should as far as possible be imitated. . . . .

In the early years of my practice I was much opposed to the use of the curette, and termed it in one of my lectures "an unscientific instrument," and, doubtless, it is so, and I objected to its being used unless the finger was first introduced, and the part to which it should be applied by this means ascertained; but I am now prepared to retract this expression of opinion so far as to say that, in the majority of cases, it may be employed without dilating to the extent needed for this purpose; but it is much more satisfactory to have explored the condition of the cavity, and I have more than once regretted that I had omitted to do so. Still the temptation to shorten the proceeding, and with it to lessen the chance of injuring the patient, often induces us to use the curette at as early a stage as possible. The curette used should not, however, be too small—to use such a one is a great mistake; these miniature curettes are nearly useless, and the facility with which they can be employed induces some practitioners to use them freely, sometimes in the study, and even without the patient's knowledge. This certainly is wrong, and is calculated to injure the patient as well as to bring discredit on a very useful instrument.

But the use of the curette alone should not be relied on. It has to be used to a great extent by guess; at one moment we find that we remove

with it perhaps a large portion of thickened and unhealthy mucous membrane, and the next time we withdraw it we find we have removed nothing but some shreds of unhealthy tissue, so that it is not alone possible but probable that portions of the unhealthy surface may escape the action of the instrument; I therefore always adopt further treatment. Formerly I applied the fuming nitric acid at once, and often with marked benefit, and never—since I introduced the use of the vulcanite cannula to protect the cervical canal—with any disagreeable results. But I now very seldom adopt that treatment, because, if used immediately after curetting at the time when the acid is easy of application, the bleeding from the surface of the cavity is generally so free that it neutralizes the action of the acid; and if used some days subsequently, you have generally to pass the probe which carries up the cotton saturated with the acid through so small a cannula that only spots of the surface of the endometrium are cauterized. I therefore now almost invariably inject into it, after the lapse of about three days, a small quantity of iodised phenol, using for this purpose one of Baun's syringes. As I have for the last ten years adopted this method with very satisfactory results, I can speak of it with confidence.

And here again I have to recant an opinion I expressed in some of my former writings. If I formerly objected to the curette while now I advocate its use, I still more strongly objected to the injection of fluids into the cavity of the uterus. Now, as the result of careful observation and lengthened experience, I practise this very treatment which I formerly condemned. Indeed, few days elapse in which I do not inject into the endometrium some tincture of iodine or iodised phenol, or wash it out with a weak solution of carbolic acid, hazeline, boracic acid, or some other fluid, with the best results. The quantity I inject at first varies from five minims to thirty, increasing it to a drachm if it be well borne. But this practice cannot be rashly undertaken or be unskillfully carried out without risk to the patient. In careful hands, however, it is quite safe.

The cause of this change of opinion on my part is easily understood. My objection to the practice was theoretical. I now advocate the practice which formerly I condemned because I have

proved it to be safe as well as efficacious; but to carry on the treatment safely two things are essential: First, that the os uteri and the whole length of the cervical canal be sufficiently patulous, so that the fluid injected can escape freely and without delay; secondly, that the quantity of fluid injected be small in quantity, especially on the first occasion. Unless the cervical canal be abnormally patulous, about five minims only should be at first injected, the quantity to be subsequently gradually increased if it is found to be well borne, but a drachm is the maximum I ever inject of any fluid, and seldom, indeed, more than fifteen or twenty minims. The larger the quantity the greater is the danger of its causing trouble, and the quantity much more than the quality of the fluid injected is to be considered. I have met with cases in which very severe pain has followed the washing out of the uterus with a weak solution of carbolic acid, and even with tepid water, when I had injected a larger quantity of the fluid than I had previously done, while no pain of any importance was experienced by the same patient when a small quantity of the strong iodised phenol had been used.

The first patient on whom I practised this treatment was a lady, who, having passed the climateric period, was attacked with profuse hæmorrhage; I dilated the uterus and removed a mass of soft shreddy membrane, of which a portion seemed to have been hanging into the cavity. I feared that it was malignant, and had it examined with a microscope, but nothing definite could be detected. This lady rapidly improved, was quite well for six months, then the hæmorrhage returned more profusely than before, indeed it was on this occasion so alarming that she was almost pulseless before it could be restrained by plugging. I again dilated, and now found the uterus filled with a soft pulpy mass, undoubtedly malignant. Were I to meet with such a case now I would extirpate the whole organ, as I have since done with success, but abdominal surgery was not then in the advanced state it now is, so I contented myself with carefully removing with the curette every portion of the diseased surface, and subsequently injecting about 15 or 20 minims of iodised phenol once a week regularly. I was forced to do this, for the hæmorrhage soon showed signs of recurring, but



the injections kept it in abeyance. I continued this treatment for upwards of two years, and though the patient slowly lost ground and finally died, the hæmorrhage never once recurred to an alarming degree, and I have no doubt but that life was prolonged for a year or more in consequence of this treatment. But it is not of its use in such cases that I am now speaking, in them hysterectomy should be performed, but its good effects in this one encouraged me to try it in others. And I soon found it applicable to a variety of cases.

The fluid I usually employ is the iodised phenol as recommended by the late Dr. Batty. It is made by dissolving one part of pure iodine in two parts of carbolic acid by the aid of a gentle heat, a small quantity of methylated spirits should then be added to keep it sufficiently thin for use; the effect of this when injected into the cavity is to cause the surface with which it comes in contact to shrivel up, and in a day or two to peel off, in fact it acts primarily as a mild caustic: some of the iodine no doubt is also absorbed and many patients complain of the taste of the iodine in the mouth. In cases therefore in which there is reason to believe the lining membrane of the uterus to be unhealthy, and where the symptoms are not sufficiently grave to induce us to decide on dilatation and curetting, the injection of the iodised phenol is indicated. I have also on several occasions employed it when patients for some cause could not or would not submit to curetting, and in a considerable number of them found it effected a cure, or at least be productive of marked benefit.

In two cases in which menstruation continued to be so profuse some months subsequent to abortion, at an early period of pregnancy, and the uterus remained so large and soft as to lead to the belief that a portion of the membranes might be retained, the injection has been followed by the expulsion of a mass which I believe to have been the remains of the ovum shrivelled up by and then expelled, in consequence of the action of the phenol. In both these cases recovery was perfect without further treatment.

In all cases in which I dilate and use the curette I inject the iodised phenol several times, at intervals of from four to six days according to the nature of the case, commencing on the third or

fourth day after the operation. I have several times been consulted by patients who have been curetted without deriving permanent benefit therefrom, and believe that this has been in general due to neglecting to adopt this practice or some such self-treatment, and I have generally found, if the interval since the operation has not been very long, that the injections of the iodised phenol succeeds in effecting a cure in them.

The number and frequency of the injections must vary with the nature of each case, and therefore must be decided by the practitioner at the time, but it is necessary to bear in mind the fact that the first, and possibly the second, injection is often followed after the lapse of a few hours by some bleeding. This is specially the case if the curette has not been previously used, and it is probably due to the action of the phenol causing the superficial layer of mucous membrane to peel off rapidly, leaving a vascular surface exposed, which bleeds sometimes freely. This bleeding is of no importance, but sometimes alarms the patient, and she should be told that it may occur. If it continues after the injections have been repeated three or four times, it generally indicates that patches of large and vascular granulations exist, which, if the curette has been used, have escaped its action, and, whether it has been used or not, proves that the further use of intrauterine injections will be useless.

I am far from wishing it to be understood that I deem this treatment applicable to even the majority of cases of disease of uterine cavity, but I believe that it will frequently render the use of the curette unnecessary, and that, if not always essential, it is so in the majority, and useful in all those in which curetting has been practised, while in cases where uterine catarrh is present great benefit will often be derived from the practice.—*British Medical Journal*.

#### CEREBRAL TUMOUR REMOVED TWICE IN THE SAME PATIENT.—

Erb (*Wien. med. Presse*) reports the following case. A man, aged 47, had clonic convulsions affecting the left arm and leg, and the left side of the face. This condition was followed after a time by hemiparesis of the whole of the left side. Tre-

phining was performed and a gliosarcoma found in the right anterior central convolution; this was removed as completely as possible. The operation was followed by marked improvement of the paretic symptoms, while the convulsive phenomena ceased altogether. Eight months later, however, they came on again, though with less severity. A year after the first operation the patient was again trephined, and it was found that recurrence had taken place. The growth was again extirpated, the circumjacent tissue being removed even more freely than before. The second operation was also followed by improvement, but the symptoms did not entirely disappear.—*British Medical Journal*.

