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THE
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HERPES.*

BY H. J. SAUNDERS, M.D., KINGSTON.

The frequency with which I have met with herpes zoster in its different forms during the past winter has led me to make the few remarks I have put together here, which have been suggested by the peculiar form that zoster takes, illustrating, as it does, though very obscurely, the functions of the nutrient nerves of the skin. I wish first to remark on the confusion of nomenclature that attends the description of herpes. Some medical authors indeed describe herpes labialis and progenitalis and zoster as different diseases, but the majority class all together, and speak of herpes labialis, lumbo-femoralis, brachialis, etc., as though they were varieties differing merely in their seat. There are, it has always appeared to me, two distinct affections that receive the name of herpes, differing from each other in their locality, their mode of onset, their general symptoms, and probably in their pathology and cause, and resembling each other only in the fact of their being both vesicular. As to locality, the first always appears in the neighborhood of the mucous membranes of the openings of the body, more especially the mouth and nose, into which it not infrequently extends; the second manifests itself along the tract of one or more nerves in different parts of the body, almost any of the cutaneous nerves

being liable to be the subject of it, though some are more frequently attacked than others. As to mode of onset, herpes labialis is nearly always symptomatic of and accompanying some general constitutional disturbance, as catarrhal attacks, pneumonia, fevers, etc., and is not attended with pain, or at most a little pricking and uneasiness; while herpes zoster occurs independently of any other affection, the whole train of symptoms present being manifestly connected with the disease itself; pain preceding and during the outbreak being an especially marked symptom. Feverishness, coated tongue, and general indisposition, which are usually present, are evidently associated with the outbreak as a result, and not as a cause. Concerning herpes labialis, I do not intend to speak. It is a trivial affection, unattended, as a rule, with any uneasiness, beyond the discomfort that the eruption round the mouth occasions, lasting but a few days, and disappearing without leaving any trace of its presence, and, as a rule, requiring no treatment beyond some mild protecting application. The other kindred affection, zoster, is much severer, and deserves, I think, more attention than it has yet received, especially from pathologists, for there is no other affection that presents so clearly the relation of changes in the nutrition of the skin with disease of certain nerves. We see injury and disease of some nerve centres followed by paralysis, muscular atrophy, and disturbances of various functions. We also see many different forms of eruption of the skin, either local or general, but are, as a rule, unable

*Read before the Ontario Medical Association.

to associate them with any particular causative nerve lesion. Zoster is peculiar in this, that associated with the pain and eruption of inflamed, often gangrenous, vesicles and loss of vitality in the site is an inflamed condition of the corresponding nerve and its sheath, the subsidence in which is attended with the disappearance of the eruption; not always, however, with entire disappearance of the indications of disturbed nerve function, as evidenced by the persistent hyperæsthesia, or more often, I think, anæsthesia that remains sometimes permanently. In a recent case I found anæsthesia present over three months after the subsidence of the eruption, and in another the skin was insensible to the prick of a pin more than a year after; both these cases were lumbo-femoral, but I have seen the same thing also in intercostal zoster. Zoster would seem in some respects to be allied to the exanthemata, such as smallpox, measles, etc., since, like them, it runs a definite course, usually of about ten to fifteen days, which is not altered or lessened by treatment; and attempts at aborting the attack by local measures, such as nitrate of silver, not only, I think, invariably fail, but tend to make the disease more severe. Another point of resemblance is the occurrence of zoster more frequently at certain times than others, so as to be almost epidemic. It has been especially prevalent during the past winter, and I have noticed the following distributions of the eruption, two of the ordinary intercostal variety, two lumbo-femoral, one occipital, the eruption commencing near the root of the neck and extending upwards into the scalp nearly as far as the anterior fontanelle, and round the side of the neck to the angle of the jaw on the right side. Another case was remarkable in commencing near the spine about the middle of the nates and passing forward. The patches of vesicles extended down the outside of the thigh; a line, however, extending along the upper and anterior surface of the thigh and along the dorsum of the penis. Another case attacked the shoulder and the line of distribution was over the supra-spinal region of the scapula. This is rather a digression from the point I was referring to, the resemblance of the disease to the exanthemata; and no one, I think, can see the often well-defined vesicle, with its strongly inflamed base, without being remind-

ed of that of smallpox. I do not know whether the subject has ever been investigated with the view of ascertaining whether the condition of the roots of the spinal nerves or the cord itself in variola presents a similar appearance to that of zoster, but there would seem to be reason for expecting such a condition when the severe pain in the back that precedes the variolous eruption is compared with the neuralgic pain preceding and accompanying zoster.

Into the question of the pathology of zoster, I do not feel able to enter. I know of no investigations more recent than those of Haight and Budiasecki referred to by Tilbury Fox. They found the nerve swollen in the neighborhood of the disease, the neurilemma filled with small round cells, the medullary substance and axis cylinder enlarged. It has been suggested that the real seat of the disease is not in the nerve trunks themselves, but in the sympathetic nerve fibres of the spinal ganglia, which affect tissues through the trophic which arise from these ganglia (Barunsprung, quoted by Tilbury Fox); but this seems to be more conjectural than actually proved.

