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CANADA

MEDICAL & SURGICAL JOURNAL

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Original Communications.

THE PRESIDENT'S ADDRESS, CANADA MEDICAL
ASSOCIATION.

By GEO. E. FENWICK, M.D.

GENTLEMEN,—My first duty in addressing you is to return thanks to my professional brethren for the high honour conferred by them in electing me to fill this chair. When I consider the many able and gifted men amongst us, I feel that a far better selection might have been made. I can only bow in submission to your will, and at the same time assure you that I shall do my best to perform the duties imposed, trusting to the charitable judgment of all for any shortcomings on my part. I fully appreciate the high position I am called upon to fill. The Canada Medical Association is not confined to the members of our profession of any one Province of this vast Dominion ; our doors are open to all regularly qualified practitioners in good standing throughout the length and breadth of this Confederation. We are in fact an Association which represents the medical profession of the entire Dominion, hence it is no small honour to be nominated the presiding officer over a body of scientific gentlemen so constituted.

I do not propose on this occasion to discuss any subject of special professional interest, nor shall I inflict on you a lengthy address on the objects and aims of our Association, but shall, in a general way, touch on such topics as I feel it will be of advantage to dwell upon, if not to take some action upon with a view of

strengthening our hands and of giving greater importance to these gatherings. The benefit to us all of these meetings must be considerable. Men holding different opinions and of varying mental capacity meeting together and becoming familiar with each other's views and observations on various topics, must be of special benefit. It will awaken a spirit of emulation and a desire for a more careful record of facts, and I trust a willingness to give for publication in some of the medical periodicals of our country any new facts that may have been observed. But it is not alone new facts which are worthy of record; careful reports of cases, medical or surgical, must be of use. They add to the store which may be already full almost to repletion, still though a repetition of an oft told tale, attention will be directed to the subject, and the writer will feel that by publishing his observations he is advancing the best interests of his profession. We are, each one of us, bound to impart our knowledge to our fellow practitioner if we believe that it will be of service in relieving human suffering. In this lies the great difference between the charlatan and the honest physician or surgeon.

We have, each one of us, received a sacred trust, which has to be distributed for the relief of suffering humanity. These meetings are of use in bringing together comparative strangers, in forming firm and lasting friendships, so that, as a band of brothers, we engage in work which may be of benefit to the entire human family. This may, at first sight, seem a startling thought, but of its truthfulness there can be no doubt when we consider the cosmopolitan nature of our calling. As physicians and surgeons we are in verity citizens of the world, owing allegiance solely to our Creator.

Nothing can tend more to the diffusion of knowledge than the coming together of men of cultured minds, for the purposes of discussion and consultation on subjects forming a part of those sciences to which they have devoted their lives.

The programme before us is various; the subjects will have to be discussed in the order of our work, yet I may remark that a wider field will be indulged in when, outside these meetings, man

meets man in social converse, each one ready to impart, and each ready to receive, something that they did not know before,—some new idea—some new suggestion. Each one of us, I doubt not, has something to impart, or he may believe that he has. To do so in honest kindness will materially add to the importance and success of these meetings, because any views brought forward will be the text on which an interesting and instructive debate will follow. It is to be desired that discussion should, as far as possible consistent with the time at our disposal, be fostered. We meet for that purpose; not so much to hear the dogmatic enunciations of adepts in our art, as to take cognizance of the views, expressions, observations and records of all who have anything to say. Seeing, then, that this is so, and I feel that it will give greater satisfaction to you all than otherwise, I shall advise that we meet in sections, which, according to the second division of our By-Laws, we are enabled to do. The clause reads as follows :

“The general meetings of the Association shall be restricted to the morning sessions. The afternoon sessions shall be devoted to the hearing of reports and papers and their consideration in the following sections—

1. Chemistry, Materia Medica, and Medical Jurisprudence.
2. Practical Medicine and Obstetrics.
3. Surgery, Anatomy, and Physiology.
4. State Medicine and Psychology.

The members of the Association assembled shall have power to to resolve themselves into sections and choose their officers.”

By this method two or more sections can be carrying on the business of the Association at the same time, a larger amount of purely scientific work will be transacted, and each member will have an opportunity of hearing the opinions of his fellows and of expressing his own.

In all subjects for discussion we expect something new—something that has not altogether appeared to us as holding the same relationship, or of being of such importance as it is regarded to hold by the propounder of the question at issue; in all such debates we should be ready to receive truths, if they are truths,

and admit them if proven, for if dogmatic argument is persisted in, one object of this meeting will be frustrated. The mind, like the body, should be capable of adaptation or accommodation, yielding with pliancy to the varying conditions in which it may be placed.

We may believe that in scientific research, as under other conditions, wherever work has to be accomplished there will be found men with minds capable of undertaking it. Work undertaken and carried out by independent minds will in all likelihood vary in results. These, if persisted in, will lead to disagreement and discord. How necessary, then, for such assemblies as these, at which workers can compare notes and criticise one another's work with a view of arriving at something like consent and agreement of purpose.

The mission of this Canada Medical Association has not, so far, been developed. We are unable to point with satisfaction to what has been done in the past, but we must believe that our Society will in time be looked to for an expression of opinion bearing on public questions which appertain more especially to our profession. We may take cognizance of the influence for good in the councils of the nation which has attended the working of the British Medical Association—a society of medical practitioners embracing the three kingdoms of Great Britain and Ireland, and numbering some 10,000 members. Fifty years ago this Association was founded in the Board-room of the Worcester Infirmary. If we desire to emulate the usefulness of that society, much in the way of organization has yet to be done. It is acknowledged that the work of the British Medical Association, such of it at least as has to deal with public questions, is in a great measure transacted by the Branch Associations, of which there are many in England, Scotland and Ireland. I should gladly see a similar scheme introduced amongst us, for with Branch Associations holding meetings quarterly or oftener when necessary, the course of events bearing on matters of general interest, and which essentially belong to us as a profession, would be constantly under careful scrutiny, and many circumstances which are now passed over from being forgotten would be brought

to light and acted upon, with the full weight of the parent society, as being the expression of opinion of the profession of this Dominion. In England the Branch Associations are regarded as forming the strength of the Society, and the experience of our brethren on the other side of the Atlantic in this matter may well be taken advantage of by us in Canada.

The British Medical Association has but recently celebrated its jubilee, and we in Canada might be fast approaching the fiftieth year of our existence but for the unfortunate disagreement of those who had the matter in hand. It may not be known to all, and I place it on record because the sources of information are fast disappearing from amongst us. Nearly all the actors in that drama, which culminated in the city of Montreal on the 20th August, 1845, have passed to their rest. I must premise by stating that at that time in matters medical, the profession of this country was governed by an Act or Ordinance passed in the 28th year of the reign of His late Majesty King George III. This was felt to be a grievance, as the profession had slight recognition and no protection. In fact, we were without legislative recognition of any kind as affecting portions of the country which as individual towns or districts had no existence when the said Act or Ordinance became law. With a view of obtaining legislative powers and of advancing the general interests of the profession in united Canada, the various societies throughout Canada, at the suggestion of the Medico-Chirurgical Society of Montreal, appointed delegates, who met at Montreal on the 20th of August, 1845. For we find the following record on the minutes of that Society :

“ At a meeting of the Medico-Chirurgical Society of Montreal, held on the 21st July, 1845, the following resolution was unanimously adopted: Moved by Dr. Badgley, seconded by Dr. Crawford, ‘ That delegates be now selected by the Medico-Chirurgical Society of Montreal to meet those to be named by the Quebec, Toronto and Niagara District Medical Societies, said meeting to be held in this city on the 20th August, 1845, to adopt measures for the foundation of a Provincial Medical Association, the formation of by-laws for its governance, and the

general purposes contemplated for advancing the interest of the profession in this Province.' ”

Three gentlemen were sent from Toronto and Niagara District Medical Societies. Two, whose names do not appear, and who represented the Niagara District, arrived in Montreal on the 16th August, but left before the meeting on the 20th, and they concurred in the appointment of the late Dr. Hodder as sole representative for Western Canada, that gentleman, with his acknowledged pertinacity, remaining behind to watch the current of events.

At the meeting of the 20th, the following Societies were represented by delegates : five delegates from the city of Quebec, three from the District of Three Rivers and St. Francis, five representing the city of Montreal, and one representing the District of Toronto and Niagara.

The following proposal was moved by Dr. Badgley, seconded by Dr. Marsden :—“ That an Association of the licensed practitioners of the United Province of Canada be now formed, with a view to excite and encourage a more extensive cultivation of all the departments of medical science, and thereby to elevate the character of the profession ; to superintend, protect and maintain the rights and privileges of its members ; and to induce among them cordial co-operation in what relates to their common calling, as well as friendship and good feeling in their private relations.” It will be hardly believed that this motion was rejected by a deliberate vote, and it is greatly to be regretted that the rejection of this first proposition appears to have broken up the meeting, and the deliberations terminated.

In giving this historical sketch, I merely record a fact which is to be found elsewhere, that a desire existed at that early period in our history to establish an Association with like objects as our own, which was strangled wantonly in its very birth, and, strange to say, by the very men who had for months watched over its development with apparent solicitude. We must believe that, had it been otherwise, had the wise counsels of the minority prevailed on that occasion, and had the Association been consummated, very different would be the

position of our profession as to standing and usefulness at the present day. These observations are made with a view of goading us on in the course we are pursuing, and I trust that instead of relaxing our efforts, we will endeavour by all means at our disposal to strengthen, consolidate and unite, by which policy we can depend on increased usefulness and importance to the Canada Medical Association.

HEALTH STATISTICS.

It becomes my duty to bring under your notice the subject of Health Statistics, although I hope we shall receive an exhaustive report from the Chairman of the Committee appointed by this Association at our last meeting in Halifax. That committee was requested to continue communication with the Dominion Government with the view of securing important legislation in respect to sanitation and vital statistics.

It is reported of the late Lord Beaconsfield that when as Mr. Disraeli he addressed a public meeting at Manchester, he said: "I think that public attention should be concentrated on sanitary legislation. I cannot impress upon you too strongly my conviction of the importance of the legislature and society uniting together in favour of those important results. After all, the first consideration of a Minister should be the health of the people." In England the watchword of the Legislature for some years past has been "*Sanitas sanitatis, omnia sanitas.*" Thoughtful legislation bearing on the enforcement of sanitary regulations, each session forms a part of the business of the English House of Commons. But in England statistical inquiry has long been in existence, so that a sanitary topography of the country is available. It would almost appear that we in Canada do not really and truly appreciate the great and overwhelming importance of this subject. We hear the head of the British Government openly declaring with all the force and power of which he was capable, "that public attention should be concentrated on sanitary legislation." May we hope that similar words will be used by some leading member of the Executive at Ottawa? Nothing less than this should satisfy the Canadian people. It is a subject which affects our lives, our homes and little ones. Its

successful inauguration means progress and the enjoyment of all the blessings which are showered upon us, and its neglect will be attended by waste, in the death through preventable disease, of many whom we can ill afford to lose ; the lives of the people wasted, lost, neglected, exterminated by pestilence that we have the power to avert.

We are without any comprehensive scheme for the collecting of sanitary statistics. It is a matter of great difficulty, although very desirable. We ought to be able to point out the localities of the occurrence of disease, endemic or epidemic. The Government at Ottawa is desirous of receiving suggestions, and to show its earnest appreciation of the necessity for some action in the matter, a sum of \$10,000 is placed at the disposal of the Minister of Agriculture for the purpose of securing reliable returns and giving to the country a report thereon. At best the report, with such an extent of country and so small an amount to work with, will be limited in extent. My own impression is that the collecting of the returns can only be secured by municipal regulations.

Two separate and distinct kinds of work are involved in this labour. First. The collection of facts ; in this lies the chief difficulty. We cannot expect that voluntary reports will be forthcoming, and unless a general consent is obtained from medical practitioners throughout the country failure will follow, and the reports be utterly useless and unreliable. It has been proposed by one who has given this matter some thought, to appoint a certain number of enumerators, one, I believe, in each electoral division, who is to receive an insignificant stipend, for which he will be expected to give the reports of the extent and results of the practice of his *confrères* under their own signature ; said reports to be kept by the practitioners on schedules furnished by the Government. This scheme appears somewhat Utopian, and, I cannot but think, would fail.

The second point is, the arrangement of these facts, when gathered, into a condensed form for publication and use. This, of course, would be a matter for the Department to deal with, and I doubt not would be efficiently done. Any schedule that

is adopted should be easy of comprehension, simple in detail, so as to facilitate the work of enumeration.

It would be better for the present to limit the collection of statistics of disease to those cities and towns that have already some organization, as the existence of local Boards of Health or a Health Officer. We would thus obtain some trustworthy information. A commencement would be made, which would stimulate other localities to follow in the good work, and in time valuable and reliable reports would be obtained. To aim at too much, at the outset, will overtax our ability and may end in failure, or, what would be equally humiliating, inaccuracy.

I should furthermore suggest that a committee be named to confer on this important measure, and report to this meeting, so that, as an Association, we may be prepared to lay our views respectfully before the Government at Ottawa. The subject of public health was regarded to be of such importance by our American neighbours a few years ago, that at a meeting of their Medical Association, a resolution was passed, recommending the establishment of a National Sanitary Bureau at Washington. This was accomplished, and has been of great service, although the reports published in the "National Board of Health Bulletin" (an official periodical), have been questioned as to accuracy. Our neighbours are, however, working up the subject, and ultimately we may believe that the information which takes the form of a weekly report will be valuable and perfectly reliable for accuracy.

CHRONIC CEREBRAL ABSCESS, IDIOPATHIC (?)

BY H. N. VINEBERG, M.D., PORTAGE LA PRAIRIE, MAN.