#### OPERATIVE TREATMENT OF EPILEPSY.—

Kümmell (*Deut. med. Woch*) first refers to two cases in which the vertebral arteries were ligatured (in 1884) for genuine epilepsy with very temporary benefit, and to another severe case in which the superior cervical ganglion was extirpated. Four cases are then recorded in which trephining was practised over definite tender spots with a longer or shorter cessation of the fits and with considerable mental improvement. A further case, however, died in consequence of the operation. Kümmell says that the results in such cases of idiopathic epilepsy cannot be looked upon as very satisfactory, and doubts whether any case has been really cured. The so-called reflex epilepsy is next referred to. Cortical or Jacksonian epilepsy, almost always traumatic in origin, is the most important in regard to surgical treatment. After giving some details in regard to the method of operation and the localisation of the lesion, the author relates three cases. (1) A man, aged 34, received a blow on the head in 1881. Four years later the fits began. They started in the facial area and arm. They became more frequent later, and intense headache supervened in 1887. Trephining was practised in 1888 at the site of a tender scar over the parietal bone. There was nothing on the inner surface of the bone, but the dura mater was adherent to parts beneath, and presented a cicatricial appearance. It was excised. The patient has remained quite well since the operation 3½ years ago. (2) A boy, aged 5, had been previously trephined, but with only passing benefit.

The fits affected the left arm and face. The corresponding centres were exposed, but no pathological change was found. The fits returned later. The author thinks that he will have to remove these centres. (3) A lad, aged 20, had a blow on his head in September 1891. Ten days later there was spasm in the right arm and face. The speech, sight, and hearing became affected. There was slight paralysis of the face and right arm. The choked disc was present. The patient was trephined over one of two cicatrices. A rent in the dura mater and adhesions were found. This part of the dura mater was excised. The patient recovered perfectly from the symptoms, a prolapse of the brain alone remaining. The author then refers to the case of an idiot, aged 3 years, with frequent fits. A depression was found near the lambdoid suture, probably the result of injury during birth. A large piece of bone was temporarily resected, and a deep depression was found in the brain. The corresponding bony projection was removed. Very great improvement followed, even while the child continued under observation. Later its mental development was still progressing, and there had been no fits.—*British Medical Journal*.

#### OPERATIONS ON AGED SUBJECTS.—

Blum (*Arch. Gén. de Méd.*) asserts that as a result of recent improvements in surgical treatment, subjects of advanced age may be submitted to operation without any special risk. Whilst regarding as aged subjects those over 70, he points out that they are theoretically old whose anatomical elements and tissues have lost much of their physical, chemical and organic properties. The chief physiological characteristic of old age, he states, is atrophy of the structures of the body, and especially of adipose tissue. Reference is made to several instances reported by British surgeons of successful operations on old people, and records are given of fourteen cases in which equally satisfactory results have been obtained by himself. In one of these a woman, aged 84, recovered after removal of a cancerous mamma; one woman, aged 81, was operated on with good results for strangulated umbilical hernia, and another, ten years older, for femoral hernia. The list includes several instances of removal of malignant growths. The

author concludes from these cases that the surgeon, in dealing with aged patients, ought not to rest content with intervening in those instances only in which life is directly threatened, as, for example, in strangulated hernia, but that he should be prepared to act also in instances of chronic disease advancing slowly, yet inevitably, towards a fatal issue. He should endeavour to dispense with general anaesthesia; beyond its direct danger, the anaesthetic agent is liable to cause a prolonged state of prostration, against which the aged subject struggles with much difficulty. The author usually trusts to the injection of cocaine, or to the previous internal administration of chloroform in small doses with the object of benumbing the patient. Old people, he states, are much less sensitive to pain than adults. During the operation, much care should be taken to keep the patient warm. Although the surgeon should prevent loss of blood as far as possible, he ought not to practise the so-called bloodless method, as paralysis of the vaso-motor nerves results in an oozing of blood from the seat of operation, which may be found very difficult to arrest, particularly in subjects of atheroma. Every effort should be made to bring about immediate healing of the wound by careful attention to asepsis, so that the necessity for prolonged rest in bed may be avoided. The patient should be well nourished after the operation, and be allowed to get up as soon as he can do this without running any risk.—*British Medical Journal*.

#### CANCER OF THE STOMACH.—

Guinard (*Arch. Gén. de Méd.*, June, 1892), discusses the treatment of cancer of the stomach, and sums up his conclusions as follows: (1) No operative procedure can guarantee complete cure; (2) all cancers of the stomach which are not accompanied with pain, pyloric stenosis, or progressive inanition should be treated entirely by medical means; (3) the neoplasm should only be removed when it is a single tumour, small and mobile; (4) every possible means must be taken to arrive at a correct diagnosis, such as analysis of the gastric juice, gastroscopy, with a minor insufflation of air into the stomach, or ingestion of effervescent powder, and, in some cases, an exploratory laparotomy should be done, with strict antiseptic precautions; (5) in those cases in which, on examination, the

cancer is found to have grown to a considerable size, and to be adherent to the colon or pancreas, and in which glandular enlargements exist, removal of the tumour must not be attempted, but gastro-enterostomy must be done; this operation does not give so long a tenure of life as complete removal of the growth, but is less dangerous, and as a palliative measure it is the best, death coming on slowly and without symptoms of obstruction and inanition: (6) pylorotomy is a rarely performed operation, whilst gastro-intestinal anastomosis ought to be a common one; (7) the palliative results of gastro-enterostomy are remarkable, and the immediate dangers of the operation are small when compared with the beneficial results.—*British Medical Journal*.

#### DOUGHT INFANTS TO BE WASHED IMMEDIATELY AFTER BIRTH?—

In a paper read before the section on Diseases of Children at the Detroit meeting of the American Medical Association, Dr. F. S. Parsons, of Boston, says:—

All wild animals wash their young directly after birth. The human mother, however, cannot perform such duties in the manner of the lower animals, whose offspring, moreover, are covered with hair, necessitating simply the drying of a wet surface; but the child, with practically no hair on the body, is ushered from an aqueous solution at a temperature of about 100° F., to an aerial temperature of from 20° to 30° lower. Apparently to guard against this sudden cold, Nature has placed a sebaceous covering, which, if allowed to remain, would protect the child from the chilling influences of the reduced temperature. Dr. Parsons, however, does not so much object to the washing of the child as to the manner in which it is generally done, and which so often leads to catarrhal troubles, varying from simple snuffles to broncho-pneumonia. He recommends a light skin with sleeves and hood, made of some soft unarritating material—for example, Canton flannel—in which the infant should be placed, after being quickly rubbed with pure hog's lard. Here it should remain for four or five days, when it would become accustomed to the lowered temperature, and could with much more safety be washed; but as this would not satisfy the average mother, he would advise covering the head

and body with lard, then quickly placing the child in a tub of water at about 103° F., there cleaning and washing the body with a soft linen cloth. He has never seen a child so treated suffer from catarrhal troubles in any way. —*Medical News.*

#### THE RADICAL CURE OF INGUINAL HERNIA IN CHILDREN.—

Broca (*Revue des Maladies des P Enfance*) describes the operative treatment of inguinal hernia in children, with the report of seven cases.

This operation is of little importance in very young children.

1. The tissues are thin and delicate.
2. The parts are small and difficult to reach.
3. A thorough anatomical knowledge is necessary.

Through fear of operations many surgeons have adopted other measures—especially the application of a bandage. This sometimes does result in the cure of these cases, but its application must be continued from two to three years. If the hernia be complicated by ectopion of the testicle, then operation must be resorted to. Operation in very young children—from one to three years—would only be justifiable where a gradually increasing hernia should suddenly become irreducible or strangulated. Strangulation is a rare condition at these ages. Colotomy was formerly done in very young children for strangulation, with considerable success, but Broca believes the operation is rarely if ever necessary. Sometimes strangulated hernias can be reduced by pressure and carefully applied taxis.

Two reasons are given by some authors why operations in earlier years should not be performed.

1. Operations in children up to five years are generally grave.
2. Before five years the continued use of the bandage generally cures.

But if great care be taken during the operation and in the after treatment of the wound there is but little danger. A congenital hernia, without being a pro-peritoneal hernia, may have a dilatation retro-peritoneal or pro-peritoneal. These conditions were found in four adults operated upon. He thinks that pressure will cause obliteration of the inguinal canal; but how can that possibly affect this pro-peritoneal pocket?

Of the seven cases reported, the ages varied from

five months to twelve years. One case at five months was cured by means of a bandage. The remaining six cases were all operated upon, and only one was complicated by ectopion of the testicle. All the cases resulted in cures in from four to eight weeks.—*University Med. Magazine.*

#### THE MECHANICAL TREATMENT OF ERYSIPELAS.

—Dr. Hermann Kraell (*Therapeutische Monatsch.*), calls attention again to his method of treating erysipelas. He believes that the bacilli are much hindered in their progress when they encounter the firmer portions of the skin. With this in view he made use of an elastic band, encircling the head with it at the edge of the hair. In only one of his cases did the erysipelas extend upward beyond this barrier. The elastic must press quite firmly against the head. The disease may then spread over the whole face without extending into the hair at all. The spreading being thus prevented, the fever will last till the life process of the streptococci is over. The band must not be removed at once upon the cessation of fever, but be retained until the swelling and bluish-red color have disappeared from the artificial border.

Many patients find the band very unpleasant, but one who had, on a former occasion, had the disease spread all over the head, declared that the tension was not to be compared with that produced by the disease itself.