Lastly, as to treatment. As I have already remarked, attempts at abortive treatment have generally been failures, as might be expected from the cause. The disease occurs for the most part in persons whose vitality is low, either from age, mental depression and worry, or debility, however caused; hence, as a rule, the chief indications for general treatment are for plenty of light, easily-digested, nourishing diet and tonics, such as mineral acids and strychnia. The affection is self-limited, and its course does not appear to be altered by any treatment. Locally, our efforts are chiefly directed towards the relief of pain, and works on medicine give various remedies that have been used for this purpose. I shall only refer to what I have myself found beneficial. If the pain is great and prevents sleep, I usually give an opiate internally, either morphia or Dover's powder, and find them more efficient than bromides or chloral, or the antipyretics, antiebrin, antipyrin or phenacetin. I have used all these, but think them inferior in this affection to morphia. Locally, I have found more relief follow a 10 per cent. solution of menthol in olive oil frequently applied than anything else, though sometimes ointments or collodion containing atro-

pia or morphia, or solutions of carbolic acid in water or oil, answer better. Protection of the inflamed surface from the air, and especially from friction by the clothing, is also essential. I have tried a mild galvanic current, the negative pole applied to the spine and the position over the eruption, but without, as far as I could see, any beneficial result. On account of the extreme sensitiveness of the eruption, but a very weak current can be borne. Possibly the subsequent hyperæsthesia or anæsthesia might be advantageously treated in this way.

The prognosis of the affection is usually favorable, but I always feel, in very old people, that the occurrence of an attack of zoster is serious matter; since although the attack is generally recovered from, yet it often proves to be the commencement of a general breaking up of the system that leads to a fatal termination within a year or two after. In such cases the eruption is apt to be almost gangrenous in appearance, and the resulting cicatrices are deep and permanent.

BRAIN INJURIES*

BY DR. OLMSTED, HAMILTON.

M.S., æt 17, a large strapping fellow, 5 feet 10 inches high; weight 175 pounds; a farm laborer, admitted into City Hospital, Hamilton, 8th February, 1892.

Complaint: Dizziness, severe attacks of pain in head, and staggering gait.

Family History: Father died at the age of 26 years of phthisis. Mother alive, æt. 38; healthy. Mother remarried. Patient has one brother and one half-brother, and three half-sisters, all alive and healthy, except the half brother, who probably had infantile paralysis, as one leg is less developed than the other.

Previous History: Had compound fracture of the elbow-joint when 6 years old, and measles at age of 7 years; otherwise had excellent health till June, 1891. No syphilis. Patient while lifting some farm implements felt a sharp shooting pain, beginning on each side of the head near the temples, and extending from the points up towards the vertex of skull, where they apparently met. The pain was felt on the top of the head at intervals of one or two weeks during the next three months, and always had

the same characteristics, coming on suddenly, being a sharp shooting and very severe pain, radiating from the point of the commencement, and it always compelled the patient to sit down. The attacks would last from ten minutes to one or two hours, with intervals perhaps of two or three weeks, during which time he felt as well as ever. Sometimes, however, there would be a succession of attacks lasting two or three days. At first the pain would commence on top of head, but gradually shifted backwards until it located itself at a point corresponding to the occipital protuberance, and since September, 1891, the pain has always started from this point. In November he noticed a sort of scum come over the eyes, which would last two or three minutes and then pass away. Sometimes when he would look out he could not see anything. These attacks of loss of sight would come on two or three times a day, and he could not read. He did not appear, however, to get worse. About the beginning of January, 1892, he noticed that his gait was unsteady and could not walk straight. The ground felt to him normal. Shortly after the ataxic gait was observed he began to suffer from vertigo, and at times would fall down.

Present Condition: Boy well developed, intelligent; pupils widely dilated, with atrophic double optic neuritis; vision impaired, appetite good, bowels regular, muscular powers good, sensation normal, knee phenomenon slightly diminished on both sides; when he walks he has an irregular, reeling gait, with a tendency to go to his right. He keeps his eyes on the floor, and has great difficulty in walking with the eyes closed. The right foot at times comes down a little heavier than the left one. Can stand with the feet together and the eyes closed. He sleeps a good deal during the day, but can be roused easily and always answered questions intelligently. During February and March patient would have an attack of pain every day or two, which would last about ten or fifteen minutes. The pain comes on suddenly without any warning, situated over occipital protuberance, shooting from this point up the head and down the back a short distance. No spasms. Says his head feels as though there was a ton weight on it. His face and head is bathed in perspiration and congested. Pupils enlarged; pulse slow, 40-48,

* Read before the Ontario Medical Association.

thus differing from its usual 70-80 beats per minute. There is a numb feeling that starts in the hand or face, and may extend over the whole body. His speech is thick, and the words are run together. During the attacks he has a tendency to lean towards his right side. He cannot walk more than a few steps in a straight line. After the attack is over he has a tired feeling, but can speak correctly. Vision impaired about $\frac{6}{8}$.

On February, the 27th, patient had a bad attack; became unconscious, and on opening his eyes an external squint was seen, but on rousing him it was changed to an internal squint. During the following two or three days he had diplopia, which, however, was not present all of the time, and was probably due to central irritation. On 28th March, while looking out of the window, patient felt a numbness comes over him, became unconscious, and fell backwards, to his right. His fall was arrested by the nurse and ward tender. His hands and arms twitched, face much congested, perspired freely, and was unconscious for about two minutes. He then complained of the great pain in the back of his head, which left him in about six minutes. During April patient had attacks on the following days: 2nd, 9th, three on the 10th, 11th, 18th, 19th, 22nd, 23rd, and two on the 29th. He also vomited quite frequently. During May he felt exceptionally well, not having a single attack. He has been treated with potassium iodide, and during the last two months he has been taking half an ounce of this drug daily. When the pains were very severe and persisted longer than usual, he was given ten or fifteen grains of exalgine, which gave him more relief than anything else tried.

It is thought that he has a tumor either springing from or pressing on the middle lobe of the cerebellum. Some authorities do not think that pressure on the middle lobe can produce the so-called cerebellar ataxia; but when it has been observed in large tumors of the lateral lobes of the cerebellum as well as tumors of the corpora quadrigemina, absence of oculo-motor paralysis aid us in excluding growths in the latter situation.