I was called on May 6th, in consultation, to see Mr. C. T., who, it was said, had been on a bad drunk a few days previous, from which he did not appear to recover. He had left his house on the evening of the 2nd of May, and was brought back by some one on the following evening in a state of intoxication, which seemed not to pass off, as he remained delirious and incoherent. The patient, a man of medium stature, intelligent appearance, and about 45 years of age, lay in bed in a state of

semi-stupor, from which, however, he could be easily roused. Now and then he would make a sensible reply to a question, but this would appear to be mere chance, for on immediately repeating the question the answer would be foolish and irrelevant. He talked almost incessantly during our visit. Some things which he said applied correctly to past events, but the greater part was "sheer nonsense." He misnamed several articles shown him—*e.g.*, a watch he called a "map," but when he was told what it was, he said, "Of course it's a watch." This, however, did not occur in every instance he was corrected. On being asked if he had any pain, he lifted his hand to the left side of his head. The pupils were equally contracted, and responded slowly to light. There was no paralysis of sensation or of motion. Pulse 52, regular and full; temperature 98°F. Tongue large, flabby, and heavily coated with a white fur. Bowels constipated. Urine scanty, high-coloured, but no albumen. Lungs, heart and liver apparently healthy.

Looking upon the case as other than that of chronic alcoholism, a careful investigation of the patient's antecedents was entered into, and the following facts elicited from his wife, a sensible and observant woman: He had always been addicted to liquor, but during the previous four years had drunk very hard. In May, 1881, he came to Manitoba, and since then had not imbibed so freely. She (his wife) and family followed him in November, and on their arrival she found him looking haggard and thin. On expressing the change she noticed, he told her he had been occasionally ill during the summer, and at one time had been a week in bed with what they call "Red River fever." Six days after their arrival he was laid up with some illness which kept him in bed for a fortnight and in the house for three weeks more. The first few days he had several chills, but these were arrested by the then medical attendant. He did not appear to have any fever, his appetite was fairly good, the bowels regular, but he seemed to have lost all energy and vigour, and was *melancholic* and *fretful*. She paid no attention to the latter, attributing them to his brooding over their reduced circumstances. About the middle of February, '82, while at Brandon, he was seized,

after an exposure to cold, with chills, fever, severe pain in the left ear and side of head. In four days the ear "burst" and there was a slight discharge of matter, with great relief to all his symptoms. A couple of days after this he was brought home, and his wife syringed the ear for four weeks, though there was very little or no discharge, scarcely enough to soil the wadding he wore in it. From that time he was deaf in the ear, and he *occasionally* complained of pain in the left side and front of his head. From the same period dated a *gradually increasing failure of memory*, with a change of disposition. He grew "peevish and irritable." On April 4th, was again laid up for a few days, was delirious, and complained a great deal of pain in the left side of the head. He recovered sufficiently to get about, but never did a day's work afterwards. So far as she knew, the only injury he had ever received was during a drunken brawl four years previous. Some person knocked him down and left the marks of the nails of his boot-heel over his left eyebrow. He was not rendered insensible by the blow, nor did any untoward symptoms follow. She thought that since then liquor had a more violent effect on him—"the effect of making him crazy." Family history good, and he had always been a strong, healthy person.

The case was now looked upon either as cerebral tumour or abscess, but the probabilities appeared to weigh in favour of the former; the absence of any fever militated against the latter as following the: "ear affection."

May 7th.—Had a restless night. At the visit he spoke sensibly for a few minutes. He said he was not "crazy," that he knew everything that was going on around him, but that he could not find the right words to express himself. "The whole trouble," he said, "lies here," and he put his hand up to the left side of the front of his head. Pulse 48, volume good; temperature 98°F.

May 11th.—Has been growing violent for the past three days. It is with difficulty he is kept in bed. Pulse 52; temp. 98½°F.

May 12th.—Since yesterday's visit, has been sleeping the greater part of time. His breathing is heavy, and he sleeps

with his mouth open. Pupils equal, and rather small; pulse 52, small and weak; temperature 98°F.

May 14th.—No change; pulse 48 in sleep and 60 when roused.

May 20th.—During the past couple of days has been more awake, and occasionally gives a sensible reply. With the kind assistance of my friend Dr. Higginson, an examination of the eyes and ears was made. The left membrana tympani was found completely gone; right normal. No marked changes were observed in the papilla retinæ; the left was thought to be paler and its vessels more distinct than the right. An expert would probably have discovered some changes. The vision, however, had always been good, and when tested in his sane moments, appeared normal. Pulse 64, volume and power tolerably good; temperature 98°F. Has a troublesome, hacking cough, due to mucous accumulating at back of throat.

May 30th.—Has remained much the same until three days ago, since when he has been very noisy and violent. His wife says she noticed that he does not use his right extremities so much as his left. I cannot detect any difference in the power of the two sides. Pulse 76, soft and compressible; temp. 98°.

May 31st, 7 p.m.—A small swelling made its appearance this morning in front of the left tragus, which has been gradually extending. It is tense, globular, and extends downwards in the direction of the fibres of the masseter muscle. The skin covering it is red and hot, and the patient offers resistance when it is touched. Pulse 120, weak and compressible; temperature 102°. Poulitices to be assiduously applied to swelling.

June 1st, 11 a.m.—Passed a restless night. Swelling increased in size, and gives the sense of deep fluctuation. As a *dernier ressort*, it was decided to make an incision into the swelling. Dr. De la Haye, the attending physician, cut down freely at the dependent part, in front of the lobe of the ear. A grooved director was then passed into the opening, and over this a pair of dressing forceps, and the deeper structures thus ruptured. Some dark blood oozed out, but no pus. The poulitices were ordered to be continued. Pulse 126, weak, irregular and compressible; temperature 101°F. Left pupil

smaller than the right, and very sensitive to light, while the right responds, but very slowly. Died at midnight, apparently from exhaustion.

The treatment consisted of the administration of the bromide and iodide of potassium, blisters in front and behind the ear, and purgatives to keep the bowels soluble. The diet was bland and nourishing.

Autopsy, 16 hours after death.—*Brain*—Left hemisphere very much congested; vessels full of blood, but no effusion of lymph along this course. Occupying the left middle lobe is an abscess the size of a small hen's egg, possessing a very thick fibrous capsule. It lies loosely imbedded in the white matter (which, to the naked eye, appears normal), and small portion of the sac is visible at the outer and inferior part of the lobe near the fissure of Sylvius. The sac at this point presents a small valvular opening, scarcely large enough to admit the point of a surgical probe; the opening is filled with pus, which, on the slightest pressure of the sac, exudes freely. The pus is of a dark-greenish colour, and is quite colourless. No effusion in the ventricles; dura mater normal. No evidence of diseased bone anywhere. The cut through the skull anteriorly is high up, and the frontal bone on the left side at this point is much thicker than on the right, but the bone appears healthy, and the dura mater is normal at this part.

The other organs were not allowed to be examined.

It is through the kind permission of Dr. De la Haye, the medical attendant, that I am enabled to publish the case, which I think presents several points of interest.

1. The absence of any known cause. I think we may confidently exclude the ear trouble three months prior to death as the cause. There was no diseased bone, no inflammation of the membranes, the situation was unfavourable, and, what is most conclusive, the abscess must have been forming long before he had the ear affection. The thick, firm, fibrous capsule of itself indicates an older existence, and the clinical history, in my mind, points unequivocally to an earlier date. We can, I think, safely say that the illness accompanied by chills in the beginning of

November owed its origin to the brain lesion. This may even have been in existence prior to that date. His health had been poorly all summer, and for a week he had been in bed with what "they call the Red River fever." Again, the slight injury he had received four years previous, as related above, cannot reasonably be held in the relation of cause. In so far, then, as we know, it adds one to that unsatisfactory list of cases—the Idiopathic. 2. Its insidious course and the several periods of latency resembling, in these respects, tumour. 3. The absence of any paralysis, either of sensation or of motion. 4. The peculiar form of aphasia. In this connection it may be of interest to mention a point left out in the report. During the last three weeks of his life, when asked to show his tongue, he would open his mouth widely, and apparently make considerable effort to protrude the organ, but without any success. I have kept him for a minute or more at a time urging him on, but the tongue would refuse to leave its cavity. 5. The absence of any fever during the terminal stage until two days before death. The fever coincided and doubtless was caused by the sixth point of interest. 6. The appearance of the tense inflammatory swelling in front of the left ear 36 hours before the end. Is it not probable that this was produced by a couple of drops of pus from the overflowing capsule trickling through one of the foramina in the skull and finding its way into the cellular tissue in the vicinity of the masseter muscle, in which it excited inflammation? But why, it may be asked, did the pus not set up inflammation in the meninges? Let pathologists solve the problem.

CASES IN PRACTICE.

By JOSEPH WILLIAMS, M.D., BOSTON, MASS.

CASE I.—*Infantile Convulsions with Aphasia.*

It is not common to find aphasia, associated with hemiplegia, occurring during infantile convulsions, and the following case may be interesting, as it illustrates complete and rapid recovery from these conditions:

D. V., æt. 2½ years; female; good physique; has enjoyed excellent health; was an intelligent and fluent talker for her

age. During a severe thunderstorm (July 19th), she was seized with a convulsion, from which she recovered after the use of a hot bath given by the parents. An hour later (4 P.M.) she was again seized, and remained unconscious until the following morning. After she had been in an unconscious state nearly two hours I was called. At this time there was no paralysis to be detected in the limbs, but the eyes were strongly rotated to the *left*. The spasms were nearly continuous, and affected all the limbs equally. Used hot mustard bath and enemata of Potass. Bromid. with Mist. Assafoetidæ, but without success. Head now rotated strongly to the *left*; *right* arm and leg lie passive, except there is slight twitching and trembling, which persists in the intervals between the convulsions. The paroxysms continuing to be severe, I began the use of ether, and kept the child more or less completely under its influence for nine hours. During that time the convulsions reappeared if the ether was removed for five or ten minutes. Altogether I used slightly over one pound of Squibb's ether. The temperature during the night ranged from 103° to 104°; pulse, 150 to 165. Shortly after beginning the use of the ether I leached the left temple and kept up bleeding by warm fomentations.

As the effect of the anæsthetic passed off it was seen that there was *right*-sided hemiplegia; slight, almost continuous tremors of paralyzed limbs and mouth; nystagmus, horizontal; rotation of eyes and head strongly to the *left*; ptosis on *left* side; partial paralysis of sensation of affected limbs; drawing down of *left* angle of mouth; inability to protrude tongue; strong visible pulsations over precordial and carotid regions; and complete loss of speech.

Second day.—Intelligence improved; no power over paralyzed limbs, but less tremor and more sensibility; eyes well under control; head not rotated to left; the tongue cannot be protruded, although the child attempts to do so. The aphasia is evident; when spoken to the child appears to understand, and attempts to answer, but only succeeds in making an inarticulate sound; said "no" once, but not distinctly. Temperature, 103°; pulse, 144; respiration, 42, at 7 P.M. Treatment—Quiet and

rest, cold to head, and internally Potass. Iodid. gr. iv, with Syr. Ferri Iodid. $\text{m} \text{v}$ t.i.d.

Third day.—Slight voluntary movements of affected limbs; very little distortion of mouth in swallowing; cannot protrude tongue; makes only inarticulate sounds. Temperature, 101° ; pulse, 125.

Fourth day.—Power over limbs markedly increased, and tremor has ceased; made use of the words "milk" and "chair." Temperature, 99° ; pulse, 125.

Improvement continued steadily; child walked with some awkwardness on eighth day; perfectly on the ninth; has not spoken a word since last note; protrudes tongue readily without deviation.

I did not see the child again until the twentieth day, when I found she had regained the use of many words, but did not speak as freely as before illness; could not be induced to repeat words after her friends. It is worthy of note that she appears to remember perfectly incidents that had occurred before her illness.

CASE II.—Spasm of the Glottis treated by Nitrite of Amyl.

In this case I had been treating the child, aged nine months, for simple diarrhoea of two days' duration. This was readily controlled, but on the morning of the third day I was sent for in haste, as the child was thought to be suffocating. I found the child had slept naturally, but about 6.30 A.M. had a very slight spasm of the arms and legs, and at once began to breathe heavily, and became unconscious in about ten minutes; there was no cough at any time. At 7 A.M. the hands and wrists, feet and ankles, were cold and purplish; lips livid; breathing very labored, 16 per minute; expiration much prolonged; sinking of whole chest wall at each inspiration; pulse thready, and child quite unconscious. The use of cold having no effect in reviving the child, I sent one messenger for Nitrite of Amyl and another for assistance, with a view to possible tracheotomy. I caused the child to inhale the contents of two 5-minim. pearls of the nitrite so gradually as to cause only slight flushing of face; almost immediately the stridor ceased, the breathing improved, the surface became warmer, pulse more distinct, and in perhaps

two minutes the child was in a deep sleep, which lasted about twenty minutes. A hot bath, linseed poultice to abdomen, and internally Potass. Bromid. $2\frac{1}{2}$ grs. every two hours completed the treatment. Child was as well as usual next day.

I report this case simply to bear testimony to the value of Nitrite of Amyl in an urgent case, and also because I am not aware of its having been used in this affection.

QUARTERLY RETROSPECT OF SURGERY.

PREPARED BY FRANCIS J. SHEPHERD, M.D., C.M., M.R.C.S., ENG.

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Excision of the Tongue.—Mr. Walter Whitehead, F.R.C.S., F.R.S.E., &c., in a paper in the London *Lancet* of Oct. 22, 1881, reports 28 cases of excision of the tongue through the mouth, with only one death from the operation, that of an old man aged 69. He first performed his operation of removal of the whole tongue through the mouth, with scissors, in November, 1877. The operation is conducted as follows:—

1. The mouth is opened to the full extent with a gag. This duty is entrusted to an assistant.

2. The tongue is drawn out of the mouth by a double ligature passed through its substance an inch from the tip. This ligature is given in charge of another assistant, who maintains throughout the operation a steady traction outwards and upwards.

3. The operator commences by dividing all the attachments of the tongue to the jaw and to the pillars of the fauces, after the manner suggested by Sir James Paget, with an ordinary pair of straight scissors.

4. The muscles attached to the base of the tongue are then cut across by a series of successive short snips of the scissors until the entire organ is separated on the plane of the inferior border of the lower jaw, and as far back as the safety of the epiglottis will permit.

5. The lingual or any other arteries requiring torsion are twisted as divided. It is generally found that a moment's pres-

sure with a small piece of sponge held in a sponge forceps suffices temporarily, if not permanently, to arrest any bleeding; it is, however, regarded as desirable to twist immediately, or after the tongue is removed, every bleeding vessel.