One woman carried for some time a red line across her forehead where the diseased area had pressed against the band.—*Therapeutic Gazette.*

#### COCAINE AS AN ANAPHRODISIAC.—

Dr. H. Wells (*La Semaine médicale*), has employed cocaine as a depresser of sexual excitability in man, whatever be its origin. It may be given either internally or by spraying it into the throat. Five centi-grammes ( $\frac{3}{4}$  of a grain) of the drug at a time are sufficient. It also may be employed as a lotion applied to the glans or prepuce, in a 4 per cent. solution, or injected into the urethra. The writer has observed that after spraying the throat or nasal cavity a considerable retraction of the penis takes place, with a manifest diminution of the sensibility of the glands and relaxation of the testicles. This observation suggested it as an anaphrodisiac.—*Lancet-Clinic.*

## DANGER OF INTRAUTERINE INJECTIONS.—

Tarnier (*Jour. de Sages Femmes*) has determined never to employ sublimate lotions for intrauterine injections. Eighteen cases of death, after sublimate injections in childbed, have been recorded; in sixteen of these cases the injections were thrown into the uterus, in two only into the vagina. Death may be due to some severe reflex stimulus, or to direct poisoning through entrance of the injected fluid into the uterine veins. From experiments, it seems that permanganate of potassium, microcidine, iodine, and salicylic acid are innocuous. Sublimate is liable to involve dangers some time after its injection. Of substances which may cause syncope or immediate death when injected carbolic acid holds the first place. Biniodide of mercury is also very dangerous, and the perils of perchloride of iron are well known. Tarnier reminds the obstetrician, however, that perfect innocuous solutions, or even plain water, has caused death when injected into the uterus. This accident is undoubtedly due to the entrance of air into the veins. Any kind of injecting apparatus may prove dangerous if the obstetrician or nurse neglect to drive air out of the tube, or uses too great propelling force. When gravitation is the agent, the receptacle for the fluid should not be placed more than fifteen inches above the level of the patient's pelvis.—*British Medical Journal*.

GALVANISM IN GYNECOLOGY.—As the outcome of an experience of four years, Rutherford (*Practitioner*) has arrived at the conclusion that in the treatment of diseases of the female pelvic organs, the utility of the employment of galvanism except in cases of fibroids, has been overrated, and that the results are not sufficiently satisfactory to command confidence. In uterine fibromata, this method of treatment is satisfactory in a few carefully-selected cases only; as when hemorrhage is the chief or only symptom and in rapidly growing interstitial fibroids. The galvanic current merely acts as a caustic, destroying or diminishing the vascular areas that surround and constitute the source of nutriment for the fibroids. The primary polar action that abstracts acids and bases at the anode and kathode is too slight to be of any real benefit. The interpolar action is still an hypothesis.—*Medical News*.

TREATMENT OF CHOREA.—Jumon maintains that the treatment of chorea should be governed by certain well-defined indications. In ordinary chorea, antipyrin and arsenic yield the best results. In chorea of rheumatic origin or associated with rheumatic manifestations, antipyrin is still indicated; with it sodium salicylate may be conjoined; sulphur baths may prove useful. If an hysterical element exist, the bromides may be employed. In chorea of cardiac origin, depressing remedies are to be avoided; potassium or calcium iodide is indicated. In most cases of chorea, gymnastic exercises and reconstructives may be advantageously employed.—*Journal de Médecine de Paris*.—*Medical News*.

## IODIDE OF POTASSIUM IN EXOPHTHALMIC GOITRE.—

S. A. Lentovsky (*Meditsinskia Pribozhenia K' Morskoiu Sbornikiu*), relates a case of typical Graves' disease in a girl, aged 16, cured by the internal use of iodide of potassium (5ij to ʒvj aq., in tablespoonful doses, with addition to each from 10 to 20 of tinct. ferri acetici ætherea). Simultaneously inunctions of an iodine ointment were made and a liberal diet ordered. Considerable improvement was observable in two months, while two months later the goitre, the exophthalmos, the accelerations of the pulse, etc., disappeared altogether. No relapse had occurred up to the time of the report, four years later.—*British Medical Journal*.

## CREASOTE IN TUBERCULOSIS.—

In *Berl. klin. Woch.*, Sommerbrodt states that the earlier creasote is employed in the treatment of tuberculosis the better are the results. For this reason he has used it in so-called scrofulous children with very good effect. It should be especially useful when combined with other appropriate methods of treatment. The author gives creasote in larger doses than usual; he says that small doses are useless. Thus, in children over seven years he would begin with drop doses three times a day, and gradually increase it up to 1 g. in the day. It must be taken after the chief meals to avoid any gastric irritation, and the administration should be extended over several months.—*British Medical Journal*.

## THE ARTERIO-SCLEROTIC CONTRACTED KIDNEY.

Leven (*Duet. med. Woch.*) says that Ziegler first suggested this name, and that he was also among the first to define this disease sharply from other forms of chronic nephritis. The relation of the vascular disease to the renal affection is a fairly constant one. It is not necessary that it should extend to the whole vascular system; indeed, it is mostly limited, and the heart has been pointed out as the organ in which the vascular lesion is almost constantly present. Even more characteristic and hardly ever absent is the marked affection of the arteries of the pia mater. In the author's experience, the spleen has always been involved. The small arteries show marked sclerotic changes. The splenic reticulum is considerably thickened, and the cells exhibit commencing degeneration. It is the picture of a fibrous induration, the cause of which is to be found in the vascular disease. The cardiac hypertrophy, almost limited to the left side of the heart (while the muscle itself shows early degeneration) is no real objection to this view, for the hyperplasia of the left ventricle is due to the increased vascular resistance, and takes place when the heart is as yet well supplied with blood. The author says that the changes in the kidney itself are the typical manifestations of a degeneration brought about by deficient blood-supply. The changes in the arteries in the kidney affect chiefly the intima and the middle coat only slightly. The adventitia is also much thickened. Leven states that the urine has been in all his cases diminished in quantity (without corresponding dropsy). Eye changes are uncommon. The author says that this form of renal disease exists mostly in the case of men without previous evidence of acute nephritis, who present in the course of time slight albuminuria, passing œdema, a diminished quantity of bright urine, hypertrophy of the heart, and slight uræmic symptoms. — *British Medical Journal*.

## HYDRASTIS CANADENSIS IN THE VOMITING IN PREGNANCY.—

Dr. P. Federow (*La Semaine médicale*), in four cases of violent vomiting in pregnancy, has obtained excellent results with the administration of the fluid extract of hydrastis canadensis, twenty drops repeated four times a day. The remedy acts by lowering the blood pressure, removing the

uterine congestion, and calming the over-excitability of the vasomotor centres of the gastro-intestinal tube. — *Lancet-Clinic*.

## INDUCTION OF ABORTION IN CARDIAC DISEASE.—

Doléris (*Nouv. Arch. d'Obst. et de Gynéc.*) performed this operation recently, on a woman aged 25, who had aortic insufficiency and dilatation of the aorta. She was advised never to become pregnant, but did not regard this advice. Her last period ended on November 9th. 1891. The cardiac symptoms grew worse, and uncontrollable vomiting set in. Pregnancy was evident, and on December 31st it was determined to induce abortion. For four days antiseptic sublimate injections were thrown up and iodoform tampons applied. On January 4th a laminaria stem was placed in the cervix. On the 5th a second and larger stem was introduced. On the 6th the ovum was extracted; the amniotic pouch was opened by the curette. The embryo was extracted in two pieces. The uterine wall was carefully scraped in order to detach the decidua vera. After an intrauterine injection a tampon was applied to the vagina. Small pieces of already detached chorion were expelled on the evening of, and the day after, the operation. After about a fortnight's rest, the patient felt quite free from all the bad symptoms caused by the pregnancy. The catamenia reappeared on January 28th. The advantages claimed by Doléris for his method are: Limitation of flooding (in this case hardly a drop of blood was lost), strict antisepsis, and rapid evacuation of the uterine contents.— *British Medical Journal*.

## SALOL IN CYSTITIS.—

Arnold (*Therap. Monatsch.*) relates cases of acute and chronic catarrh of the bladder which have been much benefited by the use of salol in gramme doses in addition to the local treatment. Even tuberculous cystitis has been relieved by it. Arnold observes that salol makes the urine acid, and renders it ultimately almost clear and free from smell; that the drug is well borne, even when administered for some length of time, and that it is a useful adjunct to the treatment, especially when only weak antiseptic solutions can be tolerated by the bladder.— *British Medical Journal*.