As to the probable nature of the growth, we know that tubercular tumors are most frequently found in the cerebellum, and also, according to

Seguin, that they are benefited by iodides. I certainly do not think that it is specific. The lowering of the pulse during an attack of pain, and its rapidity between attacks, is very interesting. How is it to be accounted for? His sight has much improved lately, being now $\frac{2}{20}$ nearly. There is a small hemorrhage in left eye.

PUERPERAL ECLAMPSIA.*

BY DR. RAIKES, MIDLAND.

Puerperal eclampsia occurs in Germany once in 665 confinements, in England once in 474, in France once in 273, in Sweden once in 167, in Belgium once in 135, in the State of Ohio once in 150. In Canada I have not yet been able to find the proportion; but in discussing the subject with a practitioner in Toronto, who has had a very large obstetrical experience, I was informed that in 1000 confinements he had not lost one from eclampsia. My own experience has been 7 in 375, or 1 in 53. Of these seven, three were in one small village, as well as three others which I saw there in consultation; or out of a total of thirteen cases of which I have notes, six occurred in the one locality. Of these six cases five were fatal; the one recovery being the case of a primipara, who had only one mild convulsion.

This very large proportion of serious eclamptic cases in the one locality has led me to enquire if there might not be found an exciting cause of the disease in the surroundings or ingesta of the pregnant woman.

I have most carefully searched through all the literature bearing on the subject at my command, but with negative results.

I had hoped to embody in this paper a report of an analysis of the drinking water used in the village where so many of the cases occurred, but unfortunately it has not yet been completed. However, the soil is a vegetable mould, a few inches only in depth, resting on the limestone rock. One would therefore expect to find the water strongly impregnated with calcium carbonate.

Again, in Belgium, Sweden, and the State of Ohio, where the ratio of eclamptic cases is relatively high, the geological formation is largely

*Read before the Ontario Medical Association.

limestone. In Toronto, where, according to the figures I have given, the proportion of cases is low, the water supply, however rich it may be in organic matters, is certainly not strongly charged with lime salts. Bearing these facts in mind, I think it is fair to assume that the presence of lime salts in the drinking water favors the formation in the blood of those toxic materials which in the altered nervous condition, associated with pregnancy, induce eclamptic seizures.

Of course it may be argued that the apparent large proportion of cases occurring in the one locality of which mention has been made may be only a coincidence or due to some other causes than the one assigned, such as fright, mental emotion, tight-lacing, as Howard suggests, or the like, but these causes operate principally upon primipara; yet in these six cases only three, or 50 per cent., happened in the first confinement, whereas the usual proportion is 80 per cent. I came across a case this spring which bears on the same point. Mrs. G.B., æt. 20, who had gone through four uneventful pregnancies, spent the winter on an island of limestone foundation in the Georgian Bay, some forty miles from any settlement. At the end of the seventh month she was taken with eclampsia, from which she was some days in recovering consciousness and sight. Her husband, a fisherman, secured a team and brought her to Midland. I found her still stupid, her face, hands, and legs much swollen, urine scanty and highly albuminous. Under milk diet and diuretics, the albumen and swelling rapidly disappeared. At the end of the eighth month, she was delivered of a macerated foetus.

As for the reason why an excess of lime in the drinking water should so injuriously affect the pregnant woman, whilst it appears harmless to others, I can offer no solution; but hope by bringing the matter before this meeting to get some light on the subject.

What the nature of those toxic substances which, circulating in the blood, cause the convulsions may be, we are still in doubt; but that the child usually assists in their production there can be little doubt, from the fact that the evil usually arises in the latter months of pregnancy and disappears upon the death of the child.

In the treatment, I have learned from a very gloomy experience not to trust to theoretical remedies. My first five patients, treated with chloroform, bromide, chloral, and pilocarpine, all died. The next six all recovered—four of them with the aid of large doses of morphia hypodermically, one with chloroform alone, the other, the case referred to above, with no treatment whatever. Of the five fatal cases, two were, I think, drowned in their own bronchial mucus, secreted under the influence of the pilocarpine. *Veratum viride* I have never yet tried; but from the very glowing accounts of those who have used it, I think it certainly worthy of a trial.

As the toxic materials in the maternal blood are almost invariably fatal to the child if gestation be prolonged after the first attack, it is better to induce labor at once, and so very much improve the mother's chances, without adding to the danger of her offspring. But far more important is the preventive treatment; for I am satisfied that if we could only persuade every pregnant woman to place herself under the care of her physician at least three months before her expected confinement, puerperal eclampsia would soon be numbered amongst the diseases of the historic past. As to what that preventive treatment should be, in every case where uræmic symptoms have manifested themselves I would insist on a purely milk diet, saline purgatives, as required—preferably the mineral waters, if the patient can afford them—the muriated tincture of iron and bi-tartrate of potash. But, above all, let us impress upon our child-bearing women how much simpler it is to prevent than to cure the evil some of them stand so much in dread of.

Selections.

THE ADDRESS IN SURGERY: BRITISH MEDICAL ASSOCIATION.

The Address in Surgery, which appeared in the *British Medical Journal* of July 30th, p. 236, was delivered by Dr. W. H. Hingston, of Montreal.