6. A single loop of silk is passed by a long needle through the remains of the glosso-epiglottidean folds of mucous membrane, as a means of drawing forwards the floor of the mouth should secondary hemorrhage occur. This ligature may safely be removed the day after the operation.

Mr. Whitehead recommends that the after treatment should consist in feeding the patient for the first three days absolutely and solely by nutritive enemata, satisfying thirst by occasionally washing out the mouth with a weak iced solution of permanganate of potash. Speaking should be forbidden.

This operation of Mr. Whitehead's is now quite an established one in surgery, and, for the removal of the *whole* tongue, is preferable to any other. It is easily performed, requires few instruments, and more certainly removes the whole tongue than where the *écraseur* is employed.

Mr. Henry Norris, F.R.C.S. (*Lancet*, May 30, 1882), in a paper on *Epithelioma and Ichthyosis of the Tongue based on the records of seventy-five cases*, gives some observations on the relative value of different methods of excising the tongue. These observations are confined to cases, twenty in number, operated on by himself. *Six* operations were done with the galvano-cautery *écraseur*, and in one of these the cheek was divided obliquely downwards from the angle of the mouth, after Gant's method. *Seven* were done with the twisted wire *écraseur*, and in one of these also the cheek was divided; in two, the twisted wire rope was passed into the mouth through a supra-hyoid incision, and in two the wire was looped round the tongue without any preliminary incision; in the remaining two cases of this series only the anterior portion of the tongue was removed. *Three* cases were operated on by the twisted wire *écraseur* after median division of the tongue. In *four* cases the knife or scissors were used to remove the organ.

The average period of convalescence in five of the galvano-

cautery cases was 32.4 days. The shortest, 26 days; the longest, 50 days. The sixth case died. The average period of convalescence after median division (three cases) with the twisted wire *écraseur* was 21 days; shortest, 16 days; longest 27 days. The average period of convalescence of five cases operated on with the twisted wire *écraseur* was 19.2 days. Two patients were well in 12 days; the longest 27 days. In the sixth case where the suprahyoid incision was used, a fistula remained for a year; and in the seventh case, recurrence took place before the wound was healed. In three cases where the cutting operation was performed, the average period of convalescence was $16\frac{1}{2}$ days. In the fourth case, where the symphysis was divided, the bone did not unite for five months.

Mr. Morris remarks that the amount of tongue removed does not affect the length of the period of convalescence. He does not recommend the supra-hyoid incision; he says it is not necessary for drainage, and that a fistulous opening is liable to remain. When more room is wanted to get at the base of the tongue, Mr. Morris prefers the division of the cheek from the angle of the mouth; the wound heals readily, leaves but a slight scar, and adds nothing to the risk of the operation. He considers that division of the symphysis is the most formidable and least favourable method of operating, and is only necessary when the mucous membrane on the inner surface of the jaw is affected and cannot be otherwise removed. In his earlier operations, Mr. Morris employed the galvano-cautery *écraseur*; this he has now discarded; the slough which follows is most offensive, and the period of convalescence prolonged. He now prefers the twisted wire *écraseur*, but cannot recommend any one method of operating, as the operation must be planned to suit each individual case. His recoveries after the use of the twisted wire have been more rapid, and hemorrhage is seldom or never troublesome. He considers the most important safeguard of the operation to be the passing of a stout ligature through the root of the tongue, behind the line of operation. By traction upon it, this ligature not only assists in counteracting the tendency of the *écraseur* to drag the check needles forward, but prevents the stump from

falling back over the top of the larynx. Mr. Morris says that the mortality after operations on the tongue does not amount to three per cent.

With regard to the after treatment, two points are dwelt upon : (1) feeding by the rectum at intervals of not more than four hours from the day of operation till plenty of nourishment can be swallowed ; and (2) frequent and thorough irrigation, especially just before and after taking food through the mouth. Irrigation should be continued until the wound is healed. In cases in which secondary hemorrhage has occurred, half drachm doses of liquid extract of ergot and the local application of styptic colloid have been found most effective.

In the August number of this *Journal* a case is recorded where the tongue was removed for cancer by Dr. Roddick by means of the chain écraseur, combined with the cutting operation with scissors. The scissors were used to separate the tongue from the floor of the mouth, and the écraseur was then introduced through a suprahyoid incision. Convalescence took place on the 27th day. A tube was placed in the suprahyoid incision for drainage ; after removal of the tube, the suprahyoid opening soon completely healed.

Mr. Henry Gray Croly, F.R.C.S., records two cases (*Dublin Journal Med. Science*, July, 1882,) of removal of the tongue, in which, before removal, he ligatured the lingual arteries by an incision extending from the symphysis to the hyoid and back to the angle of the lower jaw. The tongue was then drawn out through the incision below the jaw, as in Regnoli's operation, and removed without hemorrhage by means of a benzoline cautery. The period of convalescence is not given, but the patients recovered. I forgot to mention that the gustatory nerves were also divided for the purpose of relieving the ptyalism.

Mr. Bennett May, B.S., F.R.C.S., in a paper on *Excision of the Tongue, &c.*, (*Lancet*, June 10th, 1882), believes that, notwithstanding Mr. Jenathan Hutchinson's impressive appeal for early operation in cancer of the tongue, surgeons will not generally urge, nor will patients accept, any operation for the removal of a considerable portion of the tongue, until the other-

wise hopeless, and necessarily fatal character of the disease, is, to their minds, clearly established. In the case reported the cancerous disease was of rapid growth, and involved the floor of the mouth and lower jaw as well as the tongue. The tongue being secured by a ligature through its tip and the requisite teeth being extracted, Mr. May carried an incision through the median line of the lower lip, under the jaw, to terminate at the hyoid bone. The tissues, including the gum and periosteum on either side, were then dissected back nearly as far as the angle of the lower jaw on the left side. Holes were then drilled in the jaw outside the line of the intended section, the bone cut away with a straight saw, and the soft parts at the floor of the mouth divided with scissors. The tongue was then removed with a chain écraseur. Patient was fed by the rectum for six days; period of convalescence 28 days.

Dr. Fenwick, at the Montreal General Hospital, performed a very similar operation to this in a very similar case some six months ago. The patient recovered completely, and has since had no return of the disease.

In the *Annals of Anatomy and Surgery*, Dec., 1881, Dr. Joseph Howe records two cases of entire removal of the tongue, and describes a "safety-pin tourniquet," whose use, he thinks, will render the extirpation of the tongue an exceedingly safe and simple operation.—(*American Jour. of Medical Science*, April, 1882.)

Treatment of Acne Rosacea.—At the meeting of the Harveian Society, held April 27th, 1882, Mr. Malcolm Morris gave a short account of the treatment of severe cases of *acne rosacea* by scarification. He pointed out that there were two classes of cases: the one consisted of acne spots, surrounded by red patches, the nose being considerably enlarged from hypertrophy of the tissues; in the other there was flushing of the nose, erythema, a varicose condition of the veins, and hypertrophy without acne. It was in the latter class of cases that Mr. Morris advocated scarification. This condition of the nose occurred in people of feeble circulation, whose hands were generally cold, and who were easily affected by changes of temperature; in a

hot room the nose itched, and caused great discomfort; when exposed to cold there was great pain. The operation of scarification Mr. Morris performs as follows: First of all, the nostrils are filled with cotton wool to make the skin tense; next all the blood-vessels are slit up throughout their length by a knife double edged at the point, then with an instrument having a number of fine blades close together, the vessels are thoroughly divided transversely; free hemorrhage follows, which must be encouraged, and is beneficial. The clots and serum are absorbed by blotting paper, and the patient is enjoined not to touch the nose for several days. The scarifications heal in a few days, and leave no scars. This operation is to be repeated a number of times until the nose is reduced to normal. Mr. Morris had scarified 28 cases successfully; one which was done in 1879 has remained well ever since.—(*Brit. Med. Jour.*, May, 1882.)

The above mode of treatment is a modification of that employed by Hebra and Volkmann. Hebra employed a double-edged lancet-shaped needle, with a shoulder 2mm. from the point, to prevent it going too far into the skin. With this instrument the vessels were punctured deeply and rapidly. The punctures were made in horizontal rows. In mild cases the repetition of the punctures usually was not necessary. In the severer forms Hebra employed Volkmann's method, viz., shaving or scraping off the inflammatory products and hypertrophied masses with a Volkmann's spoon. The operation is not a painful one. He employed this method also to remove nævi, port wine stains and superficial teleangiectasis. The epidermis only should be removed. In the mild cases without hypertrophy, and with the formation of pustules, I have found that the evacuation of the pustules as soon as formed and the nightly application of sulphur ointment prove very beneficial. The ointment should be washed off in the morning, and the nose rubbed with a soft flannel, covered with the lather of Pear's transparent soap before being reapplied in the evening. I have also occasionally seen benefit derived from the application of chrysophanic ointment, 20 grs. to the ounce.

Dr. J. H. Staines, in a paper read before the Cambridge

Medical Society, on the *Nature and Treatment of Acne* (*Brit. Med. Jour.*, June 24th, 1882), referring to *Acne Rosacea*, dwelt on the necessity of simple diet, the avoidance of alcoholic stimulants, and the use of soap and water locally. He also recommended the application as many as 12 or 15 times daily of a lotion containing precipitated sulphur, camphor, glycerine and lime water. He spoke of the advantages of local depletion, and described an instrument devised by Volkmann for producing multiple punctures. In ordinary acne he advocated the use of precipitated sulphur, in the proportion of 4 drachms to 6 ounces of lime water, with 3 drachms glycerine and a little spirits of camphor.

New Antiseptics—Boro-Glyceride.—This was lately introduced by Professor Barff for the purpose of preserving meat during long voyages, and is a compound of boracic acid with glycerine. Mr. Barwell first introduced it into surgery, and has used it most successfully in place of carbolic acid. He holds that it is less irritating (*Lancet*, May 13, 1882) locally, and free from the danger of constitutionally poisoning. Mr. Barwell used it of the strength of 1-20. For the last six weeks I have used it at the General Hospital as a substitute for carbolic acid in moist dressings, and have been favourably impressed with it. Wounds seem apparently to heal with glyceride more rapidly than with carbolic acid. I use it of the strength of 1-30 or 40. In several cases of severe crushing injuries of the hand where it was used, healing took place very rapidly. It is rather insoluble in water, and I am now about to use a solution of it in glycerine, diluted with water.

Glycero-borate of Calcium and Glycero-borate of Sodium.—M. G. Le Bon has just presented to the Academy of Sciences the above new and very effective antiseptics (*Lancet*, Aug. 5th, 1882.) Both have the advantage of being very soluble, destitute of odour, and free from all toxic action. When exposed to the air they both deliquesce rapidly, absorbing from the air an equivalent weight of moisture. Both alcohol and water dissolve twice their own weight of these salts. They are powerful antiseptic agents, even in dilute solutions; the most effective thera-

apeutically appears to be the glyceroborate of calcium. It is absolutely innocuous, and can be applied in strong solution to so delicate an organ as the eye without bad result. They are both good disinfectants and preservers of meat. M. Le Bon has transmitted meat simply coated with a varnish of the glyceroborate to La Plata, and it has arrived in a perfectly fresh condition. He thinks both salts will prove very useful as antiseptics in Lister's mode of dressing wounds.

These salts, from their solubility, will no doubt be an improvement on the boro-glyceride of Prof. Barff.

Dr. Geo. Thin (*Lancet*, May, 1882,) reports several cases of chancre treated by a solution of glycerum boracis, in which the sores healed with marvellous rapidity. The theory, says Dr. Thin, on which the method was conceived was that of keeping the surface of the sore saturated with a solution that would effectually prevent the development of organisms. He thinks this would prove a very suitable application for phagedæna and hospital gangrene.

Treatment of Carbuncle by Injection of Carbolic Acid.—

Dr. Lopez Rubio records (*El Siglio Medico*, 1882,) a case of anthrax, in which treatment by subcutaneous injection of carbolic acid—a plan first suggested by Dr. Olavide—gave very remarkable results. The anthrax occurred in a man aged 30 years, and was situated in the interscapular region. It measured, when first seen, approximately, 7 inches vertically by 5 horizontally, the centre being occupied by a cone of dark-coloured sloughing skin. The constitutional disturbance was considerable, the pulse being 110, accompanied by pyrexia and severe headache. A five per cent solution of carbolic acid in water and alcohol was injected, with a Pravaz's syringe, into each of the four quadrants of the tumour. Next day the anthrax had decreased about one-half in its superficial dimensions, its angry complexion had departed, while nearly all constitutional disturbance had ceased. The same treatment was continued for two days longer, when the patient had so far improved as to be able to return to his work.—(*London Medical Record*, June, 1882.)

Dr. Chas. Taylor (*Australian Med. Gazette*, Dec., 1881,)

strongly recommends the injection of carbolic acid in the treatment of carbuncle. He has treated six typical cases, all seated about the nape of the neck, and occurring in men of good bodily health and condition. Five were treated, within the first three days of their existence, by injecting pure carbolic acid into them; the sixth had been submitted to free incision before any acid was used. The five cases treated without incision recovered rapidly; the sixth lingered on through two or three weeks of extensive sloughing and profuse suppuration. Dr. Taylor injects with a hypodermic syringe five or six drops of pure carbolic acid; the skin around should be smeared with oil to protect it from any acid that may escape. Little or no pain is felt when the acid enters the tumour; the patient at once becomes comfortable, and experiences a glow of pleasing heat passing throughout it. The carbuncle rapidly aborts, discharges a small quantity of pus, and ceases to trouble or runs through a few days of active suppuration, speedily terminating. One application of the acid is sufficient, aided by the usual linseed-meal poultices, fomentations, &c.—(*Edin. Med. Jour.*, Aug. 1882.)

Dr. Peter Eade (*Lancet*, July 22nd, 1882,) treats formed boils by the introduction of carbolic acid through their openings; he considers that boils are local, parasitic and contagious, and carbolic acid destroys the parasite. He also advises that boils should, in their early stages, be destroyed by a good caustic, as nitrate of mercury, nitric acid, strong carbolic acid, or nitrate of silver.