**CANNABIS INDICA IN THE PAINFUL DISEASES OF WOMEN.**—Dr. J. B. Mattison, of Brooklyn, praises cannabis highly as an anodyne and hypnotic. It is not a poison; there is no fatal case on record. It must be given in full doses. Small doses are stimulating and exciting; large ones sedative. It is equally useful in dysmenorrhœa, especially of the spasmodic variety, and in painful chronic metritis. In many cases of uterine cancer it allays or prevents pain. It acts well in megrim, in the neuralgias and headaches so common in anæmic women. It is a safe and excellent hypnotic in insomnia. The tincture must be given in doses of twenty to sixty minims, and of the solid extract, one-half to two grains. Farlow recommends the following suppository in dysmenorrhœa, to be introduced every night, beginning five days before the time of the period:

R. Ext. cannabis indica,  
Ext. belladon . . . . . āā gr. j.  
Ol. theobrom . . . . . ʒ jss.

—*The Birmingham Medical Review*, June, 1892.

**NITRO-GLYCERINE SULCUTANEOUSLY IN POISONING BY ILLUMINATING GAS.**—Dr. Hoffmann (*Allgemeine Med. Centr. Ztg.*, 1891) reports a case of poisoning by illuminating gas where the patient breathed the air of a small room into which gas had escaped from an open burner from 11 p.m. till 9 a.m. Four grammes of ether were injected under the skin without results. One milligramme ( $\frac{1}{100}$  gr.) of nitro-glycerine was injected into the præcordial region. One-half a minute later the pulse became stronger and the respiration deeper. From then on the pulse was regular and strong. One hour later the patient could swallow several spoonfuls of coffee. That afternoon there was headache, dyspnoea, and malaise, but by the next day entire recovery had taken place.—*Medical Record*.

**PSORIASIS.**—Dubois-Hafenith (*La Policlinique*) thus summarizes his views upon the subject of psoriasis: Psoriasis is a distinct affection, a morbid entity. The designations, lingual psoriasis and syphilitic psoriasis, are inappropriate and tend to lead to confusion. The etiology and pathogenesis of psoriasis are still obscure—that is, there is yet no causal treatment. Psoriasis is incurable, in the sense that there is no method capable of preventing

recurrence. Arsenic is not a specific for psoriasis; neither is potassium iodide. The greatest reliance is to be placed upon the local treatment: general indications are, however, not to be ignored. The best remedy is chrysophanic acid; next in value come pyrogallic acid, oil of cade, naphthol and white precipitate. In a general way the choice of the remedy and of the method will depend upon the social position of the patient, and the seat and extent of the disease. The individual tolerance of the skin is also to be considered. A certain number of cases of psoriasis resist all methods of treatment.—*Medical News*.

**EXTIRPATION OF THE LARYNX.**—The number of cases in which the operation of removal of the entire larynx has been successfully performed is gradually increasing. The latest of these was recorded by Professor Wolff at the recent session of the Surgical Congress at Berlin, where the patient was exhibited eight months after the operation. The interest of the case is enhanced by the fact that, by means of an artificial larynx, invented by Professor Bruns, the patient is able to speak and sing, as illustrated before the Congress by his recitation of a monologue from Schiller's "William Tell" and his singing of "Gaudeamus igitur."—*Lancet*

**TREATMENT OF VESICULAR KERATITIS.**—Drs. Wecker and Landolt think that it is not sufficient in vesicular keratitis, or herpes of the cornea, to evacuate the contents of the vesicles by puncture, inasmuch as the liquid is soon reproduced. The parietes of the vesicles should be removed with forceps, or the lesion should be well scraped with a cataract-knife, and the eye covered with a compress. If the patient will not submit to this operation, they recommend introducing into the eye a pinch of calomel or other powder capable of destroying the thin walls of the vesicles by friction. In addition, instillations of eserine or of pilocarpine are useful.—*Therapeutic Gazette*.

**HOT WATER IN CORNEAL AFFECTIONS.**—

J. A. Lippincott, of Pittsburg (*Ophthalmic Review*), recommends the repeated instillation of water at a temperature of about 150° F., applied directly, drop by drop, to the affected area in

obstinate corneal ulcers and in suppuration after corneal wounds. He details one case in which this method was very effectual, and refers to others in which he has been satisfied with its results. He advises that the water be heated in a test-tube, or some other vessel, in order to secure a certain temperature, and then transferred by means of a dropper and applied as before described.—*Therapeutic Gazette*.

INTUSSUSCEPTION.—Lindeman (*Berl. klin. Wöch.*, June 27th, 1892) reviews the statistics of cases of intussusception, and says that out of sixty-six only twelve could be saved by an operation. Senn reported two which he had treated by inflation with hydrogen gas, and these recovered. One point was especially noticeable in going through the literature of the subject, namely, that in those cases which died after a simple laparotomy and disinvagination of the intussusception death took place a very short time afterwards, on an average about sixteen hours. This early death the author attributes to shock consequent on the pulling and stretching of the invaginated part of the intestine during disinvagination. Lindeman reports a case of intussusception with gangrene in a boy, aged eleven, who, whilst being treated in Berlin for middle ear disease, was seized with abdominal pains and vomiting on July 27, 1891. On July 29 the bowels were opened after introducing calomel, but the boy got worse and vomited everything. A tumour was found in the left epigastrium which extended downwards towards the pelvis. On August 1st he was sent to the Augusta Hospital for operation. He was a lean weakly-built boy. A rectal injection was given but only blood-stained shreds came away. Small doses of opium and a large water injection were tried, but without producing any amelioration of the symptoms. Laparotomy was performed, and the small intestines pulled out and laid upon warm cloths. The intussusception was found to be in the colon, the lower part in the right iliac fossa and the neck or upper part just below the margin of the left ribs. This intussusception was disinvaginated with some difficulty: at one point the intestinal wall was found to have a gangrenous patch about the size of a sixpence. Owing to the general condition it was considered not advisable to perform resection. The gangrenous part was fixed in

the abdominal wound and the remaining part of wound closed with wire sutures. The patient was put to bed and fed on small quantities of wine and water and opium given at night. Next day he was much better. An artificial anus formed in the position of the gangrenous part of the gut, and all went well till August 21st, when the boy had an attack of typhoid fever. On October 22nd, having recovered from the fever, closure of the artificial anus was attempted. The intestine was forced from its attachment to the abdominal wall; only a small spur was found to exist, so the edges of the artificial anus were freshened and the opening closed with sutures of silk. The intestine was then dropped back into the cavity of the abdomen and the abdominal wound closed; this healed by primary union, and the boy was discharged well on November 22nd.—*British Medical Journal*.

#### PERFORATION OF UTERUS BY THE CURETTE.—

Lannelongue (*Arch. de Toccol. et de Gynec.*, May, 1892) employed the curette for a woman, aged 64, a 4-para. The patient had total prolapse, with metritis. After dilatation, the irrigating curette was used; it seemed to pass indefinitely far without resistance, and the injected fluid did not return. As perforation was evident, vaginal hysterectomy was at once performed. The uterus was very flabby, and had been perforated at the angle between the body and the neck. The patient recovered. In a second case, the patient was 31, also a 4 para. She had endometritis and slight salpingo oovitis. There was cystocele, rectocele, and ruptured perineum. After dilatation, the irrigating curette was used. In scraping the right cornu, it was noticed that the injected fluid ceased to return, yet the instrument did not seem to have passed beyond the uterine cavity. As the patient was young, and perforation not absolutely certain, the uterus was not removed. The cavity was swabbed, the cervix, much hypertrophied, was amputated, and colpoperineorrhaphy performed. By the second day the abdomen became distended; next day stomatitis set in and poisoning by sublimate was suspected; on the tenth day, diarrhoea occurred with albuminuria. On the nineteenth, erysipelatous patches appeared on the forehead, and the patient died; a soft, solid tumour had developed in the



abdomen. The enlarged, flabby uterus was found full of pus, and there was purulent peritonitis as well. The perforation in the right cornu was distinct. Lannelongue believes that when the uterus is perforated by the curette before the scraping has begun, the uterus must be amputated, as the danger of septic peritonitis from fragments of diseased endometrium is great. If the curette does not pierce the uterus till the process has nearly finished, the uterus may be saved, especially if the patient be young.—*British Medical Journal*.

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## Ontario Medical Journal

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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.

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TORONTO, AUGUST, 1892.

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THIS AGREEMENT, made this twenty-third day of July, in the year one thousand eight hundred and ninety-two :

BETWEEN

The College of Physicians and Surgeons of Ontario, hereinafter called "The College,"

of the First Part ;  
and

The ONTARIO MEDICAL JOURNAL Publishing Company (Limited), hereinafter called "The Company,"

of the Second Part.

WHEREAS the said parties have contracted and agreed as hereafter set forth in this agreement.

WITNESSETH, that the said Company are to prepare and publish, under the supervision of the Registrar, within six weeks from the termination of any meeting of the Council of the said College, a full and correct stenographic report of all the proceedings of the said Council.

THAT one copy of the said report, in the form and in type to be approved of by the Registrar, is to be sent to each Physician resident in the Province of Ontario, upon the register of the said College.

THE said Company are also to supply the said College with two hundred copies of the said Report.

THAT the said Company will establish, edit and publish a Medical Journal, fully equal in every respect to the best Medical Journal published in Toronto : a copy of such Journal, to be published at intervals of not more than one month, shall be furnished free to each member of the said College in Ontario.