Mr. Lawson Tait, in proposing a vote of thanks to Dr. Hingston, said that in his prettily worded prologue Dr. Hingston apologized for himself in that he came before them as a child

of Canada. It would be seen that Dr. Hingston was a well-grown and remarkably good-looking child, and in that respect he very fairly represented the country from which he came. He (Mr. Lawson Tait) regretted that Dr. Hingston had not told them more in his own eloquent words of the country from which he came, for he had most modestly kept in the background much that might have been said in praise of the progress of that immense district. Only as recently as the year 1866 that great Dominion was practically in a condition of rebellion. Since then not only had it become peaceable and tractable, from the Red Indians up to the highest class of the immigrant population, but it was now one of the most successful, the richest, and most promising countries of the world. Without being political, he might say that that change had been effected very largely by the Canadians being left to themselves. The surgical progress of Canada had kept pace with the national progress, and no better example of its progress could be presented than Prof. Hingston himself. When he (Mr. Tait) landed in Canada for the purpose of addressing the Canadian Medical Society, he thought that he should escape with some very average contribution to surgical literature, delivered to a small handful of, perhaps, thirty or forty men. But he found that he had to reconsider what he was going to do, for he addressed some hundreds of men who were their equals in every way. Sitting at the dinner table at Dr. Hingston's right hand, he remembered conversing with a young gentleman who spoke very fluently and cleverly about everything except the practice of medicine and surgery, and he thought he had obtained the advantage of getting a lay Canadian whom he could pump upon Canadian politics. The conversation was most interesting, and when he at last took the liberty to ask with whom he was conversing, the reply was, "I am the Professor of Anatomy in the University of Winnipeg." He had heard of Winnipeg as being in the year 1871 "two mud huts and a post-office," and in 1884 he found a man who was paid a good salary—a competent, clever, and intelligent gentleman—who had to do nothing but teach anatomy in the University of Winnipeg! That showed what had been done in twelve years, and that was the way in which progress was

made in Canada. It was intellectual progress just as much as it was material progress. The professional work in Canada was quite up to the level of anything in Europe. He heard addresses and lectures given, and saw operations performed, which would have reflected credit on the mother country. He thought that Dr. Hingston had hardly given his countrymen their due merit. Men came to attend the Canada Association not only from Winnipeg, but from Fraser River and distances which would mean very much the same as a journey to Constantinople. He would ask how many members there were of the British Medical Association who would be willing to travel not scores of miles, but thousands of miles, in order to attend its annual meetings? He did not believe there was a single member present who would do it. It was to him a very great pleasure to meet Dr. Hingston again, and to express the hope that he would live long to grace the profession in his own country.

Mr. Croft had infinite pleasure in supporting this proposal. He was a new acquaintance of Dr. Hingston's, and it was one of the proudest moments of his life that he had the opportunity to say that he had become one of his acquaintances, for no one could come within reach of his influence without feeling that he had been in contact with one whose influence must do him good. Dr. Hingston was a son of Canada. He had come, as Mr. Lawson Tait had implied, thousands of miles to be present at these meetings. They welcomed him, and hoped that he would take back to his friends in Montreal very pleasant recollections of Nottingham. He could assure him that whenever any of his brethren came to England they would meet with a most hearty welcome.

The president said every one present must feel grateful to Professor Hingston for the labor he had undertaken and the pleasure he had afforded them. They already felt intimate with him, and hoped that that intimacy and friendship might long exist. He asked them to receive the resolution with acclamation.

The resolution was carried by acclamation. Dr. Hingston said he was deeply grateful to the association for the warmth of the reception that they had given him. He was grateful to Mr. Lawson Tait and Mr. Croft for the very

kind words they had thought fit to use in his regard. On his return to Canada, though without their eloquence, he would try to imitate their warmth in conveying to his colleagues on the other side a faint impression of what he had experienced amongst his English brethren.—*British Medical Journal.*

THE COLONIES AND THE BRITISH MEDICAL ASSOCIATION.

At the recent annual dinner of the British Medical Association, Mr. Ernest Hart proposed the toast, "The Colonial Branches." He said that when that great British statesman and orator, Canning, made it his boast that he had called into existence the New World in order to redress the balance of the Old, he could hardly have foreseen, even with his transcendent abilities and prophetic vision, the illimitable development of those great territories and colonies that our national genius for war and commerce had founded. Even now, to home-keeping minds, it was difficult to realize how vast were the interests represented in the toast that he was about to propose. In the one colony, for instance, Canada, in which their three most recent branches had been formed, they had a territory thirty times as great as Great Britain, stretching from the hyperborean borders of the Arctic sea to the Atlantic, with a latitude corresponding to France, Germany, Spain, and England. And in the newest ground of that marvellous dominion of grass lands and forest, of glacier mountains, prairie, and cornfield, and of internal seas—where one had the luxury of being seasick 2,000 miles from the ocean—the first of their Canadian branches and the most recent had been formed at Winnipeg, a place as to which Lord Wolseley not many years since made it his boast that he was able to conduct an army there in two months from Montreal, a distance which was now traversed in three days in a palace car, lighted by the electric light, and provisioned by a French *chef*. It was in that town of Winnipeg only a short time since that he had had the honor of addressing a considerable body of professional men on a site now worth millions of dollars, but which, in loving memory, had been sold for "a cow and a drink," and the cow was stolen while the vendor

was imbibing the drink. In Quebec and Ontario were to be found great cities with universities, medical schools, and hospitals which might be envied even here. But he had to couple with this toast the name of Professor Hingston, of Montreal, a man who had received every honor that his townfolk in Montreal could confer upon him. He had been Mayor, and had presided with conspicuous ability over their great sanitary organization, and in asking the members to drink to the Colonial Branches, with the name of Professor Hingston coupled with them, he felt he was asking them to drink to the health of one who was in every way calculated to do honor to the profession, and to ably represent his fellow-citizens.