New means of Diagnosing Unilateral Renal Disease.—Th. Gluck, in the *Centralb. f. Chirurgie*, says: I need only mention in passing, as being generally well known, the method of Tuckmann, Simon's catheterization of the ureters and Hegar's ligature of the ureter from the vagina. By none of these are we guarded against unpleasant surprises during the course of the operation, or rather during the autopsy which soon follows it. A method in cases where nephrotomy is thought necessary, by which the presence of active renal parenchyma on the presumed normal side might be determined with ease and celerity, would certainly tend to favour the general extension of this salutary operation.

I would suggest the following mode of procedure: The morbid kidney is exposed by means of a small incision made in the usual position at the edge of the sacro-lumbalis muscle. The ureter is then isolated and its lumen temporarily obliterated either with a ligature or a small clamp. A solution of some salt, which is rapidly excreted by the kidneys (potassium iodide), is then injected subcutaneously, and its presence in the urine is, after a short time, ascertained by the ordinary tests. If the result of the chemical examination be negative, the temporary ligature is removed from the ureter and the wound closed as after an ordinary exploratory incision. But should traces of the salt be found in the urine, we are assured that, functionally, active renal substance must still exist in the supposed normal kidney, and extirpation of the organ affected may be proceeded with. Two conditions may diminish the value of this test. (1) For reasons easy to understand, a lecotropal kidney would not be diagnosed with certainty; and (2) under peculiarly complicated anatomical conditions, the isolation of the ureter might be attended with great difficulties. I believe, however, that the ureter will in general be easily secured, so that the method is worthy of trial in the class of cases referred to.—(*Edin. Med. Jour.*, Aug. '82.)

The Coat Sleeve Method of Performing the Circular Amputation.—Mr. Richard Davy, of Westminster Hospital, describes the above novel operation in a clinical lecture (*Brit. Med. Jour.*, June 17th, 1882), and gives three cases to illustrate its advantages. He dissects back, as in the circular amputation, a sleeve of integument 3 to 6 inches in length. Then the soft parts are divided to the bone, and the periosteum carefully peeled off up to the point the bone is to be divided. After trimming off any projecting tendon or nerve from the stump, and tying the vessels, the skin sleeve is tied up with a piece of tape (very much like a bag of flour is closed up), the tape is passed through a cylinder, and the ligatures are allowed to hang through the crucial slit on the face of the stump. The wound may be treated with or without dressings. Mr. Davy prefers none. The surgeon must carefully watch that the tape does not strangulate the skin sleeve. Should the stump become œdematous or any necessity

for drainage arise, then a drainage tube may be inserted into the face of the stump. According to Mr. Davy, the advantages are: (1) The conservation of an abundance of skin, subcutaneous fat and areolar tissue, which, by mechanical arrangements, are utilized so that the scar is reduced to a minimum, and the cushions to a maximum. (2) The total abolition of sutures, which, however necessary, are invariably painful in removal; and the sutures, as previously employed, necessitated a linear cicatrix on the face of the stump. (3) The facility granted to the house surgeon for restraining, and to the patient for escaping, secondary hemorrhage. (4) Freedom from pain, exclusion of air, and adaptability for perfect drainage. (5) The symmetrical appearance and utility of the stump.

I should fancy that one great disadvantage of this operation, notwithstanding all said in its favour by Mr. Davy, would be the amputating of the limb higher up than was necessary to procure a sufficient amount of skin to make the "coat sleeve." Mr. Richard Davy is well known through his practical and racy "Surgical Lectures." His ingenuity is manifested by his operations for club-foot, his hammock suspension, and above all his lever for controlling hemorrhage in hip joint amputations. In this connection I may remark that during July last three cases of amputation of the right hip joint were performed successfully in England with the aid of Mr. Davy's lever. A case where Mr. McLaren, of Carlisle, operated, lost two ounces of blood; a second, under Mr. Cowell's care, at the Westminster Hospital, lost three ounces; and a third case, where Mr. Paul Swain, of Plymouth, performed amputation, lost but one ounce and a half.—(*Brit. Med. Jour.*, Aug. 12th, 1882.)

Strange Urinary Calculi.—Dr. Bennett, at a recent meeting of the Dublin Pathological Society (*Dublin Medical Journal*, 1882), showed some specimens of calculi presented to the Museum of the School of Physic by Surgeon-Major T. Robinson, of the Bengal army. The first example was a primary calculus of remarkable shape, not unlike a mushroom. It consisted of oxalate of lime, mixed with crystalline phosphate. The nucleus consisted of a bullet of moderate size, altered from its original

shape; the whole calculus weighed nearly an ounce. The bullet had entered through the right gluteal region and ilium to the bladder two years before removal.

Dr. Bennett remarked that several similar examples of rare interest are in the Museum of the College of Surgeons, Dublin, and were presented by Mr. Colles and Mr. Cusack. In Mr. Cusack's case the bullet has very little stone about it, and was removed two years after the receipt of the injury.

In the session of 1878-9 a subject was dissected in the anatomical rooms of McGill University,* in whose bladder was found an ounce bullet. It was partially encysted, and in parts coated with a thin covering of phosphates. Unfortunately, the track of the bullet could not be made out, as the dissection had gone too far before its discovery. The bullet was not at all altered in shape, and was one of the old "Brown Bess" variety, 16 to the pound. As the man had died in hospital of some lung affection, I was able to find out that he had been a soldier, and went all through the Crimean war, so that probably the bullet had remained in his bladder for 22 or 23 years.

It is a remarkable fact that bullet wounds of the bladder are much less dangerous than bayonet or knife stabs, or injury from fracture of the pelvis.

A New Method of Detecting Stone in the Bladder.—Mr. J. McK. Davidson (*Lancet*, July 1st, 1882), has devised an instrument for detecting stone in the bladder, which he terms a lithophone. An ordinary sound and about two feet of Indiarubber tubing is all that is required. One end of the tubing is slipped over the sound after it has been introduced into the bladder, and the other end held closely to the ear, and the bladder explored. Mr. Davidson says that the advantages are as follows:—(1) A small calculus can be detected, which would otherwise be overlooked. (2) Practice will enable the operator to distinguish the size and character of the calculus readily. (3) It is probable that a somewhat similar ear connection with a lithotrite will enable the operator to find and secure small fragments more readily and so crush them. I should suggest that instead of

*This specimen is now in the Medical Museum of the University.

holding the tubing to the ear an ear piece be fitted to it, and that it be used as in Politzer's method of inflating.

Dr. Geo. C. Duncan, formerly of Canada, some years ago published in the *Edin. Med. Jour.* a method of detecting small fragments of stone in the bladder. He coats a sound with a preparation of lamp black, and when it comes in contact with a fragment a scratch is made on the blackened end of the sound. I had the pleasure of seeing some experiments made of this method on the cadaver in the dissecting room of McGill University, and certainly was very favourably impressed with what it could accomplish in detecting very small fragments of stone.

Radical Cure of Varicocele.—Dr. Angelo Negretto records (*Gaz. Med. Ital. Prov. Venete*) two cases of varicocele, in which he succeeded in obtaining a speedy and permanent cure by intravenous injections of chloral hydrate. In the first case the patient was aged 28; the varicocele was situated in the left side, turgid and painful. Dr. Negretto injected with a Pravaz's syringe, in four different places, a solution of chloral-hydrate, of seven grains to the ounce. At once a small hard knot could be felt in the lumen of the vein. Within a few hours a mild attack of orchitis supervened, which yielded readily to ordinary remedies. The injection was repeated in one or two other spots, with the same result of again inducing orchitis, which, however, was of the mildest possible type. Six days later all visible traces, both of the operation and the varicocele, had disappeared. Along the course of the spermatic vein a few hard, small, and indolent nuclei could be felt, which corresponded to the seat of the punctures. The author remarks that in this case the obliteration of a few branches of the spermatic vein had evidently been sufficient to effect a cure. The second case occurred in an individual aged 23, in whom varicocele had existed six years. Five injections were used, with the result of producing a clot in the vein, followed by slight orchitis, with severe pains radiating from the spermatic cord over the pelvis generally. A week after the last operation the cure was complete; and as the patient never returned, the author believes it was permanent.—(*London Med.*

Record, May, 1882.) This method needs to be tested and tried in a greater number of cases before any deductions can be drawn as to its usefulness. In every case the orchitis produced may not be so mild as in the two reported, and the inflammatory affection of the veins injected with chloral hydrate may not always be so harmless.

Mr. Reginald Harrison (*Lancet*, March, 1882) describes a method of operating for the radical cure of varicocele, which has given him the best results. He exposes the cord by a vertical incision about an inch in length, and separates the most prominent varicose veins. These are each tied in two places with a catgut ligature. Three or four of the larger veins are so treated; the smaller ones are destroyed by a few light touches of the thermo-cautery. The operation is conducted antiseptically, no sutures are introduced, and the wound is left to heal by granulation. He has been performing this operation for some years, and is not aware of an instance in which there has been a return of the varicose condition of the veins.

Excision of the Pylorus.—The *Wiener Medizin. Blätter* of May 18th, 1882, contains an account of a discussion, at a recent meeting of the Congress für Innere Medizin, on the Diagnosis of Carcinoma of the Stomach and on the operation of resection for that disease. Dr. Henck of Heidelberg read the case of excision of the pylorus for carcinoma performed ten months ago by Prof. Czerny, which was briefly described by the latter surgeon at the International Medical Congress, and is recorded in its transactions. It is satisfactory to learn that the patient, who gained eleven pounds weight at the end of the sixth week of the operation, was, at the beginning of last month, ten months after the operation, quite well, with no symptoms of recurrence of the disease. Dr. Henck tabulated the clinical history of twelve resections of the stomach. One, which recovered, was performed in a case of stricture of the pylorus, following perforating ulcer. The remaining eleven were for the removal of cancerous growths; four of these recovered from the operation; out of the recoveries three patients are still alive and free from any recurrence; the fourth is known to have died four months after the excision, from

a return of the disease. In the discussion which followed the reading of Dr. Henck's paper, Prof. Lichtheim observed that mobility of an abdominal growth detected by palpation in the region of the pylorus was no proof that, if the growth were pyloric, there were no adhesions. In a case under his care, the swelling could be freely moved about under the abdominal walls when the patient was narcotized; yet, on opening the abdominal cavity, the pylorus was so strongly adherent to neighbouring parts that its removal was impracticable. Prof. Kühle stated that the rapid implication of the chain of lymphatic glands in front of the bodies of the vertebrae behind the stomach, in cancer of that organ, renders many cases unsuitable for surgical treatment. Dr. Henck remarked that the same objection stands in the way of operation in cancer of any other organ. As early diagnosis is so important, Dr. Ewald asked if the members of the Congress could confirm the theory of Van der Velden that free hydrochloric acid was absent in the gastric juice in cancer of the stomach. No researches had been made, however, by those present who had some experience for the radical cure of malignant gastric disease.—(*Brit. Med. Jour.*, June 5th, 1882)

Dr. Richter of San Francisco, in the *Western Lancet* of July, describes a case of carcinoma of the stomach, in which he performed resection. The patient died three hours after the operation, but the operator attributed this in some measure to the anæsthetic.

Lawn Tennis Arm and Rider's Sprain.—Mr. Henry Morris (*Lancet*, July 29th, 1882,) describes a sprain of the pronator radii teres muscle due to playing lawn tennis. This sprain, Mr. Morris believes, is the result of the frequent back stroke whereby the forearm is brought into rapid and forcible pronation. The condition is slight swelling, with tenderness on firm pressure along the course of the pronator and pain in bringing the muscle into action, but, as a rule, not otherwise. If the forearm is enveloped in an elastic bandage or firm elastic webbing, and kept at rest, the symptoms soon disappear. In the same article he also describes the "Rider's Sprain," a sprain of the adductor longus. It occurs very frequently, and the surgical instrument

maker is often applied to for some remedial support. It is caused by the horseman suddenly making a strong grip owing to his horse rearing, shying, slipping, or unexpectedly taking a jump. According to Mr. Morris, the pain at the time is often very trivial, but subsequently more pain is felt on walking. Pain is confined to inner and upper part of thigh. In mild cases a long web or leather strap, 2 to 3 inches broad, and padded, is applied. This strap is passed round the thigh and pelvis like a spica bandage, outside the breeches, and firmly fastened in front. In In severer cases, where blood is effused, the surgeon is generally consulted. This, by the application of bandages and absorbents, generally disappears after a time.

Dr. Edward Henderson (*Lancet*, July 29th, 1882,) gives an account of an accident which happened to himself when taking a small water-jump in the neighbourhood of Shanghai. The muscle on the inner side of his thigh seemed suddenly to give way, and this sensation was attended with such acute pain that for some moments he had difficulty in retaining his seat in the saddle. On dismounting he was comparatively comfortable, and acute pain was felt only on movements of adduction. When he wrote, a week after, he was still unable to ride. He says the accident is of common occurrence and well known to horsemen. When a man has once sustained this injury, he is liable to a recurrence, and sometimes permanent weakness is left behind. He thinks the accident is quite common at Shanghai, owing to the riding of China ponies being very common. These being of small size, a stronger grip is necessary to retain one's seat.

Use of Salicylic Silk as a Dressing for Wounds.—Dr. J. L. Gibson, Mr. Chiene's House Surgeon in the Edinburgh Infirmary, gives (*Lancet*, July, 1882,) a table of a number of cases treated by salicylic silk in the antiseptic dressing. This method is an approach to dry dressing, which "Mr. Chiene has long been aiming at." Next the wound is placed a piece of protective of as small a size as possible, merely to prevent the dressing sticking to the wound, then two or three layers of carbolic gauze wrung out of 1-40 carbolic lotion, above that a variable quantity of salicylic silk, and over all 8-plyes of carbolic gauze. By thus

getting rid of the Macintosh, its poulticing action is done away with.