THAT the said Company will, in form, type and other material approved of by the Registrar, publish all College announcements, and will in the said Journal, to be approved of as aforesaid, publish all College and Committee advertisements.

THAT the Company are to be at the expense of the stenographers who attend to report at the meetings the proceedings of the said Council.

THAT the Company shall have no claim against any members of the College for the services hereby contracted for.

THAT the College shall pay to the Company in full for all the above services, the sum of Six Hundred Dollars per annum, in even monthly payments of fifty dollars each, the first of such payments to be made in one month from the date of the first issue of the said Medical Journal.

THIS AGREEMENT is to continue until the Annual Meeting of the Council following this Agreement.

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TO THE MEDICAL PROFESSION OF THE PROVINCE OF ONTARIO.

The ONTARIO MEDICAL JOURNAL sends its greeting to the medical profession of the Province of Ontario. As their organ, sent to them under contract with the Council, it will be our endeavour to supply them with a journal voicing the sentiments of the majority of the profession in this province. While pandering to their tastes from a medical standpoint, we will not attempt to curry favours by pandering to prejudices. Our course, to the best of our ability, will be dictated by common-sense, justice to vested interests, and a strong desire to be of some use to the general practitioner. Our JOURNAL will be a truly provincial one. It will know no school or university—all alike, when we think they are deserving of censure they shall receive

it ; of praise we will mete out to them their just dues. As our object is to make the JOURNAL a truly provincial one, its columns are open to the profession to express their views on matters pertaining to the governing body of the profession, as well as upon medical subjects.

From time to time we will take up the various acts of the Medical Council, criticise and explain them, and where necessary endeavour to show to the profession that they are not at all times deserving censure—where censure is given. Some members of the profession are at present misrepresenting the Council as to their position in regard to school and university representatives. They are not aware that this has been a serious question for years, and that the Council has done its best to remedy it, but as yet without avail. Two universities that are entitled to send representatives have not done so for some time, and some changes might be made in the school representation: but when members of the profession talk about abolishing, all the school and university representatives, they are either unacquainted with the origin of the Council, or they desire to see the profession in the position it was thirty years ago. This JOURNAL, without fear or expectation of favour, will follow a course which we think will be in the best interest of the general profession. There are many things in the interest of the profession that the Council would like to do, but they have not the power, and it is not necessary for us to state that there is a widespread prejudice against the medical profession in the lay-mind, as is seen every now and then by the wild rush to some advertising quack who has not even the advantages of a common education, let alone a medical one.

The old remnants of superstition we inherit from our forefathers still cling to the race, and for this we must make allowances, and when we appeal to the Legislature, let it be done by the profession as a unit, knowing as we do the many prejudices of the lay-mind, and the fact that we are not always certain of receiving what we ask for. We would respectfully draw the attention of the busy practitioner to the address of Dr. Williams, of Ingersoll, the retiring President of the Council this year. He covers the field of Council proceeding in the past with accuracy and with care. He

shows at least that the members of the Council have been endeavouring to serve their constituents and advance the interest of that great body of professional men in this province, of whom we may well feel proud.

R. B. O.

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

The old adage, *ne sutor ultra crepidam*, is particularly applicable in connection with the so-called reconstruction of the Faculty of Medicine of Toronto University. In a sense the reconstruction was the act of the Senate in that it adopted the report of the committee of the faculty of medicine. It was not, however, practicable for the Senate, as a whole, to enquire in detail into the working of the faculty and the efficiency of the staff, and thus be in a position to act wisely and well in making changes if such were deemed necessary. The work, in consequence, was entrusted to a committee whose report, though opposed by some in the Senate, was finally adopted. Under the circumstances no other course was open to the majority, and for the "reconstruction" that committee is really responsible. Its composition was, five of the legal profession, two clergymen, the head of an arts college, and one medical man. Though the gentlemen who composed the committee are men highly respected and of established reputation in their several professions, yet with one exception they are not medical men, and consequently neither, by profession or experiences, conversant with medical work or education. What would be thought of a committee composed of medical men appointed to regulate the affairs of a law school or reconstruct the teaching staff of a Theological College? The information upon which this committee based its report must have been largely drawn from outsiders.

The safest way to obtain material upon which to base a just report would have been by an open investigation, when all complaints could have been sifted and all persons interested heard. Instead of adopting such a course, however, it appears that private inquiries were made and information received privately and from private friends, and so great was the indispensable secrecy that the members of the committee seem to have had a

tacit understanding among themselves not to divulge their private conclusions till their report sprang upon the Senate, complete and changeless. Is it any wonder, therefore, if under the circumstances whisperers took improper advantage of the situation; that some aspiring individuals, forgetting their oft-repeated friendships, would get the ear of another friend or relative near a committeeman for the furtherance of their own selfish ends?

It is not at all surprising that the result does not give general satisfaction to the medical profession or fair minded men, who knew of the sinister influences brought to bear upon, and the one-sided information given to members of the committee to prejudice or mislead them. It is to be regretted that in the action taken the vested rights of the members of the old Toronto School of Medicine, which practically effaced itself five years ago, to give existence to the medical faculty of the University, did not receive fitting consideration. On the contrary these have been almost completely ignored. It is to be regretted that the services of men who laboured efficiently and disinterestedly in advancing medical education, and who are as well qualified and as zealous as ever, should have been dispensed with without notice and without retiring allowance, and that the positions of other members of the Toronto School should have been assailed for no other apparent reason than to give place to more intriguing and selfishly ambitious younger men. If a similar course is adopted when another partial or complete "reconstruction" takes place, it is extremely probable that not one of those who were instrumental in establishing the faculty in the first instance, or who were interested in the old Toronto School, will be left on the staff; but all of them may be permitted to meditate upon the results of a king arising who knew not Joseph. Rather than have a repetition of such reconstruction, it would appear to be only safe and just to leave the management of medical education and the arrangement of the medical faculty more largely to the medical members of the Senate, who, representing the graduates of the University, will be directly responsible for their acts to their constituents.

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In an American publication we find the follow-

ing statement: "As to even a subordinate position in a medical college coming to an unknown young practitioner, however well prepared he may believe himself to be, such things go largely by influence, and, let me say, that the average medical college man can teach politics for several terms yet to a whole class of chairmen of national and state party committees." However true such a statement may be concerning the profession in the country to the south of us, as Canadians we at once repudiate it as inapplicable, and boast our strict observance of professional dignity, etiquette and propriety. Recent and passing events, however, indicate a necessity for watchfulness, lest our boast become a false one. In the pending elections of medical representatives to the Senate of Toronto University, it would appear a ticket of four was nominated and a specious platform adopted at some hole-in-a-corner meeting, and a circular, containing this platform, and purporting to be signed by the chairman of that meeting, and those presumed to be present, has been sent to the electors for the purpose of influencing their votes. If such a meeting ever was held, the electors were not generally invited to it. The circular letter would lead one to suppose the "ticket" and their medico-political friends had a monopoly of any correct principles mentioned in it, and that other candidates were without ideas of progress in medical matters. As it is a veiled and most unmerited attack upon the gentlemen who have represented the medical graduates upon the Senate in the past, it is generally hoped that no one will be duped by this injustice. Is it possible that the leading spirits of that mystical meeting, the advance agents, tooters and party managers of the ticket are anxious to make themselves solid at court for the furtherance of their own interests or for securing themselves in positions concerning which they might not otherwise consider themselves to be safe?

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While it is impossible to approve of some of the methods employed to further the interests of certain of the candidates by over-enthusiastic (?) friends, it is safe to say that the seven candidates take a deep interest in University matters, and the result can be left to the intelligence of a highly educated electorate, who will no doubt make a judicious selection.

### MAKING OPPORTUNITIES.

Opportunity is an important element in any man's success. Some medical men are willing to make opportunities, and have undertaken enterprises that prove delusive. The public has been smitten by the Lodge epidemic. This is a running concern of which the doctor is the fourth wheel, who makes it his business to try how many of these rigs he can run at one time. In fact clubs are *trump*. But the uniform experience of them is similar to that of the hen that attempted to *set* on a buzz-saw. She only lasted one round. The only men who really succeed in this business are the professional jugglers, masters of obsequious compliment and of the dark caucus, who can take the preacher in one arm and the bartender in the other to set them canvassing for him, while he keeps the archbishop and equal rights demagogue writing letters of endorsement to Irish Mick or Orange Bill. Having won the election, he spends weeks on a dollar and a quarter case, all the while suspected of doing cheap work with watered medicines. No man can meet the demands of these inflated *joiners* and be a man. But, says Junius Medicus, "I can stand *one* year." That means acquaintance and talk. Besides there is a little insurance (?) in it, and should his mind require further bolstering on this subject, "Why, don't the *best* of them do it?" So general is this evil that nothing but a collapse of its financial basis will save the medical fraternity from the decay which is spreading amongst our ranks and when the delusive insurance schemes on which some of these organizations rest have met their inevitable destruction, the duped mechanic who has lost his money in them will not be so glad and so relieved as the impoverished doctor, who besides his money has lost his dignity.