The toast having being duly honored,

Professor Hingston, in reply, said he was deeply sensible of the honor of having his name associated with so important a toast, and of the kind and graceful way in which Mr. Hart had proposed it. The rising of the branches in Canada seemed to have been only the work of a moment, and it was mainly the work of one man. Mr. Hart came to them from the Pacific coast. He sent letters in advance over all the country. The profession everywhere assembled to receive him, and branches were created in all the important towns in Canada. They were formed as quick as beacon fires on Welsh or Scotch hills in times past. They all in Canada desired to be in closer touch with the parent Association. For himself, he was under the deep debt of obligation to the Association for the honor they had done him in asking him to give an address before it. Six years ago he had come to this country, and at Brighton very quietly took his place, and at the end of the meeting Sir Walter Foster moved that the rules be suspended in order that he (Professor Hingston) might be created an honorary member of the Association, and from that moment to the present he had met with the most genial kindness. The recollection of the cordiality with which he had been received in Nottingham would never fade from his memory; and if he could convey to his professional brethren in Canada a little of what he felt, he knew he should be doing them and the Association no harm. He felt that night a little in a pro-

phetic vein. Six years ago the British Association for the Advancement of Science did Canada and Montreal the honor of coming to hold their meeting there, and he trusted that at no very distant date the British Medical Association would see their way to paying Canada a visit. They would there find a heterogeneous population—French, English, Scotch, and Irish—but amongst them all an intense love of British institutions and a very deep attachment to Her Most Gracious Majesty Queen Victoria; and if the Association could do them the honor he suggested, he could assure for the members a most cordial and hearty welcome.—*British Medical Journal*.

CONCERNING THE ETIOLOGY OF PUERPERAL ECLAMPSIA.—Gerdes (*Münchener Medizinische Wochenschrift*, May 3rd, 1892) refers to a case of severe puerperal eclampsia investigated by him; after death, in which a peculiar bacterium was obtained. On autopsy, there was observed in both kidneys a marked parenchymatous change. The liver was dotted throughout with countless hemorrhages the size of hemp seed. Similar hemorrhagic exudates were found in the mucous membrane of the digestive and respiratory tracts in connection with intense, acute inflammation. Local circumscribed hemorrhages were also found in the pia mater. The kidney, liver, lung, and some blood from the aorta were removed and placed upon sterilized plates, and from the colonies of bacteria which developed upon all the plates in large numbers the investigations were made. Upon the plates these colonies had a light speckled, bluish-white, or light brown appearance, and possessed a number of knobbed prominences which rendered their contour indistinct. The deeper colonies were smaller, occasionally round or lance-shaped. Inoculated gelatin tubes were liquefied in five days. In agar streak cultures a gray-white, clay-colored pellicle was formed in twenty-four hours in the incubator, which quickly covered the surface of the agar as a smeary layer. The culture consisted of short bacilli, resembling in morphology and color those of chicken cholera, hog plague, and rabbit septicæmia. They were stained with difficulty in alcoholic or watery solutions of the aniline colors; indifferently by heating for a long time

in a strongly alkaline methylene-blue solution. Best stained by long exposure in weak aniline-water gentian-violet solution. In hanging drops the bacillus showed a peculiar lively movement. Gerdes found the bacillus in the capillaries and punctate hemorrhages in liver and lungs, and in the lumen of the tubules of the kidney and inside the capsules of the glomeruli. The bacillus measured 1-3 m in length and $\frac{1}{2} m$ in thickness. Upon mice, subcutaneous injection of a $\frac{1}{10}$ ccm. of a 15-hour old bouillon culture produced almost immediately vomiting movements, convulsions, and torpor, out of which they awoke after a short time, but to show evidences of great exhaustion, which increased until death took place from respiratory failure. In rats, no convulsions were observed; they evidenced great exhaustion, and finally unconsciousness and death, with failure of respiration and fall of temperature. Rabbits, marmots, and guinea pigs were only affected by the intravenous injection of large doses; in the latter convulsions were observed. It is Gerdes' belief that all fatal cases of eclampsia which show upon autopsy marked changes in the liver and kidneys are dependent upon an infectious cause. It is irrelevant if eclampsia be limited by this standpoint of our knowledge of the disease, or if we consider an infectious form of the disease. A definite judgment can only be won when the bacteriological find shall be confirmed upon the living subject.—*University Medical Magazine*.

PUERPERAL TETANUS.—In the *Archives de Tocologie*, 1892, No. 3, Vinay reports the case of a multipara, aged thirty-six years, who suffered from abortion during the second month of her fourth pregnancy. She had hemorrhage for several days, and did not know the exact time of the abortion. No interference was practised at the time; the lochia shortly afterward became foul, and the uterus was curetted under chloroform anæsthesia. Portions of retained membrane, decomposed, were removed, and an hour afterward the patient had a violent chill. The second day after the curetting she suffered from pain in the masseter muscles; trismus and spasms of the pharynx with difficult deglutition soon followed. The general symptoms of tetanus rapidly supervened. The pulse was 108, the temperature 98 $\frac{5}{10}$ °. Thirty-six hours