Diagnosis of Hip Disease by Rectal Examination.—Dr. H. Cazin (*Rev. de Chir.*, March, 1882,) refers to the difficulty of diagnosing the exact-seat of the disease, especially in regard to the acetabulum. Abdominal palpation enables us to detect enlarged iliac glands or pelvic abscesses; but if we also examine the patient through the rectum, the diagnosis will be more sure. The hip joint, from its deep position in the tissues, is not very accessible to ordinary methods of examination, but the finger can approach it most easily through the rectum. In the cavity of the pelvis, immediately above and a little behind the obturator foramen, is a quadrilateral surface of bone, corresponding with the bottom of the acetabulum. In a child under 14, this part of the pelvis is partly cartilaginous. The Y-shaped cartilage is so placed that the area of the base of the acetabulum is divided by a transverse line of cartilage into two equal parts, and the lower half is again divided by the horizontal line of the cartilage. In examining a patient, the natural extent of the cartilage should be considered, and the two sides should be always explored for the sake of comparison. In young adult females recourse should be had, at the same time, or exclusively, to examination per vaginam. The symptoms elucidated by a rectal examination have been—pain localized to the postcotyloid surface produced by pressure; enlargement of the intra-pelvic glands, thickening of bone; depression, flexibility, mobility, destruction or perforation of the post cotyloidean surface; congestion of the soft parts and pelvic abscess.—(*London Med. Record*, June, 1882.)

Reviews and Notices of Books.

On the Morbid Conditions of the Urine dependent upon Derangements of Digestion.—By CHARLES H. RALFE, A.M., M.D., Caius Coll., Camb., F.R.C.P., Lond., Assistant Physician to the London Hospital, &c., &c.
London: J. & A. Churchill.

There is no doubt that more attention is given to the con-

dition of the urine as an indication of structural changes in the renal organs or grave disturbances in the circulation in other organs, than as demonstrating disordered clinical changes in connection with the processes of digestion and assimilation. And yet, for a right understanding of what can be learnt from an examination of the urine, it is very necessary that we have a correct knowledge on these latter points. Their determination involves some of the most difficult problems of physio-chemistry. Dr. Ralfe lays before us in these chapters his investigations, which have extended over several years. They are given in good, clear language, the various points are well thought out, and the whole logically arranged. The book is thoughtful and philosophical, and well repays perusal. Any one becoming familiar with its details cannot fail to take a broader view of the general subject of dyspepsia in its various phases, and will no doubt be able to derive therefrom many suggestions which may come into practical service when similar matters are under his own observation.

A Manual of Obstetrics.—By A. F. A. KING, M.D.,
Professor of Obstetrics and Diseases of Women and Children
in the Columbian University, Washington, D.C. 12mo.,
pp. 317. Henry C. Lea's Son & Co., Philadelphia. 1882.

We confess to having opened this book with the question: "What possible necessity can there be for another work, large or small, on Obstetrics?" We reflected, however, that the necessities are oftener of the writer than the readers. The author tells us that it is designed for that much cared-for class of men, the students and junior practitioners. For them there is the most tender solicitude on the part of medical writers. The author claims little more than a compilation from the works of Leishman, Playfair, Lusk and other larger works, and an examination of his production certainly, in our opinion, furnishes for it a sufficient *raison d'être*. In describing the treatment of the stomach derangements of pregnancy, the author has omitted a remedy which we have found of signal value, namely, $\frac{1}{4}$ to $\frac{1}{2}$ -drop doses of Liq. Strychniæ. After the delivery of the placenta,

and having once more felt the fundus uteri to reassure himself that the womb is well contracted, the author says "the physician may leave the room while the nurse removes the soddened(?) blankets, etc., and cleanses the female, getting her ready for the binder," &c. Now, we do not think this is quite sound or safe advice to give to a student or junior practitioner. The safety of the patient will be much more certainly assured by watching the uterus and keeping up pressure over it for half-an-hour or more. Lives have been lost by a neglect of this precaution. The last chapter of twenty pages, on the Jurisprudence of Midwifery, is a novelty in works of the kind, but we believe it will be valuable. It is an excellent *resumé* of the medico-legal points connected with obstetrics. Altogether, we think the book will be very useful to students preparing for examination, and, perhaps, occasionally to the practitioner in a tremendous hurry. The latter, however, we believe, ought very rarely to content himself with looking into so small a book as this.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Filaria Sanguinis.—Some months ago I called attention to Dr. Stephen McKenzie's case of hemato-chyluria. The patient, who was a young bombardier, was shown to the Pathological Society in October of last year. He then seemed in pretty good health, but every night his blood swarmed with embryos filariæ. It was calculated that somewhere about forty millions circulated in his blood nightly, while by day they entirely disappeared. It was found that by reversing his habits, by making him turn night into day, the filarial periodicity could also be reversed. How the embryos vanished, whether they were periodically destroyed or whether they lay hid in the pulmonary vessels, as Dr. Patrick Manson supposes, was a mystery, and a mystery it still remains; for all signs of the filariæ disappeared after a rigor from which the patient suffered three months before his death. The fatal result was due to exhaustion after double pleurisy, empyema, and cystitis. At the last

meeting of the Pathological Society a dissection of the thoracic and abdominal lymphatics from this case was shown. All the vessels were greatly dilated, and the thoracic duct was occluded for some distance. At the same meeting Mr. Shattock showed a beautiful specimen of adult filariæ, involved in a large clot in the right auricle of a human heart. The parasites projected from the clot in every direction, looking like long coiling strands of whipcord. The progress of our knowledge of this curious disease has been retarded by the fact that of the countries where it is most prevalent, in India it is difficult and in China it is well-nigh impossible, to obtain leave to make a *post-mortem* examination.—*Lond. Cor. Amer. Pract.*

Mitral Presystolic Cardiac Murmurs.

—From a careful clinical study of the varieties, mechanism and clinical significance of mitral presystolic murmurs, in the *Amer. Journal of Med. Sciences*, Prof. Austin Flint draws the following conclusions:—1. There are two varieties of this murmur, which are distinguished by differences in quality and in mechanism. One variety is a rough, and the other is a soft, murmur. 2. The roughness in the first of these varieties is characteristic, and may be distinguished as vibratory or blubbery. The softness of the second variety is bellows-like, like other soft cardiac murmurs. It may vary in pitch and intensity, but, as a rule, it is low and weak. 3. The rough murmur is due to vibrations of the curtains of the mitral valve, caused by the passage of blood from the auricle to the ventricle. The soft murmur, like other bellows murmurs, may be due either to contraction of the orifice through which the blood passes, or to roughness of the surface over which it flows.

Death from Hepatic Colic.—Dr. Brouardel (*Annales d'Hygiene Publique et Medecine Legale*) reports a case of death apparently resulting from hepatic colic. A young woman, aged 30, apparently in good health, just before taking a railroad train drank a glassful of gooseberry syrup and seltzer and a few minutes after was seized by sharp abdominal pains. After some hours of alternate ease and pain the patient suddenly

died. On the autopsy nothing was found to indicate the cause of death except a large calculus in the ductus choledochus, sixty-one calculi in the gall-bladder, slight oedema of the duodenum and pancreas, and hæmorrhagic infiltration of the pancreas. Dr. Brouardel is inclined to refer the death to hepatic colic, but it is equally probable that the pancreatic infiltration might have produced it. This case is, however, in any event, not unique.—*Chicago Med. News.*

Resection of a Vertebral Body.—Dr. J. Israel (*Berliner Klinische Wochenschrift*, March 6, 1882,) reports a case of a scoliotic man who was paraplegic, and in whom the symptoms pointed to pressure on the motor portion of the cord. The presence of a cold abscess to the left of the first lumbar spine, the pain on pressure, and the fact that the paraplegia had gradually occurred, led to the diagnosis of caries of the body of the vertebra. The abscess was first opened next the sinus leading to the twelfth rib at its greatest convexity. The rib was found to be carious, and was resected. The vertebra had undergone cheesy degeneration, and was scooped out by a sharp spoon. The patient died thirty-seven days after the operation. On the autopsy, dry pleurisy and miliary pulmonary tuberculosis was found. The cases reported by Spencer (*New England Medical Monthly*), and that reported by *Gaillard's Medical Journal* for March seem to show the feasibility of this operation in similar cases to Israel's case.—*Amer. Med. Weekly.*

Local Application of Salicylate of Soda in Acute Rheumatism.—In the *British Medical Journal* of Jan. 7, 1882, p. 11, Dr. Charles Orton alludes "to a severe case of polyarthritis acuta in a young lady aged 19, where joint after joint became red, swollen, and exquisitely painful and tender." He tried "many local applications, besides internal remedies, without giving much relief," until he "applied lint soaked in a solution of salicylate of soda, under a cover of oil silk, to the affected joints. The relief was speedy and great." He has since tried it in a few cases in private practice with success, and is now using it more extensively, in cases under his care, in the North Staffordshire Infirmary.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPT., 1882.

CANADA MEDICAL ASSOCIATION.

The Association met in Toronto on Wednesday, 6th September. The attendance was large, representatives being present from almost all parts of the country.

The President, Dr. G. E. Fenwick, took the chair at 10 A.M. After the report of the Committee of arrangements, past-Presidents Drs. Workman, Botsford, Canniff and McDonald took seats beside the chairman. The minutes of last meeting were read and approved. It was decided that the President's address should be postponed till the evening session.

Drs. Brodie of Detroit, and Elsburg and Goodwillie of New York, were elected members by invitation.

The President stated that Dr. W. B. Carpenter, of London, was in the city, and was willing to address the Association if invited. A deputation was therefore despatched, and soon returned, accompanied by Dr. Carpenter, who then gave a short address. He thanked the Association for the honour that was done him. He would say a few words upon the subject of general registration, which he understood was under consideration at the present time. His position as Registrar of the University of London, and the interest he had long taken in sanitary matters, put him in a position to speak with knowledge of the facts. In England they had a perfectly uniform system of registration, which had been first introduced in 1839, and later on into Scotland and Ireland. This system worked so well that he was satisfied that this entire Dominion should have some similar system of registration. The tabulation of statistics had been admirably worked out by Dr. Farr, to whom we owe so much. Dr. Farr

first used the word zymotic, although the same idea occurs in a work 140 years old by Sir John Pringle. Dr. Carpenter also spoke of the convertibility of one disease into an allied form by certain hygienic surrounding circumstances, and instanced the development of typhus from a mild remittent in soldiers confined in ill-ventilated ships. Sir R. Christison used to admit the possible convertibility of mild forms of fever to the severer types of typhus. One great point showing the value of a general registration such as he was advocating was to be found in the fact brought out in England that the mortality from all non-zymotic diseases was about the same throughout the towns and country districts, and that the excess of mortality in towns and cities was due entirely to the class of zymotic affections. He urged sanitary reformers to press these points upon the Government. It was always requisite, in matters of this kind, to arouse public opinion. This once accomplished, a great step had been made towards the desired end. It is necessary to keep constantly dinning these facts into the ears of the public that they may produce any effect. Sometimes the appeal to dollars and cents has more effect than any scientific argument. He alluded to the cholera visitation in Bristol, where the clean and dirty party were divided, and the leader of the latter was the chief sufferer. Canada has the same kind of battle to fight that England has had. England has won, and Canada will do the same if the leaders of public opinion are true to their principles. Dr. Carpenter also spoke of the importance of vaccination and the fact of the occurrence of the purpuric form of smallpox epidemically during the outbreak in 1871—a type which had not been seen since the end of the last century. The old inoculation system used to prevent this, because by it a mild form of the disease was always propagated. The virus must be renewed from time to time from the cow. He concluded a very interesting address by contrasting an ignorant people in old times, believing these diseases to be punishments from an offended Deity, with an enlightened people at the present day looking for a cause for that which they knew was only an effect, and then actively exerting themselves to counteract it. Acts, not prayers, are required. *Qui laborat orat.*

A vote of thanks to Dr. Carpenter was moved by Dr. Sweetland, seconded by Dr. Oldright, the mover remarking that these remarks by such a well-known man would help anew to direct attention to this important subject.

Dr. Fulton presented the report of the Committee on Necrology, in which the death of the following physicians throughout the Dominion during the past year was referred to:—Dr. Berryman, Toronto; Dr. T. Mack, St. Catharines; Hon. D. Brouse, Ottawa; Dr. N. Fleming, Mildmay; Dr. H. Parsley, Thornbury; Dr. J. A. Purney, Shelburne, N.S.; Dr. A. Robertson, Liverpool, N.S.; Dr. W. G. Middleton, Stella; Dr. N. Munro, Brucefield; Dr. McMichael, Gorrie; Dr. G. Cook, Norwich; Dr. J. Allen, Adolphustown; Dr. J. B. Smith, Jerseyville; Dr. G. Lount, Norwich; Dr. A. J. Whitehead, Toronto; Dr. W. Philp, Manilla; Dr. H. H. Bouller, New Hamburg; Dr. W. Wilson, Dorchester, N.B.; Dr. J. P. Lynn, Toronto; Dr. C. W. Heltz, Chester, N.S.; Dr. A. R. Lander, Frankville; Dr. W. Weir, Merrickville; Dr. H. Yates, Kingston; Dr. H. Orton, Ancaster; Dr. McCay, Blairton; Dr. Munro, Montreal; Dr. F. H. Wright, Toronto; Dr. H. Bingham, Manilla; Dr. A. McKay, Beaverton; Dr. G. W. Campbell, Montreal; Dr. Maxwell, Bear River; Dr. McIlmurray, Toronto; Dr. H. W. Lloyd, Coldstream; Dr. H. E. Bissett, Hawkesbury; Dr. T. Blackwood, Pakenham; Dr. J. Salmon, Simcoe; Dr. A. Greenlees, Toronto; Dr. R. H. Wight, St. John's, Que.

Dr. Graham (Toronto) read the report from the Committee on Medicine. He confined himself chiefly to a discussion of the recent discoveries of Prof. Koch and others concerning the bacterial origin of tubercular disease. The immense importance and the practical bearings of these operations were specially dwelt upon. At the conclusion, Dr. Graham exhibited a specimen from a phthisical lung which he had brought from Germany.

The following gentlemen were appointed a Nominating Committee:—Drs. McDonald of Hamilton, Kennedy of Toronto, Sweetland of Ottawa, Rodger, Cameron and Robillard of Montreal, and Botsford of St. John, N.B.

MEDICAL SECTION.

The Medical Section met at 7.30 P.M., Dr. McDonald (Hamilton) in the chair.

The Chairman briefly addressed the section upon the importance of State Medicine, alluding to the labours of Dr. Carpenter in this direction and to the difficulties which are experienced in a new country in laying the foundation of a system of general registration and supervision of hygienic matters. Canada is peculiarly difficult to manage in this respect, owing to the great distances between its various parts. The public, too, are now so generally educated, that it is necessary for us to give our reasons as well as our opinions. All these questions, therefore, should be very fully discussed by the profession.