### THE HOSPITAL IN ST. THOMAS.

The Amasa Wood Hospital was formally opened and presented on the 24th of May to the city of St. Thomas by Mr. Amasa Wood of that city. The site is in one of the best and most central portions of the city, and the building, which affords accommodation for over forty patients, is a well-put-together, substantial brick structure, of handsome design and imposing appearance. The in-

terior arrangements are excellent and quite in keeping with modern ideas of hospital construction. The hospital is well furnished in all particulars and heated throughout with hot water. The medical men in St. Thomas will not require to interview personally and by deputations, confiding and long-suffering trustees, and pull all kinds of wires to become members of the staff, for all the physicians in good standing in that city have the right to attend patients in this institution. It is a city hospital, free to all and strictly non-sectarian in character.

### CANADIAN MEDICAL ASSOCIATION.

The Twenty-fifth Annual Meeting of the Canadian Medical Association will be held in Ottawa on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September, 1892.

Members desirous of reading papers or presenting cases will kindly communicate with the Secretary, Dr. H. S. Birkett, 123 Stanley Street Montreal, as to the title of paper or nature of case as early as possible. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members and delegates may obtain return tickets for one fare and one-third.

Members and delegates will please bear in mind that certificates entitling them to reduced rates are to be obtained from the station agent at the place of departure; one full fare is to be paid, and upon presentation of the certificate on the return journey a ticket will be issued at one-third of full fare. Dr. John L. Bray, of Chatham, is the President.

TO STUDENTS.—We would draw the attention of students to the changes of the curriculum made at the June session of the Council. The time for the acceptance of matriculation under the old rules has been extended to November 1st, 1892. This will postpone the five year regulation until 1893. Attention is also directed to the advertisement of the fall examination to be held in September. The advantage this will be to many students is great, especially so to those who have failed by only a few marks on one subject. Some changes were also made in the mode of conducting the examinations. Now it will only be necessary to have one examiner presiding at each examination.

## THE MEDICAL COMMENTARY.

Among the many theories advanced to explain the brilliant play of electrical phenomena in the skies on a recent Saturday evening, we have nowhere seen any reference to the cause herein named for which this new journal claims entire originality. We point to the contest now going on amongst the medical alumni of Toronto and Victoria Universities as to representation on the Senate. Friction produced by the wind blowing through the trees, against spires, etc., has long been recognized as an important electrifying agency. A reference to the correspondence in the daily papers by "Scrutator" and others on this subject will convince anyone that there is plenty of *wind*, while the implied verdancy of the readers will supply the other requisites. The Vice-Chancellor has evidently fallen upon stormy times. We are glad Mr. Walter Barwick has been manly enough to lend his published name with its excellent influence to speak out for a man who has laid upon the altar position, energy, means, and prolonged labour to befriend, as no other man like him has befriended, the cause of education in general and medical education in particular. Two matters have filled the commentator's mind with wonder. First, under what spell have certain medical men been led to offer such violent opposition in matters so evidently to the benefit of the medical profession? If the arts men feel injured, let *them* talk and act; but as for the medical men, their motive for rebellion must be sought farther than in the so-called symmetry of the departments. Why symmetry can be named in the same breath with medical advantages while Toronto possesses such meagre opportunities for medical students, is too heavy for contemplation in this warm weather; while dissecting material is as hard to obtain as gold dust, and one solitary hospital has to supply clinical instruction to our hundreds of students. We would be sorry to impute mercenary incentives to these reformers, but should they succeed, what better could they do than double the hospital fees or post over the doors of the wards, "To clinical classes, 25 cents a peep." The other unexplained wonder is, how the Vice-Chancellor and his stone-masons could erect a \$60,000 building in the very front of Queen's Park, and neither President nor

Government know what it is. Surely it would be too asinine to imagine that having been so deluded the Senate by resolution should endorse by so decisive a majority, and thank the Vice-Chancellor for his pains. It was perhaps with a view to illuminate these dark problems that the heavens flashed out so brilliantly, but ineffectually.

General interest in any subject has always been slowly and with difficulty secured. When the conviction of the one man becomes the multiplied desire of the masses, the result has always been a momentous and decisive stroke issuing in a day of progress. So may it be with our university questions! Those who love to scoff and grieve can see only the dissensions and passing enmities. The faithful seers will look to the outcome of this agitation and diffusion of information and interest, to the results that must flow from widened enlightenment and enkindled zeal. Too long has the welfare of our educational institutions been the care of the very few who, for their pains and principles, have received no better reward from their fellows than the epithet of "cranks." Higher and truer reward was never wanting in the inward delight of duty done, like a cool deep draught to a thirsty pilgrim. No man is ever so grand as when resting in the assurance that one great theme, worth living for, has through him received stimulus and help, that his fellows of younger years have in great number through the opportunities procured by his labours been put upon a plane of greater self-respect and enlarged powers of usefulness. Such were our Ryerson, Rolph, McCaul, Nelles. "Other men have laboured." We enter not into their labours but into the fruits of their labours, and supinely, unworthily settle down to the enjoyment of our feast. But now that our lethargy has been touched, be it by the rude probings of envy or the unmanly thrusts of scorn, repudiation and anger, though our medical code be strained and professional courtesies be forgotten, it is an affair of the moment. "April showers make May flowers." Witness the case of Victoria when this earthquake and squall and unseemly turmoil arose within the hallowed aisles of the Church. Men shook their heads, and the tender wept over the downfall of their beloved alma mater; but behold in Queen's Park in nobler grace Nova Victoria rises with brighter hopes and upborne by a firmer fealty than

of yore, looking down with benediction upon a united brotherhood, proud in the hour of triumph. So, listening to the clangour of arms in the awakening tents of the Greeks (our profession, by compliment) we say, welcome passion, welcome strife, all that attends the march of education and enlightenment; never was combat without plundering camp followers. These shall usher in days of devoted time and knowledge, energy and zeal, for the upbuilding and decoration of the halls of learning. Then in the after glow of brilliant discovery and the splendour of skill, the dark clouds of contention will have rolled away, and faith and courtesy again shine out bright stars in the firmament of science. \* \* \* \* \*

COMMENTATOR.

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### Meetings of Medical Societies.

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#### ASSOCIATION OF MEDICAL OFFICERS OF THE MILITIA OF CANADA.

The first annual meeting of the Association of Medical Officers of the Militia of Canada, was held in the Canadian Military Institute, June 2nd, President Dr. Strange in the chair. Among those present were Drs. G. S. Ryerson, Secretary; A. A. Dame, W. T. Stuart, Baldwin, Moore, Elliot, Orton, Preston, Osborne, Rennie, Lesslie, Rice, McWilliam, Saunders, McCrimmon, Grasset, Warren, Raikes, R. B. Powell and Clark. After the constitution and by-laws, which were submitted by the Secretary, had been adopted, the President, Dr. F. W. Strange, delivered his address to the Association. For the past twenty-six years, during which the militia of Canada as at present organized, has existed, the medical officer of a battalion, he said, has been but a regimental unit, and one of the objects of the formation of this Association was to draw these regimental units out of their retirement, and by binding them together to give them their proper position in the military history of the country, and impart an interest and increased efficiency in the work in which they were engaged. The status and rank of the regimental medical officer, he said, also needed some consideration. The medical officer should be an officer in the ranks, the same as any other officer, and length of service should be considered in his promotion as

is done with the militia officers. "Let us have surgeon-captains, surgeon-majors, surgeon-lieutenant-colonels, and the officers promoted according to length of service and qualification, and the injustice of chance will no longer assist the officer in obtaining his proper position in the militia." The most important object in the formation of the Association, he said, was the purely professional aspect. The reading and discussion of papers on topics relating to military medicine, surgery and hygiene has received no attention in Canada, and the contribution of papers on military matters will always be one of the main features of this Association. Dr. Warren then read a paper on "Ambulance Work during the Franco-Prussian war," and Dr. Daniel Clark, once surgeon in the United States Army, contributed a very interesting paper on "Some Brain Wounds, with Results," published in this number. See page 14.

A smoking concert was given in the evening at the residence of Dr. Ryerson, to which the military officers of the city were invited to meet the surgeons of the different corps comprising the Military Medical Association, of which Dr. Ryerson is the Secretary. An exhibition of ambulance drill was to have taken place, but was unavoidably postponed owing to the heavy rain.

The following morning the Secretary read for Dr. Wm. Canniff a very interesting paper on "Some Experiences of a Surgeon during the American war." Dr. Canniff was assistant-surgeon in the Royal Artillery. The election of officers resulted as follows: Hon. President, Surgeon-General Bergin; President, Surgeon F. W. Strange; Vice-Presidents: Ontario, Surgeon V. H. Moore, 41st Brockville Rifles; Quebec, Surgeon Roddick, 1st P. W. O. Rifles, Montreal; New Brunswick, Surgeon-Major Connell, 67th Batt.; Nova Scotia, Surgeon D. A. MacGillivray, 94th Highlanders; Prince Edward Island, Surgeon Jenkins, Garrison Artillery, Prince Edward Island; Manitoba, Surgeon G. T. Orton, 90th Winnipeg Rifles; British Columbia, Surgeon Duncan, R. C. A., Victoria; Treasurer, Surgeon Tracy, 49th Hastings Rifles; Secretary, Surgeon G. Sterling Ryerson, R. G., Toronto. The Association will probably hold a special general meeting at Ottawa in September, at the time of the meeting of the Dominion Medical Association in that city.