after the appearance of the first symptoms the patient died. No autopsy was obtainable. Vinay has collected 106 cases; 47 of these occurred after abortion, 59 after parturition at term. The first three months of pregnancy is the most susceptible period, and the patient during the first half of pregnancy is in much greater danger of tetanus than subsequently. Tetanus most frequently follows some minor manipulation, and hence comparatively few of the cases occur in maternity hospitals, as most of them are treated at their homes. Artificial delivery occurred in most instrumental cases, and next in frequency was the use of the tampon; the forceps and version do not predispose to tetanus, while Vinay could find but one case of craniotomy so complicated, and but one case of Cæsarean section. Multiparas above the average age are most often attacked. The most important influence in predisposing to tetanus is the wretched surroundings of patients who suffer from it, and especially living in damp and squalid lodgings. There seems reason to believe that trismus may be conveyed by contagion, as in a case reported at Henricius. Amon also reports a case of artificial delivery of a placenta where he seemed to convey the poison of tetanus from the wounded hand of the husband; which he had dressed, to the mother's uterus. Tetanus is also most frequent in the tropics, where the condition of the soil seems favorable for the development of telluric bacteria. Puerperal tetanus usually develops during the first week after labor, and becomes acute or chronic. The prognosis is doubtful, and usually hopeless. Out of 106 cases, 94 proved fatal, a mortality of $88\frac{67}{106}$ per cent. The mortality of abortion complicated by tetanus is 1 per cent. greater than that of labor at term under similar circumstances. The diagnosis may be doubtful in cases of severe hysteria; in prophylaxis, the employment of antiseptics and the precaution that a physician attending a tetanus patient should not attend confinement cases will be sufficient. The treatment consists in antisepticizing thoroughly the genital tract, and in the employment of sedatives. Prophylactic inoculations with cultures of the bacillus of tetanus have not yet been extensively employed.—*Amer. Jour. of the Med. Sciences.*

PROFESSOR OSLER ON SPECIALISTS.—Professor Osler, of the Johns Hopkins University, in his address before the recent meeting of the American Pædiatric Society at Boston, made some thoughtful remarks concerning the true basis of specialized medicine. Dr. Osler believes heartily in the specialist who builds up his specialty on the firm basis of a general knowledge of the healing art. His study of medical history shows him that our art began with specialists. The *Papyrus Ebers* is largely taken up with specialized practice; and centuries later we find Aristophanes satirizing the rectum specialist of his day in a way not unlike that our comic papers when they wish to joke about an oculist or aurist of the present day. So that, as Osler wittily remarks, "the tail of the serpent emblematic of medicine is correctly figured as having been returned to his mouth: at no age of the world has specialism been so rife."

But Dr. Osler does not love all who "do special work"; he contemns utterly the ready-made variety of specialists. He regards the latter as an actual detriment to the profession. He says: "A serious danger is the attempt to manufacture rapidly a highly complex structure from ill-seasoned material. The more speedy success that often comes from the cultivation of a specialty is a strong incentive to young men to adopt early a particular line of work. How infrequently are we consulted by sucklings in our ranks as to the most likely branch in which to succeed, or a student, with the brazen assurance that only ignorance can give, announces that he intends to be a gynæcologist or an oculist! No more dangerous members of our profession exist that those born in it, so to speak, as specialists. Without any broad foundation in physiology or pathology, ignorant of the great processes of disease, no amount of technical skill can hide from the keen eyes of colleagues defects that too often require the arts of the charlatan to hide from the public."

If Dr. Osler's way and the rule by which he has guided his own course could have sway, every specialist would be a classical scholar as well as a thorough all-round physician and surgeon before he considered himself in a position to make a judicious choice as to the special line of practice best suited to his tastes and capacity.—*N. Y. Medical Journal.*

AN EXHIBIT OF ROAD-MAKING AT THE COLUMBIAN EXPOSITION.—Colonel Albert A. Pope, of Boston, is earnestly endeavoring to secure “a comprehensive exhibit of roads, their construction and maintenance, at the World’s Columbian Exposition.” It has been alleged that bicycle manufacturers have a keen business interest in the matter, and it is doubtless true that good roads will help the bicycle business. So will they help every other business. No class of men can have a greater interest in this question than physicians. To the discomforts and trials of a life not too full of sweetness, the wretched condition of city streets and country roads adds its full quota. Americans do many things well and a few things badly; and among the things that they do worst is road-making. If Colonel Pope can succeed in his effort to have at the Columbian Exposition an educational exhibit that shall attract prominent attention, and shall show what has been done elsewhere and what can be done in this country to secure good roads, he will have performed a substantial public service.—*Medical News.*

CHLORALAMIDE FOR SEASICKNESS.—Professor Charteris, who holds the chair of therapeutics and materia medica at the University of Glasgow, has recently advised the treatment of seasickness by means of “chlorobrom,” or a mixture of equal parts of chloralamide and potassium bromide in solution. An adult takes thirty grains of each of those drugs in an ounce of water or other liquid; that is to say, sixty grains of the so-called “chlorobrom” may be considered a full dose. Dr. Charteris’ letter may be seen in the *British Medical Journal* for June 18th, and it contains some details of clinical experiment with the drug and his summary of conclusions. He concludes that the drug is peculiarly free from objections, is absolutely harmless, and will alleviate seasickness when it does not prevent it wholly. The effect is produced, of course, by inducing sleep. The patient should cleanse the *prima via* before the day of sailing arrives. The “chlorobrom” should be taken an hour or two before rough water is reached, and the patient should then lie down and close his eyes. Sleep of a refreshing and agreeable quality may be expected,

lasting from six to eight hours. One patient, who was awakened by the violent tossing of the steamer, stated that in the night, when he was aroused so far as to notice the motion, the rocking of the vessel produced only pleasurable sensations.