Dr. J. C. Cameron (Montreal) then read a paper upon *Axis-Traction*. He contended that the general principles of axis-traction was fully admitted, and that the only question to be decided was the form of instrument best calculated to carry this out. He believed that the forceps of Tarnier was that which best served this object. The best is that which does least injury to mother and child, is safest, and *ceteris paribus* is least fatiguing. The different forms—simple curve, double curve, and axis-traction—were contrasted. The Tarnier forceps has certain advantages, viz. (1st), it allows of axis-traction; (2nd) it indicates the movements of the head and the proper direction for traction; and (3rd) allows mobility of the head. The objections which had been raised were: 1st, Clumsiness and difficulty of application. 2nd, Injurious compression of the head. 3rd, Difficulty of disinfection. 4th, Danger of wounding the soft parts. Dr. Cameron, after discussing these points, said that from a use of the instruments he thought that two things specially would strike one who employed it for the first time, viz., the great backward traction one had to make, and the wonderful ease with which the head advanced in that line. He advocated its more general employment for the high operations.

Dr. Holmes thought we should use every aid to delivery, especially considering the frequency with which lacerations of the cervix are now found to occur. He followed the leverage

plan of Dr. Albert Smith. By watching the motion of the head we got the right direction for the traction. Dr. H. believed that ruptures often occur from encouraging a woman to bear down just at the time when she should not do so—*i.e.*, just as the cervix and the perineum respectively are being passed.

Dr. Temple would on no account use Tarnier's forceps exclusively. He criticised one of the diagrams showing the Carus's curve, for the head really enters in a straight line, and continues so till well back against the sacrum before any curved direction is communicated to it. He believed that the double curve of the forceps gives the necessary traction backwards in the direction of the axis of the inlet. He thought the Tarnier forceps may outdo the double forceps in occipito-posterior presentation, but not the simple forceps; the latter, in these difficult cases, is the safest and surest, and least liable to slip. He did not think that the pressing back of the perineum was so injurious as represented (in using the straight instrument), because the parts were so very relaxed and movable. He would not trust Tarnier's instrument except to a skilled hand.

Dr. Stewart mentioned that he had seen two autopsies in Vienna, both from rupture of the vagina following delivery by means of Tarnier forceps. The obstetricians in charge (Braun's assistants) had never met with the accident before with other instruments.

Dr. Alloway read a paper on the *Immediate use of the Uterine Scoop in the treatment of Inevitable Abortions*. He drew attention to the fact that the use of the scoop had not been alluded to in any of the text-books on obstetrics of recent publication. He said he had used it in 24 cases within the last three years; some of these cases had been subjected to an extreme state of anæmia from exhaustive hemorrhage, and some were found suffering from septicæmia from the retention of decomposing secundines before he had been called to see them. He contended that the use of the tampon had been abused; that it was not justifiable to allow a woman to remain bleeding for days, relying upon the tampon to check hemorrhage and cause expulsion of the retained secundines, when we could completely empty the

uterus with the scoop directly the cervix was sufficiently dilated to admit the finger, without giving pain to the patient or causing injury to the parts. Dr. A. condemned the use of the placental forceps as being an unsafe instrument. He uses the scoop with the patient on her left side, and gently separates the adherent parts from the uterus; doing this by the forefinger was in many cases impossible, unless the operator possessed a finger of at least six inches long.

Dr. Tye would rather use a scoop with some feeling at the end of it. A good plug causes both descent of the uterus and also dilatation. He did not think the scoop would be wanted once in a great many cases. He would fear leaving some of the contents behind except he had explored by the finger, thus risking septicæmia, and would not multiply instruments.

Dr. Rodger could not agree to condemn the tampon, but thought that the fault lay in the bad way in which it is often applied. When properly applied it arrests hemorrhage and causes dilatation of the cervix. He would fear that the scoop might do harm, and possibly cause injury to the uterus or secondary hemorrhage.

Dr. Harrison (Selkirk) had often wished for something to loosen the ovum, and, instead, had been obliged to plug and wait. If the scoop be simple, safe, and easy to use, then he was very glad to hear of it.

Dr. Bray advocated the tampon; he always succeeded with it in a reasonable time. He would fear possible injury from the scoop.

Dr. Temple argued in the same direction, and spoke of the care that should be exercised in plugging.

Dr. Sloane uses the alum-egg. Since adopting this method he never fears hemorrhage, trusting patients to it even at a considerable distance.

Dr. Holmes thought there were objections both to the scoop and to the tampon, against which we must be careful to guard. The scoop is not certain to remove everything, and may cause injury. With the plug, hemorrhage may continue and septic symptoms may be caused. To prevent the former you must plug

with care ; the second, see that the plug does not remain too long.

Dr. MacDonald said that we must consider the manipulative skill of the operator. In some hands, the scoop might be quite safe. The convenience of the surgeon may sometimes be an argument in its favour. He always uses the plug and the finger. He thought the danger of septicæmia from retained secundines rather exaggerated.

SURGICAL SECTION.

This section met at 7 P.M. Dr. Grant, of Ottawa, occupied the chair.

Dr. Roddick asked permission to exhibit a patient who had suffered from a most aggravated form of spasmodic torticollis, but who, it would be seen, was now perfectly well. The history of the case is briefly as follows :—Henry O., aged 38, began to complain about March, 1881, of a twitching of the right sterno-mastoid, the head being jerked to the left side. He consulted Dr. Hammond, of New York, who prescribed faradization and atropia hypodermically, but without permanent benefit. When he came under Dr. Roddick's care in October of the same year, the patient was obliged to hold his head constantly between his hands, and it was absolutely impossible to straighten the head, and the spasms were most violent. Dr. R. P. Howard saw the patient in consultation, and advised a continuance of Dr. Hammond's treatment, with the addition of bromide of soda internally. There being no improvement at the end of a month, the right sterno-mastoid was divided subcutaneously, Dr. Geo. Ross concurring and being present. A marked improvement in both the position of the head and violence of the spasms followed the operation ; but after a month the symptoms relapsed, and the patient became nearly as bad as before. The question of nerve stretching was now debated, but before resorting to this it was decided to try the application of the actual cautery over the cervical region of the cord. This was thoroughly done, poultices being subsequently applied. The improvement was most marked so that in a week the patient could sit up in a chair, holding the head by one hand only. A second applica-

tion of the cautery was made after a month, and from that time the symptoms rapidly disappeared, until June last, when he resumed his occupation of tinsmith. Nothing but tonics in the shape of internal treatment were given to the patient after the actual cautery was first applied.

Dr. George Major, of Montreal, then read a paper on "Laryngeal Rest."*

Dr. Ryerson agreed with Dr. Major that laryngeal rest was most essential, especially in acute inflammation. He had recently put the larynx at rest by performing tracheotomy in a case of tumor of the left ventricular band, and the result was most gratifying.

Dr. Elsberg, of New York, who was received with applause by the section, said that he had jotted down a few notes, but he had been anticipated in everything by the reader of the paper. He believed rest to be one of the most important therapeutic agents in the treatment of all throat affections. He stated that the practice of gargling the throat was very injurious by disturbing the parts, and that he preferred the application of remedies by other means, as by painting the part or by spray. He advocated tracheotomy in severe inflammation, in ulcers especially syphilitic and malignant, and in the case of morbid growths. He reviewed the physiological functions of the larynx, and showed how thoroughly the organ could be put at rest by the operation of tracheotomy.

Dr. Hingston doubted the efficacy of tracheotomy in malignant disease, as he did not think it retarded the progress of cancer, and certainly did not cure it.

Dr. Fenwick did not think that any one would dream of curing malignant disease by tracheotomy, but knew from his own experience that both it and colotomy were useful in retarding the progress of malignant disease of the larynx and rectum respectively. He was a strong advocate of physiological rest in all such cases

Dr. Goodwillie had performed tracheotomy frequently, and always preferred the gold tube advocated by Dr. Major.

* This paper will be published in a subsequent number of this JOURNAL.

Dr. Sutherland, Curator of the Pathological Museum, McGill University, then presented the following catalogue of a series of specimens on exhibition, illustrating the terminations of aneurism :

I. Aneurismal dilatation of left vertebral and first part of basilar arteries.
Rupture.

J. B., man æt. 36, found dead in his bed. Had had a hard chancre, followed by severe secondary symptoms, but had completely recovered. Microscopical examination of the diseased arteries showed no special features warranting the conclusion that the process was syphilitic.

II. Aneurism of left middle cerebral artery.—Old apoplectic cyst.

Patient æt. 55, ill for over eighteen months with obscure cerebral symptoms.

III. Aneurism of right middle cerebral artery.

Woman, æt. 40 ; good family and personal history. Said to have been beaten about the head by her husband.

IV. Aneurismal dilatation of branches of the pulmonary artery on the walls of phthisical cavities.

Man, æt. 44, with phthisis, died unexpectedly of hemorrhage from the lungs.

V. Aneurism of right iliac artery and atheromatous abscess.

Taken from an old woman who died of cancer of the cardiac end of the stomach.

VI. Aneurism of the hepatic artery.—Death due to suppurative hepatitis.

Man, æt. 21, admitted into Hospital with symptoms of abscess of the liver. Personal and family history good ; temperate habits. Never had dysentery, piles, nor any abdominal or rectal trouble of any kind.

VII. Aneurism of aorta.—Rupture into the esophagus.

Woman, æt. 55, ailing for some days with dyspeptic symptoms. One evening on going to stool she complained of feeling sick, did not vomit, fell over suddenly, and died in a few minutes.

VIII. Aneurism of aorta.—Rupture into left pleura.

Man, æt. 43 ; accustomed to heavy exercise. First definite symptoms of heart trouble seven or eight years before death. Treatment—Absolute rest, and very large doses of Potass Iodid for nine weeks.

IX. Aneurism of aorta.—Rupture into the trachea.

F. J., a negro ; cough severe and continuous, sometimes paroxysmal—of a hoarse, croaking character. Signs of aneurism well marked.

X. Aneurism of aorta.—Death from exhaustion.

E. H. Harsh, croaking cough ; usual symptoms of phthisical disease.

XI. Aneurism of abdominal aorta, shewing deposit of fibrinous laminæ.

XII., XIII., XIV. Aortic aneurisms, shewing nature's cure.

Dr. Shepherd then read a carefully prepared and exhaustive paper on the subject of "*Cervical Ribs.*" He described three cases which had come under his notice. In the first case, the supernumerary rib occurred on the left side, and articulated with

a process growing from the 1st thoracic rib. The second case was that of a skeleton belonging to Dr. Roddick, in which each side of the 7th cervical vertebra carried a supernumerary rib. Each rib floated freely anteriorly. The third case occurred in a patient in the Montreal General Hospital. The cervical rib was in the right side, and floated freely. Dr. Shepherd stated that these ribs were homologous with the cervical ribs of crocodiles and the anterior transverse processes of birds. In cases where the subclavian artery passed over the rib, they were sometimes mistaken for aneurism, and in others for exostoses. The literature of the subject of cervical ribs was noticed, and their morphological significance dwelt on.

Dr. Shepherd also demonstrated his method of strapping "caked breast." This was fully explained by him in a previous communication to this JOURNAL.

Dr. Grant, of Ottawa, reported a case of "Paget's Disease of the Breast," which will also be published later on.

Dr. Hingston had not seen a similar case to that reported by Dr. Grant, but he had recently amputated a leg in a case of great hypertrophy of the tissues following long continued eczema.

Dr. Roddick thought he had seen a case of Paget's disease. The patient refused to have an operation performed, but he heard that she subsequently died of internal cancer. He had seen a case of epithelioma of the ear follow an incurable eczema of the external auditory meatus.

Dr. Fenwick had never seen a case of Paget's disease, but had seen cancer implanted on an old burn, and believed that many long continued cases of irritation may, in certain subjects, be followed by malignant disease.

Thursday, 7th September.

GENERAL MEETING.

The minutes of the last meeting were read, several new members were elected, and

Dr. Shepherd read the report from the Committee on Surgery. The first point was a description of the more recently-advised methods of carrying out antiseptic wound-dressing by means of dry-dressing, pressure, iodoform, &c., in place of Listerism,

which he defined as the procedure by spray, gauze, McIntosh, &c. He then referred to the great advances in abdominal surgery, such as extirpation of the spleen, the pregnant uterus and kidney, and resection of the stomach by Billroth. On transplantation of bone, the writings of Dr. McEwen were particularly alluded to; also Hamilton's treatment of ulcers by sponge-grafting. Some space was given to the operations for the relief of club-foot, the writer stating that tenotomy of the Tendo-Achillis should be made secondary to that of the tibial muscles in Talipes Equino-Varus.

Dr. Canniff congratulated Dr. Shepherd upon the excellence of the report, and concurred with him in his views on antiseptic dressings other than Lister's.

Dr. Grant considered the report very satisfactory. He alluded to the investigations of the great Pasteur with reference to the germ theory. He regretted to inform the meeting that this great man had quite recently suffered from an attack of paralysis. Observations on the line adopted by Pasteur were absolutely necessary for furthering our knowledge of this important subject. Antisepticism is the important matter in surgery, no matter how carried out, and it was well to become familiar with all the different ways of practicing it. The scientific procedures of bone transplantation and sponge-grafting showed great advance in our knowledge of means of remedying disabilities.

Dr. Roddick considered the report comprehensive, concise, and with good points made. He was not a convert to dry-dressings. The success in his hands of the introduction of Listerism into the Montreal General Hospital had to the present time remained so gratifying in all cases of large wounds, amputations, excisions, &c., that he had not yet been able to see any good reason for adopting another system. He mentioned that the disciples of Lister were only now recovering from the blow given the system last year by the celebrated Dr. Keith of Edinburgh. It was not generally known that Dr. Keith used a spray of 1 to 30, whereas Lister himself had cautioned him to employ a very much weaker one. He (Dr. Roddick) uses in ovariectomy 1 to 80. He had recently performed nephrotomy in an advanced

case of suppurative disease with an immediately gratifying result, but death followed from the same disease in the other kidney. With reference to club-foot, in most cases of talipes equino-varus, he thought division of the Achilles tendon was alone required to correct the deformity, because of the tendon being so constantly found inserted into the inner border of the os calcis. He did not divide the tibial tendons, and had followed this practice in all cases for the last three or four years.