### THE BRANT COUNTY MEDICAL ASSOCIATION.

The usual quarterly meeting of the County of Brant Medical Association was held in the board room of the John H. Stratford Hospital, on 29th June. There was a large attendance of members both from Brantford and the County of Brant present. This Association has had a long and prosperous career, having been organized over thirty years ago, and has held its meetings ever since. Dr. Dunton, Paris, President, and Dr. Keane, Brantford, Secretary. The minutes of last meeting were read and on motion confirmed.

Dr. Philip, Brantford, representative of the Erie and Niagara division in the Ontario Medical Council, by request of the Association gave a highly instructive statement in reference to the affairs of the Medical Council. He described its original formation and the chaotic condition of the profession at that period, showing that there were then no less than three independent licensing bodies in Ontario, viz., the Regular profession, which obtained the license to practise through the various medical schools and colleges, whose diploma entitled the holder to obtain, upon presenting it to the proper authorities, the provincial license; the Homeopathic body, which also had an independent licensing board; and the Eclectics, who also possessed the same authority. In order to obtain a single examining board and a centralized authority and governing body, it was necessary that mutual concessions should be made upon the part of these three independent bodies in order to render it a success, for it was not to be expected that they would surrender their vested rights unless they were secured under the then proposed Medical Act. He alluded to the agitation which had been fostered of late in the press and otherwise against the representatives of the Universities and teaching bodies in the Council, and he claimed that it was in many respects unfair to these gentlemen, as at the formation of the Council the Universities and teaching bodies agreed to surrender their vested rights and privileges with the distinct understanding that they should have due representation in the Council, which was accordingly embodied in the Medical Act, and if there was to be any reconstruction of the Council in the future, he claimed it would be

an act of spoliation on the part of the profession to ignore the claims of the Universities and teaching bodies to a just and fair representation. As Chairman of the Finance Committee he gave a lengthened description of its financial affairs both past and present, and stated that a detailed statement of its income and expenditure from 1866 to the present period had been published by the Finance Committee, and would be sent to every registered practitioner in the province, along with the annual announcement for the present year. He alluded to the erection of the building for the College of Physicians and Surgeons as being an absolute necessity, and which would prove an excellent financial investment, as would be shown in the financial statement. Various other matters dealt with by the Council were discussed at length.

Dr. Harris, the representative of Trinity University in the Council, was also present and gave a lucid statement, chiefly dealing with the educational affairs of the profession. As Chairman of the Committee on Education he gave an account of the work falling to that important committee. He was opposed, as was also Dr. Philip, to the autumn examination, and had contended in the Council that if there was to be only one examination annually, that it should be in the spring. This year, however, there were to be two examinations, in the spring and fall, and in future it might possibly be deemed advisable in many ways that there should be two examinations annually. He defended the action of the Council in making a small assessment upon the profession in the same manner as other professional bodies had done, but believed that the Council would be enabled by and by to do away with it when the income from other sources, which was highly probable, would enable them to do so. He alluded to the good work done by the Council in restraining to a very large extent the quackery and charlatanism which had formerly prevailed to so large an extent, and with which it was so difficult to deal, deferring to the recent cases in which, under the amendment of the Medical Act, the Council had erased from the medical register the names of those who had flagrantly violated the code of ethics. He trusted that the Medical Council would be upheld for the good work which it had accomplished, and for the position which the profession in Ontario held to-day in

comparison to the other provinces, or to the states in the neighbouring republic. At the conclusion of their remarks, a cordial vote of thanks was tendered both the speakers, and an expression of confidence in the good work done by the Council on motion of Dr. Addison, St. George, seconded by Dr. Burt, Paris.

A paper on neurasthenia, by Dr. Stanley, and also one by Dr. A. J. Henwood, which these gentlemen were to read was postponed for want of sufficient time until the next quarterly meeting of the Association. Several routine matters were discussed and disposed of, after which the members of the Association visited some of the most interesting cases in the wards of the hospital. The next meeting will be held on the first Wednesday in September at the hospital.

M. J. KEANE,

*Secretary Brant County Medical Association.*

BRANTFORD, July, 1892.

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### Correspondence.

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TORONTO, July 23rd, 1892.

*Editor of ONTARIO MEDICAL JOURNAL:*

DEAR SIR,—As requested by you, I enclose some extracts from a letter lately received from my brother, Dr. Ralph Lesslie, which may be of interest to his friends in Canada.

Believe me, yours truly,

J. W. LESSLIE.

BUSHIR, PERSIA, May 22nd, 1892.

After a most delightful journey through India and all its wonders, we went on to Burmah and ascended the Irrawaddy River for over a thousand miles to a place within forty miles of the frontier of Thibet. Returning to India, we went up amongst the magnificent scenery of the Himalaya Mountains, thence on to Peshawur, whence we rode half way through the Khyber Pass. After that we spent a month in the delicious and beautiful valley of Kashmir, where we travelled about in house-boats for two weeks and spent a fortnight in camp, bear-stalking. It was very hard work climbing the mountains. The result was only one stag and one bear shot, neither of which fell to my rifle. I enjoyed it, nevertheless, and shot some duck, snipe and partridges. Our camp was

beside a river in a lovely mountain glen, surrounded by snow-clad peaks. The peasants discovered I was a doctor, and came to see me from villages twenty miles distant. It was a glorious life and we left it with regret. Our boats were manned by families, father, mother, sons, daughters and grandchildren, who were a constant source of interest to us. They seemed a very happy and contented people. We leave here for our ride across Persia to-day, and as it is very hot, we ride at night only, until we get into the mountains. The British Resident here, Col. Talbot, has just sent word that he will give us an escort of soldiers for the first two days, as two Arab tribes are fighting on the road along which we must go. I do not anticipate that they will interfere with us. We ride through Shiraz, Ispahan and Teheran to Reshd on the Caspian Sea, thence via the Caucasus, Turkey, Vienna to England. I am quite well and strong again, or I could not have done any bear-stalking in Kashmir.

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*Editor ONTARIO MEDICAL JOURNAL.*

DEAR SIR,—Not to decide a bet, but for information, I want to know if there are any cases of diphtheria on record where the pulse and temperature are stated to be normal on the fourth day after seizure, *i.e.*, after the patient has had a chill? Perhaps some of your readers will be kind enough to answer.

Yours,

ENQUIRING M.D.

TORONTO, Aug. 4th.

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### Book Notices.

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*A Dictionary of Treatment, or Therapeutic Index, including Medical and Surgical Therapeutics.* By WM. WHITLA, M.D. Revised and adapted to the Pharmacopœia of the United States. Philadelphia: Lea Brothers & Co., 1892.

*Darwin and after Darwin.* An exposition of the Darwinian theory, and a discussion of Post Darwinian Questions. By GEO. JNO. ROMANES, M.A., LL.D., F.R.S. Published by the Open Court Publishing Co., Chicago.

The work is a compilation by the author of a series of lectures delivered by him in the University of Edinburgh, and also before the Royal Institution. The work is an able one, giving a sys-



tematic exposition of what may be termed the Darwinism of Darwin, and is likely to prove of more service to general readers than to professed naturalists. To those of the medical profession who take an interest in scientific works we can recommend it as one well worthy of their perusal. It is illustrated by excellent engravings. The last chapter on sexual selection is well written and scientifically dealt with. We congratulate the Open Court Publishing Co. on securing the publication of so able a work.

*Regional Anatomy in its Relation to Medicine and Surgery.* By GEORGE MCCLELLAN, M.D., Lecturer on Anatomy in the Pennsylvania Academy of the Fine Arts. Illustrated from photographs taken by the author from his own dissections, and colored by him after nature. In two volumes, quarto. Vol. I. J. B. Lippincott Co., Philadelphia, 1891.

This important work has been looked for by anatomists with considerable curiosity, because so many collections of anatomical plates with descriptive text have been published within recent years. It will perhaps be most frequently compared, at least in America, with the somewhat similar works of Allen and Weisse. These two authors spent much time in making elaborate dissections and in having them copied for illustrating their respective books. In both of them, however, the artistic work was done by artists who made drawings from the dissections of the authors. In the present work the author has not only made the dissections, but has photographed them and colored the photographs as well, so that the entire work, except the printing and lithographing, is the product of his own hand.

The author of Weisse's *Human Anatomy* spent a number of years in the preparation of dissections, and the drawings made by an accomplished artist from these dissections were excellent; but the camera used by Dr. McClellan naturally gives more absolutely correct representations of nature. The letter-press in connection with Dr. Weisse's illustrations is not very elaborate, and in this respect also Dr. McClellan's book seems more valuable to the practitioner or student who may be called upon to study the anatomy of any particular region.