In a recent number of the *Brooklyn Medical Journal*, there appeared a study of two hundred and eighty cases treated by chloralamide by Dr. James Wood. The writer offers the following as a palatable hypnotic combination, suitable for use in private practice: Chloralamide, two drachms; compound tincture of cardamom, an ounce. These should be mixed well, and half an ounce each of syrup of orange peel and syrup of raspberry added. The dose is from a dessertspoonful to a tablespoonful, repeated if necessary. The larger dose above mentioned represents thirty grains of the drug, while forty grains may be considered as “the best hypnotic dose for an adult.” The best time for taking the full dose is just before going to bed. The sequels of such dosage are not disquieting, and no centric symptoms of any moment have been noticed. The drug should not be used in a larger quantity than a hundred grains in a day, and then only under observation.—*N. Y. Medical Journal.*

ACTÆA RACEMOSA IN DYSMENORRHŒA AND OVARIAN IRRITATION.—Mr. James Brunton uses this remedy in twenty to thirty minim doses, thrice daily, for four days previous to the usual time of the appearance of the flow. It is supposed to have an anodyne action upon the dysmenorrhœa, whether of uterine or ovarian origin, and in certain cases of metrorrhagia it can replace ergot to advantage. In amenorrhœa of early girlhood, it is of benefit when combined with iron. As an anodyne, it can replace the bromides and opiates. In menorrhagia and metrorrhagia it is beneficial as a regulating agent, although at times it is disappointing.—*The Practitioner.*

THE following appointments have been made on the staff of the Woman’s Medical College: Dr. F. Cane, Lecturer on Mental Diseases; Dr. G. Gordon, Lecturer on Sanitary Science; Dr. S. Boyle, Lecturer on Histology; Dr. J. Gray, Assistant-Lecturer on Anatomy.

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS
OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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TORONTO, SEPTEMBER 1, 1892.

MEETING OF THE BRITISH MEDICAL
ASSOCIATION.

The British Medical Association is now sixty years old, and its success has surpassed anything that the medical world has seen in connection with similar societies. The meeting this year was held at Nottingham, July 26th to 29th inclusive, and from a scientific point of view was all that could be desired. The *British Medical Journal* thinks it doubtful whether the scientific and progressive side of clinical medicine, surgery, and pathological research have ever been so strongly represented at any national congress, either in subjects or in representative men.

Mr. Joseph White, the president, in his address, gave some interesting facts connected with the history of the Association. He was secretary at a former meeting held in Nottingham in 1857, when there were between eighty and ninety in attendance. The Association was then twenty-five years old, and numbered 2,065; now it numbers over 14,000. The founder of the Association was Sir Charles Hastings, who met a number of his confrères in the board room of the Worcester Infirmary in 1832. The result of this meeting was the inauguration of the Provincial Medical and Surgical Association, which did good work for over twenty years. In 1855 it was felt that the influence of the Association should no longer be confined to provincial limits, and after careful consideration the title was changed to the "British Medical Association." The following year the meeting was held in Edinburgh, under the presidency of Professor Allison. In 1862

the annual meeting was held in London, and in 1867 the first meeting was held in Dublin.

During the meeting of 1857, in Nottingham, all the sessions were held in one small room, known as the assembly room. During the Dublin meeting, in 1867, it was found that the work had increased to such an extent that it was necessary to divide into sections. From year to year since that time the sections have increased in number and in the amount and importance of their work.

The financial statement shows a very happy condition of things. There is a total balance of £45,199 at the credit of the Association. Dr. Withers Moore gave some indication of the use to be made of the handsome surplus. He stated that it was probable that when the time of the lease of their present premises had expired they would be able to spend from £50,000 to £60,000 upon the purchase of a site and the erection thereon of suitable buildings for the purposes of the Association.

The meeting of 1893 will be held in Newcastle-upon-Tyne, under the presidency of Dr. Philipson. The invitation from the profession of Newcastle was backed up by the municipality of the town and by the University of Durham.

UNIVERSITY AND SCHOOL REPRESENTATION IN THE COUNCIL.

We publish with pleasure, in this issue, a letter from Dr. John H. Sangster, who discusses the relationship existing between the Medical Council and the universities and schools. We must confess that we are much surprised at some of his statements, and desire to refer briefly to two:

(1) He says the universities did not expect any consideration for giving up certain of their powers. As he was a member of the Senate of Victoria when the Council came into existence, he is of course in a position to know something about that university. However, it happens that a goodly portion of the Victoria Senate (probably a large majority) either took no interest in the establishment of the Medical Council, or were decidedly opposed to it. Under such circumstances, it may be true that their rights in connection with the College of Physicians were not discussed. However, we are in

a position to state positively that the promoters of the bill which created the Council, including such men as Dr. H. H. Wright, Dr. W. T. Aikins, of Toronto, the late Dr. Dickson and Dr. Lavell, of Kingston, and others, did most distinctly understand that their schools and universities were to be entitled to representation in the Council; otherwise they would under no circumstances have consented to the passage of the bill.

(2) He says the universities never had any licensing powers to give up. In a sense he is right, as the degrees were not licenses, but those holding the degrees could get the licenses simply on making application and paying the required fee of four dollars each. The Toronto school also had the right to issue certificates of competency to practise medicine, and those who held such certificates were entitled to licenses on making application in the same way. The Toronto School of Medicine and the universities, therefore, did surrender some of their powers when the Central Examining Board was established, and this must always be considered when radical amendments to the Medical Act are proposed.

As we have before stated, we are to a certain extent in sympathy with Dr. Sangster's views apart from those expressed in the letter; but while we think certain changes are absolutely required, we do not consider it wise to close our eyes to the serious difficulties in the way. Dr. Sangster disliked any interference with his own vested rights as a practitioner of medicine before the formation of the Council. Why will he not show some consideration for the universities and corporations, which undoubtedly had certain powers and rights which they do not now possess? There are some other aspects of the school and university question to which we will refer at a future time.