Dr. Hingston found the report remarkably careful, truthful and without bias. Real antisepticism is true surgical cleanliness. He does not now have erysipelas in the Hotel Dieu Hospital. He had used both Listerism and non-Listerism, and succeeded best with the simplest procedures. He had a fatal case of ovariectomy lately, where he believed the result was due to the use of carbolic acid. In talipes, he operates very early and leaves the Achilles tendon to the last. In one case he followed the example of Dr. Phelps, dividing all the structures and applying a weight to the foot.

Dr McKay of Woodstock favoured treating club-foot without tenotomy, stretching the tendon and putting on a plaster bandage.

Dr. Sloane spoke of the advantage to the country practitioner of the use of carbolic acid. He now confidently treats a compound fracture with lint soaked in a solution of the acid in glycerine.

Dr. Ferguson of Toronto knew that Dr. Keith used solutions of 1 to 30, sometimes stronger. He had seen his practice in Edinburgh. Dr. F. thought, and knew it to be the general opinion there, that he pushed it too far.

Dr. Stewart said that Keith had 80 consecutive successful cases—better success than any other operator—before he gave it up. Keith's chief reason for abandoning it had been his suffering from hæmaturia himself. This was probably owing to some idiosyncrasy.

Dr. Canniff said that in the Toronto General Hospital they were not all Listerites, but were all in favour of antisepticism in some form. Their mortality was very creditable. Too much credit was perhaps given to Lister alone. The honours must be shared with Pasteur, Gamgee and several others. The enforce-

ment of the principles of rest and pressure by the latter was of the greatest importance to surgeons.

Dr. John Campbell said Lister did not always use the spray. If the wound was already septic it was not used. Lister said in his hearing that he did not invent the spray : he adopted it from others.

The President said that he could be called a Listerite. He found very good results in certain cases of foetid wounds by purifying them with chloride of zinc and then applying Lister's dressing—*e.g.*, in fistulæ from sequestra. He will continue the use of the spray until he can get something better. Some points raised by Dr. Hingston were hardly fair, as the comparison of Syme's amputation with excision of the breast. The former nearly always suppurated, no matter how treated ; the latter often healed by first intention, without any special dressing. Listerism carries out rest by means of the numerous plies of thick gauze which it involves. He had used the dry dressings of Gamgee, and had not been satisfied with it.

Dr. Shepherd, in reply, said that Lister himself had advised Keith to give up the spray. He thought that in dry dressing a great advantage was, that you do not require the drainage-tubes that Listerism needs ; there was not so much serum poured out, and the careful adjustment prevented the collection of the fluid. A tube will keep up discharge by its mechanical irritation, and a wound often closes rapidly after removal of a tube. Dr. Duncan of Edinburgh gives cases of Syme's amputation healed by first intention. Chiene aims at dry dressing : he has already discarded the McIntosh. He (Dr. S.) thought iodoform was much superior to carbolic acid as an antiseptic ; it is much more persistent, thus you do not require to renew the dressings as you must do pretty frequently with ordinary carbolic acid solutions. He often left iodoform dressings for a week without change, and without any unpleasant odour. It is objectionable if the surface to be dressed be very large. Prof. Esmarch had 398 major operations, of which 85 per cent. required only one dressing, and in 15 per cent. only one removal. Dr. Shepherd believed that Keith used the regular strength. Some club-foot cases can be treated by mani-

pulation alone. In others he thought the tibial tendons must be divided. Dr. Sloane, who had alluded to compound fracture, was following the plan of the late Dr. Callender—carbolic oil in lint was applied, and then at intervals layer after layer of the same. It was left for a month without change. The simpler all dressings are the better.

Dr. Tye read the report of the Committee on Therapeutics. He alluded to the revival of the use of Static electricity by Charcot and others: many of the difficulties in the way of its employment had been overcome. It had now been used successfully in contractions, chorea, anæsthesia, and some of the forms of neurasthenia. Some have found it useful after the other forms have failed. Galvanism of the brain has also received considerable attention. It is an agent of great power, and requires to be used cautiously. It has proved useful in diabetes insipidus, in melancholia, and in some cases of auditory delusions. With reference to jaborandi and pilocarpin, the chief practical point is its possible value in diphtheria. In spite of the recommendations of Guttman, it has proved to be a hazardous agent owing to its depressing action, and the most recent results are not reassuring. The therapeutic uses of ergot are not exhausted. The latest is in pertussis. It is claimed that the disease is cured by it in from one to three weeks. Nitro-glycerine in a one per cent. solution, is undoubtedly valuable, especially in angina-pectoris and some other heart affections, and sometimes proves reliable when digitalis has failed. Salicylic acid still maintains its high place as a therapeutic agent. The treatment of phthisis by antiseptic inhalations has been exciting great attention. The continuous inhalation, specially as recommended by Dr. Hunter McKenzie of Edinburgh, is that which is really curative. He recommends, above all others, a mixture of three-fourths of kreasote and one-fourth of carbolic acid. The arrest of the septic symptoms is very marked. The treatment is sure to become popular both with the profession and the public.

On motion of Dr. John Campbell, seconded by Dr. Stewart, a vote of thanks was given to Dr. Tye.

MEDICAL SECTION.

The section met at 2 P.M., Dr. McDonald in the chair.

Dr. Harrison (Selkirk) read a paper on "*A peculiar form of Fever.*" The first case—a child—began with a remittent fever, looking like typhoid at first; in two weeks it became distinctly intermittent; subsequently there occurred convulsions, opisthotonos, sordes on teeth, &c. Died of exhaustion. The second case was somewhat similar at first, having, later on, strabismus, hebetude, and opisthotonos. Recovered in ten weeks, but was not strong for twelve months. The third had also a remittent, follow by intermittent type of fever and an eruption of small red spots, finally dullness, involuntary evacuations, emaciation, and bed-sores; died in 13 weeks. The fourth case lasted four weeks and recovered.

Dr. George Ross thought that the meeting had not sufficient evidence before it to be able to discuss with benefit the clinical cases brought up by Dr. Harrison. It was really a question whether they belonged to any specific form of fever. The febrile phenomena might have been only one part of their actual pathology. Such irregular febrile conditions as observed in these cases are met with in various very different kinds of disease, such as septicæmia from obscure deep-seated suppuration, in acute tuberculosis, and in ulcerative endocarditis. We had no post-mortem evidence before us, and therefore, for anything we could say, the cases reported might have belonged to some such category as the above.

Dr. Tye had seen 27 cases similar to those of Dr. Harrison's. They considered it to be a form of cerebro-spinal fever.

Dr. Holmes said that, being endemic, it could not belong to such conditions as suggested by Dr. Ross. He had seen a large number of cases, and thought them of the nature of cerebro-spinal meningitis. They were not malaria.

Dr. Mullin then read a paper on "*Diphtheria.*" He dwelt upon the importance of correct diagnosis, and alluded to the special form of exudative tonsillitis which so often prevails in a family; in these cases the early symptoms were generally much more severe than in the average of cases of diphtheria. If local

means can serve to modify the disease, then we can postpone operation till as late as possible, to give them an opportunity to act, and *vice versa*. Amongst the important local applications stand sulphur, sulphites, salicylic and carbolic acids, kreasote, pepsin, chloral and lactic acid. He believed both steam spray and syringing to be useful. Had not had success from solvents. There are many midway cases between those certainly fatal and those which recover of themselves to make us use every effort to combat the disease. It probably resembles syphilis and vaccinia; local means alone cannot prevent any of them.

Dr. Holmes read a paper on "*Cholera Infantum.*" He dwelt specially upon the etiology of the disease, the greatest factors being persistently heated atmosphere, too warm clothing, and indigestible food. Indications for treatment being the withdrawal of heat by frequent cold sponging, a large airy room, and controlling the diarrhoea. No astringents should be used during the early stages. The castor oil treatment is much better. Later on, minute doses of bichloride of mercury gave good results.

Dr. McDonald agreed with the condemnation of astringents, the use of which was common practice. The only hope for these cases in the cities was to get them away to the country, where they could get the necessary coolness and pure air.

Dr. Stewart read a paper upon "*An account of three cases of Sciatica and one of Painful Stump treated by stretching the Sciatic Nerve.*" The success met with from this practice had been very gratifying. (The paper will appear in this JOURNAL.)

Dr. Geo. Ross congratulated Dr. Stewart upon his results. Dr. Stewart was, he thought, the first in this country to adopt this heroic procedure in these cases. Dr. Ross had only seen one sciatic-stretching—this was for tetanus,—but though giving some temporary alleviation, the patient had subsequently died.

Dr. Stewart said, in reply to Dr. Workman, that the value of nerve-stretching had been accidentally discovered by Billroth. He had a case in which neuroma was suspected; he cut down and explored for it, dragging about the nerve in doing so; no neuroma was found, but the pain was removed, and six months after Nussbaum of Munich first operated in this way.

Dr. Prevost of Ottawa read a paper upon "*A case of Tumour of Bones of Skull pressing on Brain.*" A very large malignant growth had commenced in the anterior and lateral part of the skull, and produced great pressure backwards upon the brain before any symptoms were shown. The skull and brain were exhibited. (The paper will appear in this JOURNAL.)

Dr. Shepherd enquired whether there was any history of injury. He spoke of the remarkable degree to which the brain could sometimes be mutilated without proving fatal, and instanced the celebrated Boston crowbar case and others.

Dr. Prevost said there had been no injury and no other assignable local cause.

Dr. Cameron of Toronto exhibited a well-marked case of Pseudo-Hypertrophic Paralysis. The patient was a boy of 11 years of age. There was no family history of the disease; had been well till three years old, when gradual loss of power was observed, and the muscles of the calf of the leg began to enlarge. He now presents the characteristic features, with decided lumbar curve and great enlargement and hardness of the calves. When lying upon his back, he cannot rise unaided; when stooping down, he raises himself by climbing up his legs. Had taken cod liver oil, arsenic and iron without success.

Dr. Temple mentioned a case under his care which was remarkable, because the man was 64 years old. The earliest symptom was severe sciatic pain, nine months ago. The progress was slow, but now the right calf measured $3\frac{1}{2}$ inches bigger than the other, and was very hard. It is confined to the right leg, and gives him a peculiar gait.

Dr. Taylor said this case seemed to show that this disease and progressive muscular atrophy are the same disease, as he believed was the case. In this disease some of the bundles were atrophied, and in progressive atrophy some bundles were found hypertrophied. He held with Charest, Friedreich, Bristowe and others, that it was of myopathic origin, because the muscular change was always found uniformly the same, whilst the lesions in the nervous centres were very various in different cases—*i.e.*, as regards their location.

Dr. Osler pointed out one special symptom, muscular fibrillar tremor, which characterized the atrophic disease, and was not present in hypertrophied paralysis.

Dr. Cameron thought this should not be considered pathognomic, and said they were to a slight extent present in this case.

Dr. Graham believed the pathology to be, first, a sclerosis, and, secondly, a change in the muscles.

Dr. Sheard had recently examined a case *post-mortem*. He found the anterior horns in the upper part of the cord healthy, but with signs of inflammation around them. As he passed down the cord, these began to show fatty change, and lower still this process was present in a marked degree. A pathological principle was that fatty degeneration followed inflammation, *e.g.*, in fatty change in the liver and other organs, and this fact was very suggestive in the present case.

Dr. Black read the report of "*A case of Echinococcus disease of the Lung.*" The disease had begun in the liver, lasted for some years, suppurated and burst into the lung. It also involved the spleen. The specimens were shown. (The case will appear in this JOURNAL.)

Dr. Osler said that there were only five cases in America of this disease affecting the lung. Involving the lung alone was very rare. Dr. Ellis of Boston reports one such of four years' duration; death occurred from suppuration of the cyst. If the cyst do not suppurate, it may last for years, and show no bad symptoms; but with suppuration comes general disturbance and general sepsis.

Dr. Metcalf showed a good example of spontaneous cure of hydatid cyst of the liver, the walls having been converted into a shell of firm chalky or bony matter.

Dr. H. P. Wright read a paper on "*A case of Phantom Pregnancy.*" A woman, *æt.* 38, had had two natural confinements; was quite regular, but suffered from some pain and distension at the time. There was no hysteria. In October, 1880, had an attack of pelvic cellulitis; subsequently, thought she had an early miscarriage. Some time after this menstruation ceased for a time, and the breasts and nipples enlarged, then quicken-

ing was thought to have occurred, and distinct movements were observed and could be plainly felt. At full term, no sign of labour. One month later on, being anxious, Dr. W. was called in and found a large abdominal tumour, the seat of violent, irregular jerkings, which were sometimes accompanied by pain. The girth was 46 inches. On examination, the uterus was found normal in situation and dimensions. A foetal pregnancy was suspected. Nothing further transpiring, and the movements continuing, a further examination with Dr. Sweetland resulted in a diagnosis of fibroid tumour. Finally it was decided, on the suggestion of Dr. Osler, to give chloroform. This having been done, the tumour entirely disappeared. She is now quite well, having been treated by tonics and antispasmodics. The condition was plainly irregular, painful, muscular spasm. Anæmic states probably dispose to this trouble. Dr. Weir Mitchell gives a remarkable case of phantom tumour of the left pectoral muscle. Dr. Wright suggests that in certain nervous states the compression of nerves between layers of flat muscles may keep up the irritable state necessary for the production of phantom tumour.

Dr. Sloane had met with a case of this kind. The diagnosis had been easy, because the entire tumour had been tympanitic.

Dr. Geo. Ross had reported a case referred to by Dr. Wright. So far had it gone in this case that arrangements had been made to operate upon what was supposed to be an extra-uterine foetation. Under ether the diagnosis was made at once. The patient could not be disabused of the idea that she was pregnant.

Dr. Ellis read a paper on "*The Chemical Composition of Milk from Distillery Cows.*" The result of the analysis showed that this class of milk contains more fat than others, the remaining solids being about normal. He was not prepared to say whether this kind of food produced any morbid condition of the cow.

A communication was read from Dr. Slayter of Halifax, showing the advantages of that city as a health resort.