Dr. Allen, in his *Human Anatomy*, has given the profession most satisfactory work in what may

be called the practical application of anatomy to medicine and surgery, for his elaborate references to anatomical points pertaining to medicine and surgery are most valuable. The plates, however, which are made in the same way as Dr. Weisse's, do not impress the eye as being absolute representations of structures so much as semi-diagrammatic illustrations. These criticisms are not made to disparage the works of the two authors mentioned, but to lay particular stress upon the great fidelity which the colored photographic plates of Dr. McClellan possess. The appearance and coloring are so faithfully exact that it almost seems as if one were looking upon an injected human cadaver lying on a dissecting-room table. The descriptive text is clear and sufficiently comprehensive for the use of those who refer to the volume for the purpose of refreshing the memory on anatomical details. In fact, it is a text-book of regional anatomy illustrated by perfect plates; not a series of plates with descriptive text.

Dr. McClellan, in his preface, speaks of the value of intemporeaneous drawings in teaching, and states his belief that they are far better for that purpose than elaborate, previously-prepared pictures. It is very evident, from this and from his other statements, that he must be an excellent teacher for medical students. If, however, the actual cadaver cannot be obtained for the study of anatomy or for the rehearsing of such study, the plates he has here published answer the purpose as perfectly as it is possible for illustrations to do. In his descriptions he uses terms which he says experience has shown him to be more easily understood and remembered by the students than purely technical ones.

Instead of giving a description of each individual member of the osseous and ligamentous systems, followed by a detailed descriptive catalogue of every muscle, nerve, vessel, and organ, the author discusses regions of the body. This is eminently satisfactory if a book on anatomy is consulted by a physician or surgeon when making a diagnosis or studying the steps of a proposed operation. The illustrations of actual operations done upon the cadaver are valuable to surgeons especially, and are rather an unusual addition to a book which purports to be simply a treatise on anatomy. It is a feature, however, to which no one will object.

It is evident that the author has avoided the temptation of making the illustrations diagrammatically clear at the expense of truthfulness to the subject pictured. In the descriptions of the plates will be found a statement of how the dissections were prepared on each of the subjects; and in a few instances where additions have been made to the photographic plates, in order to bring out prominently some special points in anatomy, a statement to that effect is made. This feature of the work makes the reader feel that, where such notes have not been added, he is looking upon a faithful representation of the dissected body, and removes all suspicion that the beauty of these plates is due to artificial aids contributed for the purpose of increasing the artistic value at the expense of fidelity. In Plate No. 33 there has apparently been shown a rupture of one of the thyroid vessels causing the pigmented arterial injection to stain the surrounding tissues. This imperfection in the subject is truthfully shown in the tinting added to the photograph. One cannot help being pleased to see this evidence of absolute truthfulness on the part of the delineator.

The interest which at the present day is attached to cerebral surgery is a sufficient reason for repeating the following statement of Dr. McClellan: "Repeated examinations of the relations of the fissures to carefully mapped-out points after removal of a disk of bone on the heads of many cadavers have shown the author the fallacy of depending solely upon measures, and the importance of making the artificial opening in the skull large enough to enable the operator to see the parts exposed." Occasionally the diction is a little obscure, as in the description on page 198 of the action of the sterno-mastoid muscle in causing wry-neck.

The necessities of binding have, unfortunately, obliged the publisher to distribute the plates somewhat unequally throughout the volume. This, as must happen in such cases, separates the text from the plates to which it refers. This is also due in part to the thorough manner in which the author describes the various regions, a method which requires frequent cross references to plates widely separated in the paging.

The book will be received with the greatest pleasure by those who are interested in studying or teaching human anatomy, and the publication of

the second volume will be awaited with impatience. It is unnecessary to congratulate the author upon the production of this work, because he who gives the amount of labor required for the accomplishment of such a self-imposed task must feel intense gratification at what he has lived to accomplish; and the man who can produce such a book certainly has the taste, judgment, and ability to appreciate its artistic and anatomical worth.

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### Personals.

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Sir Daniel Wilson died August 6th.

Dr. Acheson has removed to Trenton.

Dr. Jones, of Winnipeg, has returned from Europe.

Dr. R. C. Griffith took his L.R.C.P. London, July 28th.

Dr. J. T. Duncan has left for a short visit to England.

Dr. Amyot has opened an office at No. 1 Bloor Street East.

We deeply regret to announce the death of Dr. W. H. Henderson of Kingston.

Dr. James Rea, of this city, will shortly move to his new residence, corner of Dundas Street and Dovercourt Road.

Dr. J. H. Collins has left for a prolonged post-graduate course in Vienna.

Dr. A. Montgomery expects to sail for the continent next month to spend two years in Berlin and Vienna.

Dr. J. E. Graham, who has been spending the summer in Geneva, Switzerland, where there is a most excellent medical library, will return to Toronto early in September.

Surgeon-General Bergin, Surgeon F. W. Strange, R.C.I., and Surgeon G. S. Ryerson, R.G., have been elected Honorary Members of the Association of Military Surgeons of the National Guard of the United States.

As will be seen by our advertising columns, Dr. Ryerson has opened a private hospital for eye and ear cases, to enable private patients from a distance to enjoy the advantages of the supervision and nursing of such an institution.

The following is a list of the distinguished medical guests and delegates upon whom honorary degrees were conferred during the celebration of the Tercentenary of Trinity College, Dublin:—*Degree of Doctor of Sciences (D. Sc.)*. Professor J. Burdon Sanderson, Oxford. Professor Michael Foster, Cambridge; Professor Ludimar Hermann, Konigsberg; Sir George Murray Humphry, Cambridge; Professor Julius Kollmann, Basle; Professor Alexander Macalister, Cambridge; Professor Richet, Paris; Professor Sir William Turner, Edinburgh; Professor Wilhelm Waldeyer, Berlin. *Degree of Doctor of Medicine (M.D.)*: H.R.H. Archduke Charles Theodore of Bavaria; John Shaw Billings, Washington; Thomas Bryant, President Royal College of Surgeons of England; Sir Andrew Clark, Bart., President Royal College of Physicians, London; Adolf Gusserow, Berlin; Jonathan Hutchinson, London; Thomas Grainger Stewart, Edinburgh.

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### Miscellaneous.

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The following exchanges have been received.—*The Cincinnati Lancet Clinic*, *The Medical and Surgical Reporter*; *The Times and Register*; *The Quarterly Journal of Inebriety*; *The New England Medical Monthly*; *The Buffalo Medical and Surgical Journal*.

OWING to pressure upon our space we have been unable to give the excellent address of Dr. C. T. Campbell, Vice-President of the Council on Medical Legislation in Ontario, it will appear in our next issue, and is deserving of a careful perusal by all those who desire to become thoroughly posted on Council proceedings.

ACROLOZONE "Harvey," manufactured in this city, is a somewhat similar but much more stable preparation than hydrogen peroxide. It is a powerful antiseptic and can be used with greater freedom than the peroxide owing to its being unirritating. It is of particular value as a wet dressing for ulcerated surfaces; serviceable in cases of chronic suppuration, and simply invaluable in diphtheria. It is also being administered in teaspoonful doses in certain cases of dyspepsia.

THE Johnston & Johnston Co., (Ltd.), desire to draw the attention of the profession to the price list of new remedies and rare alkaloids, which appears on page vi of this issue. Heretofore it has been difficult to obtain many of these preparations, and we have no doubt that the profession will be gratified to learn that there exists a convenient depot for the supply of those chemicals that are only occasionally used.

THE attention of our readers is directed to the line of carbonated waters on page iv. McLaughlin's Hygeia Waters are recognized by the medical profession to be the best of their kind in Canada. The carbonic dioxide gas used in their aeration is generated from Brunner, Mond & Co.'s, 98 per cent. pure soda bicarbonate, which, as a source of gas, is immeasurably superior to the prevalent marble dust and whiting with their earthly impurities. The waters are supplied in bottles and syphons, but the syphon form is the more popular with the public as it involves no waste, the water remaining fresh until used. The waters most generally used are Seltzer, Vichy, Double Soda, Carbonic and the B. P. Soda, Lithia and Potash.

DIARRHOEA MIXTURE.—The following is a good astringent formula which may be used to relieve the diarrhoea prevailing about the period of cholera epidemics.

R Tinct. kino .....	ʒ iv
Tinct. catechu co .....	ʒ v
Tinct. opii .....	ʒ ii
Spt. ætheris .....	ʒ iii
Mist. crete .....	ad ʒ vi

S. Take one tablespoonful after each liquid stool, the bottle have been first shaken.—*Hill's Dictionary of Treatment*.

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### Births, Marriages, Deaths.

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#### BIRTHS.

PRIMROSE.—On August 9th, at 196 Simcoe Street, the wife of Alex. Primrose, M.B., Edin., of a daughter.

SMITH.—On 24th July, the wife of Dr. Harley Smith, Spadina Avenue, of a daughter.