The section then adjourned.

SURGICAL SECTION.

The section met at 2 P.M. Dr. Grant in the chair.

Dr. Gardner, of Montreal, read a paper on a "*Rare Form of Uterine Tumour*," which will also be subsequently published.

Dr. Hingston's paper on "*Certain Obstructions in the Air Passages*" was next in order. The reader first related two cases of foreign body in the nares, which had caused unusual symptoms, and then proceeded to give the notes of a case of impacted artificial tooth in the trachea. He first attempted to dislodge it by inverting the patient, but failed. The symptoms becoming urgent, he performed tracheotomy, assisted by Drs. Fenwick and Major, and succeeded in catching the body with a curved forceps. The patient subsequently did well.

Dr. Major, who was the first to discover the body with the laryngoscope, described its exact position. He thought that if a pair of forceps had been introduced through the larynx while the patient was in the inverted position, the foreign body might have been caught and withdrawn.

Drs. Harrison and Fulton related cases of foreign body in the larynx in which tracheotomy had been performed.

Dr. Roddick asked Dr. Hingston whether in a similar case, being assured of the presence of a foreign body, he would not prefer to resort to tracheotomy at once, or before attempting other devices for its removal. He thought that great and permanent injury to the soft parts of the larynx would be almost certain to follow the dragging through of so irregular a body as that on exhibition. He thought also that the wound in the trachea should never be closed by suture after tracheotomy in these cases, but should be left to close of its own accord.

Dr. Fulton then read a paper on "*Polypoid Fibroma of the Bladder*." This occurred in a child one year and eight months old. When a year old the child began to complain of symptoms of stone, but nothing of the kind was ever discovered. Pus was found in the urine, and on one occasion a small piece of the polypus was passed, which was the means of clearing up the diagnosis. The child died suddenly from rupture of the bladder. The specimen was shown to the section.

Drs. Ferguson and Hingston thought that an earlier diagnosis might have been made, if a portion of the tumour had

been withdrawn by means of lithotrity forceps, and examined microscopically.

Dr. Ryerson read a paper on "*Polypus Nasi*," in the treatment of which he preferred the snare to the forceps, and strongly advocated glacial acetic acid as a local application.

Dr. Walker next presented a paper on "*Modern Lithotrity*," reporting several cases on which he had operated.

Drs. Saunders, Hingston and Roddick related their experience in the operation, the two latter speakers being rather opposed to it excepting in certain cases where the calibre of the urethra was large and the stone soft.

Dr. Goodwillie, of New York, explained, with the aid of diagrams and wax casts, "*A New Operation for Closure of Harelip and Hard Palate immediately after Birth*." He showed the instruments employed for breaking down the bone, and also a very ingeniously constructed clamp-suture for keeping the edges of the parts in apposition.

Dr. Reeves exhibited a number of photographs and morbid specimens, and read a communication on "*Affections of the Orbit and Frontal Sinus*."

Dr. Fenwick made a few practical remarks on the subject of knee joint excision, and showed a number of photographs of cases and dry preparations of bones, which were much admired by members of the section. He explained his method of making section of the articular ends of the bones in the operation of excision of the knee joint, and the antiseptic method of dressing. He stated that twenty-six excisions of this joint had been performed in the Montreal General Hospital, of which number two had died and two required subsequent amputation. Of the deaths one could be attributed directly to heart disease. He mentioned that in the case of children the diseased cartilages were pared off by means of a strong knife, instead of the saw, the idea being to sacrifice a minimum quantity of bone and to disturb the epiphyses as little as possible.

Dr. Ferguson reported three cases of Eczema treated by the internal administration of the viola or wild pansy and conium baths. The results had been very satisfactory.

Dr. Cameron, of Toronto, exhibited a man whose thigh had been dislocated backwards and ileum fractured some six months ago. He was still very lame, and it was thought that the dislocation had never been reduced. The second case was one of ununited fracture of the femur; and the third a girl aged about twenty, who suffered from an enormous recurrent tumour of the upper jaw. As the soft parts were all involved, it was thought that no operative interference would be justifiable.

Friday, 8th September.

GENERAL MEETING.

The minutes of the last meeting were read and approved.

Dr. Worthington read a special report upon malaria, which properly formed part of Dr. Botsford's report on Climatology and Public Health. It consisted of an enquiry as to the localities in Ontario affected by Malaria, the physical character and climate conditions of these sections, and the effect of these conditions on the public health. It enquired also into the extension or repression of this disease—the fatal and non-fatal forms of malarial poisoning—and raised the question of how far malaria was responsible for favoring a fatal termination in other diseases, and finally what remedies best combat it. (The report will be published later in full.)

Dr. Oldright said that the Ontario Government had already requested the Ontario Board of Health to institute investigations into the matter, especially in Skoubekonk region. Malaria in some places is undoubtedly increasing. Some of Dr. Worthington's hints have already been anticipated, and will be practically carried out. In some of the States also, as New York and Massachussetts, malaria was on the increase. The Boards of Health in several States are investigating the subject and carrying on enquiries as to its etiology upon an extended scale.

The report of the special committee appointed last year to devise a comprehensive scheme for the collection of Vital Statistics was then read by the Chairman, Dr. Canniff. (This report being very lengthy, is held over for publication in next issue.)

The following resolutions were then moved by Dr. Playter and seconded by Dr. Roddick :—

1st, That for the present the sanitary statistics shall be confined to the cities and larger towns in the Dominion, such to be published monthly, and the deductions to be drawn therefrom to be circulated in the various centres specified.

2nd, That for future guidance in sanitary matters, a commission should be appointed by the Dominion Government in order, by consultation and co-operation with the various local governments, to arrive at some common basis of action in carrying out such sanitary measures as may be necessary for the guidance of the Dominion Government.

3rd, That such commission shall consist of at least two or more medical men, with a legal adviser, whose duty it shall be to examine carefully into the various requirements of such action in sanitary matters.

The President said that in England, mortality statistics alone were obtained. Disease statistics are not necessary, could not be obtained with accuracy, and should not be attempted.

Dr. Oldright quoted Dr. Lyon Playfair as saying that the deaths showed like wrecks along the shore after a storm, whilst diseases served as warnings of an impending hurricane. In England, movements of this kind progressed but slowly; in the United States they went on more rapidly. They have already established something of this kind in Ontario, and the profession is found willing to help it on. Very few medical men applied to have refused to keep the necessary records. The movement ought to extend throughout the Dominion. Dr. Oldright moved, seconded by Dr. Worthington, that the words "cities and towns" be omitted.

Dr. Grant said that the \$10,000 which had been voted was but a small sum, but that it would be sufficient to make a beginning in the cities and towns. He thought that afterwards other parts would be anxious to follow.

Dr. Ferguson opposed limiting operations to cities and towns. He thought the whole country was interested in the movement,

and that all the agricultural districts should come within its operation.

Dr. Playter advocated a Commission of Public Health. He divided statistics into three parts. 1, Vital statistics, consisting of Births, Deaths, and Marriages. This is not under the Dominion Government. 2, Statistics of Infectious Diseases. This was carried out by municipalities in England. 3, Statistics of General Disease. This is of much less importance. Dr. P. then explained the system he advocated for this purpose: That a few medical men should be selected for the various districts, to be paid a small sum, to furnish the Department with periodical statistics. To do this in the whole country would take a very large sum of money. He therefore advocated beginning with the towns and cities.

Dr. Hingston (being absent) had sent a letter giving his views. He thought that the scheme advocated by Dr. Playter would not produce any result. He would prefer advising the insistence upon correct mortuary returns throughout the country and the adoption of a uniform table of diseases in all parts of the Dominion.

Dr. Grant said that no one must suppose that the Government had any intention of giving the cold shoulder to the agricultural districts; on the contrary, the towns were alluded to simply because they were each the centre for an agricultural district.

Dr. McDonald thought that neither the Government nor the country were ready for such a report. Any scheme of this kind should receive very careful thought, and he was of opinion that we were not yet ready with a well-prepared reply to the request of last year; and considered, therefore, that it would be better to delay action for another year.

Dr. Sloane would also vote for postponement.

The amendment was then put and lost upon a division, and the resolutions as recommended by the committee were adopted.

The Nominating Committee then handed in the following report:—

President—Dr. Mullin, Hamilton.

Vice-Presidents—For Ontario, Dr. Tye, Chatham; for Que-

bec, Dr. Gibson, Cowansville; for New Brunswick, Dr. Atherton, Fredericton; for Nova Scotia, Dr. Jennings, Halifax; for Manitoba, Dr. Kerr, Winnipeg.

General Secretary—Dr. Osler, Montreal.

Treasurer—Dr. Robillard, Montreal.

Local Secretaries—For Ontario, Dr. Saunders, Kingston; for Quebec, Dr. Brunelle, Montreal; for New Brunswick, Dr. Coleman, St. John; for Nova Scotia, Dr. Almon, Jr., Halifax; for Manitoba, Dr. Whiteford, Winnipeg.

Committees—On Publication, Dr. Geo. Ross, Montreal; Dr. J. H. Cameron and Dr. Fuller, Toronto; the General Secretary and the Treasurer. On Therapeutics, Dr. H. Punget, chairman. On Medicine, Dr. Stewart, Brucefield, chairman. On Surgery, Dr. Grassett, Toronto; Dr. Brunelle, Montreal. On Obstetrics, Dr. Kennedy, Montreal, chairman. On Necrology, Dr. Fulton, Toronto; Dr. Atherton, New Brunswick; Dr. Lachapelle, Montreal. On Climatology, Drs. Larocque, Montreal; Botsford, St. John; Worthington, Clinton; and Playter, Toronto. On Ethics, Drs. Malloch, Hamilton; Gardner, Montreal; Chas. Morrison, London. On Arrangements, Drs. Sullivan, Saunders, Fenwick, Metcalf, and Sweetland.

The Committee recommended Kingston for the next place of meeting.

Dr. McDonald moved the report be adopted.

Dr. Roddick moved in amendment, seconded by Dr. A. H. Wright, that the next place of meeting be Montreal.

After some discussion, a division was taken, when it was decided by a considerable majority to go to Kingston next year.

Votes of thanks were then given to the Mayor and Corporation of the city of Toronto for the use of their City Hall; to the profession of Toronto for the cordial reception and abundant hospitality accorded to the Association; and to the various Railways and Steamboat lines which had kindly given greatly reduced fares to members.

Moved by Dr. H. P. Wright, seconded by Dr. Ferguson, that the travelling expenses of the Secretary and Treasurer be paid.

Carried.

Moved by Dr. Canniff, seconded by Dr. A. H. Wright, that a copy of the Special Supplementary Report be sent by the Secretary to the Premier, Sir John A. Macdonald. *Carried.*

The President then left the chair, which was taken by the President elect, Dr. Mullin, and a cordial vote of thanks was given to Dr. G. E. Fenwick for his able conduct and courteous demeanour in the chair throughout the meeting.

The assembly then dispersed, agreed that the meeting had proved entirely successful.

On the evening of Thursday, the profession of Toronto entertained the Association at a *conversazione*, held in the fine rooms of the Educational Department. Dr. Canniff, Chairman of the Committee of Arrangements, presided, and did the honors with his well-known ability and courtesy. Dr. W. B. Carpenter was present and gave a short address, which was listened to with great attention. Besides instrumental music, a choice selection of songs and ballads was furnished by a number of amateurs, amongst whom were several members of the fraternity in Toronto. There was a very large gathering of the citizens, and a most enjoyable evening was spent.

On Friday, Dr. Daniel Clarke, Superintendent of the Lunatic Asylum, invited all members of the Association who could remain, to lunch at the Asylum. A considerable number of members availed themselves of the invitation, and were handsomely entertained by Dr. Clarke, and also visited the admirably conducted institution over which he presides.

The Toronto General Hospital was thoroughly inspected by many of the visitors, who were always cordially received by Dr. Chas. O'Reilly, the medical superintendent. A number of improved novelties were shown in this excellent establishment, and we were glad to find that they are in a position to very shortly erect a Convalescent Hospital within their own grounds. A most useful adjunct is an ambulance constructed upon the most approved plan.

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The annual meeting of this Association, held in Montreal last month, proved highly successful. The proceedings of the sectional meetings have been very fully reported in the daily press. Many subjects bearing upon medical science were discussed. We had hoped to give some account of these in the present number, but owing to the space occupied by the full report of the Canada Medical Association meeting, are obliged to hold this over till our next issue.

SEMI-CENTENNIAL CELEBRATION OF THE MEDICAL FACULTY OF MCGILL UNIVERSITY.—The Dean and Medical Faculty have issued invitations to all their graduates and to a large number of friends of the University, for a conversazione on the 4th and a dinner on the 5th October. The former will be held at the new Peter Redpath Museum, and the latter at the Windsor Hotel. The celebration is intended to mark the opening of the 50th session of the Faculty. The occasion is a worthy one, and we hope to see the graduates collected in great numbers from all parts of the country to do honour to their *Alma Mater* on the day of her golden wedding.

Medical Items.

PROVINCIAL MEDICAL BOARD.—The semi-annual meeting of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons of the Province of Quebec, will be held on Wednesday, the 27th September, at 10 A.M., in the Laval University, Quebec. Candidates for examination or for license must send their papers (including certificate of admission to the study of medicine), also the fee for the license, \$20, at least ten days previous to the meeting, to either of the secretaries.

PERSONALS.—Dr. Henry Jackson has been elected Professor of the Institutes of Medicine in the Vermont Medical College, Burlington.—Angus M. Cattenach, of Dalhousie Mills, Ont., M.D. (McGill, '82), has passed the L.R.C.P., Edin.—Harry A. Eberle, M.D. (McGill, '76), has moved from Webster City, Iowa, to Kansas City, Mo.—M. C. Rutherford, M.D. (McGill, '79), has moved from Kenyon, Minn., to Fergus Falls, in the same State.—J. W. Ross, M.D. (McGill, '81), is at Cohoes, N.Y., not Lansenburg, N.Y., as stated in the McGill announcement.—T. A. Jamieson, M.D. (McGill, '75), is at Fort Covington, N.Y.—Duncan McGregor, M.D. (McGill, '61), has moved from Chatsworth, Ont., to Winnipeg.