CANADA'S REPRESENTATIVE AT THE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The choice of Dr. Hingston, of Montreal, to deliver the address on surgery at the Nottingham meeting, as a representative of our Dominion, was in all respects a happy one. Apart from his surgical skill and experience, which

are so well known at home and abroad, he has a fine presence, and is an exceedingly good speaker. Mr. Lawson Tait paid him a very pretty compliment at the banquet given by the profession of Montreal to the members of the Canadian Medical Association, in 1884, when he said that Dr. Hingston, while speaking, reminded him of England's silvery-tongued Paget. Mr. Tait's first experience of Dr. Hingston's powers as a speaker was at the regular session of the meeting of the Association, when the latter, in criticizing the able address of the former on abdominal surgery, entered a dignified but emphatic protest against the indiscriminate mutilations of women by removing the uterine appendages. At the same meeting these two champions had several "spars," which, however, only resulted in a friendship which is not only strong, but likely to endure.

As the *Journal* expresses it: "For the first time in the history of the Association, one of the addresses to the general meeting has this year been delivered by a colonial member of the British Medical Association. Professor Flint and Professor Gross have been heard as representatives of our American colleagues, and it was only right that the first opportunity should be taken to ask a representative of one of the many colonial branches which have recently been called into existence to become a spokesman of the science and practise of our art in Greater Britain."

We desire to extend our hearty congratulations to Dr. Hingston on the great ability he displayed in his address, and on the magnificent reception he received in the old land. The honors which have been heaped upon him by those we respect so highly as that grandest of all medical societies will be highly appreciated by his numerous friends in all parts of this great Dominion, which he has so worthily represented.

THE "BRITISH MEDICAL JOURNAL."

The success of the *British Medical Journal* has been almost phenomenal. Dr. Withers Moore, the past-president of the Association, recently expressed the opinion that such success was largely due to the management of the able editor, Mr. Ernest Hart, who, he said, had

brought *The Journal* to such a pitch of excellence that it was a sort of model journal for all the medical journals throughout the world. The staff is a large one, and includes Dr. Dawson Williams, who is an able assistant to Mr. Hart. Mr. Fowke, the general secretary, is said to have great business and executive capacity. The revenue from advertising during the last year was \$70,000, a very respectable sum, and quite an assistance to a journal of any description. In addition, the sums received for subscriptions and sales of *Journals* amounted in the aggregate to over \$80,000 during the year. The total annual revenue is now about \$155,000.

Correspondence.

SWISS HEALTH RESORTS.

Editor of THE CANADIAN PRACTITIONER:

DEAR SIR,—It occurred to me that a few lines on Switzerland and a brief description of some of its far-famed health resorts might be of interest to your readers.

Geneva ought to be, as it is, one of the healthiest cities in the world. There is an inexhaustible supply of pure water in the immediate neighborhood, and the swift-flowing Rhone carries all impurities rapidly away. The city is abundantly supplied with drains, which connect with two large trunk sewers, one on each side of the river. These empty into the bed of the Rhone some distance below. Then the high winds from the mountains, the "bise," which are frequently prevalent, although severe on the lungs, are of great benefit in carrying away atmospheric impurities.

The University of Geneva has had for so many years a world-wide reputation that it is not necessary for me to enter into any lengthened account of it. The botanical gardens, founded by De Condolle, are in close proximity to the university. They are extensive and well arranged for study. There is a very complete collection of Alpine plants in a separate enclosure. Is it not time that similar gardens were instituted in connection with our own university?

In the medical department the subjects of anatomy, physiology, and pathology are taught

in a large modern building situated almost in the suburbs, whereas instruction in the final branches is given in the hospital, quite on the other side of the city. The distance between the two buildings is over a mile. An appropriation has recently been made for the building of a pathological laboratory in the immediate neighborhood of the hospital. The pathological museum is not large, but the specimens have been mounted with great care and are well arranged. It was founded by the present professor, Dr. Zahn, sixteen years ago. It contains a few very interesting specimens; one, a heart with a permanent foramen ovale which is obstructed by a large thrombus. Another, a case of multilocular hydatid cyst of the liver, etc. The Cantonal Hospital contains three hundred beds, and in it the clinical teaching is excellent.

The medical students of Geneva, about two hundred and forty in number, are largely drawn from the eastern countries of Europe, Roumania, Servia, Russia, Turkey, etc.

As in other European institutions, the medical faculty is an integral part of the university, and receives appropriations from the state in the same way as the other faculties.

Having determined to see a few of the health resorts of Switzerland, particularly those of high altitudes, now so much renowned for the treatment of tuberculosis, I made my first visit to Montreux and Les Avants.

Montreux, situated on the north shore of Lake Geneva, near its eastern extremity, has long been a resort for consumptives. The winter is mild, partly on account of the latitude and partly on account of its sheltered position. Facing the south, it is protected on the north and east by high mountains. For the last three years the fogs on the lake in the winter have been so dense and so long-continued that Montreux is not so much frequented as formerly. In the spring, however, a large number of tubercular patients go there to escape the unfavorable weather which exists in the mountain resorts during the melting of the snow.

From Montreux I ascended to Glion (2,200 feet above the sea) by a cable railway. I do not know at what angle the road is built, but making the ascent seemed very much like climbing the side of a house. From Glion, in which there are two or three large hotels, I

walked to Les Avants, first through orchards, and then through a thickly-wooded gorge. The views of the lake and the mountains were in places indescribably beautiful. The Hotel Les Avants is situated on a plateau over 3,000 feet above the sea, and protected on three sides, north, east, and west, by mountain peaks which rise several hundred feet above it. The south, that towards Montreux and Lake Geneva, is the only side exposed. It is thus protected from the north, east, and west winds, and, owing to its altitude, is not subject to fogs. In fact, the amount of sunshine during the year compares favorably with Davos and other resorts in the Engadine.

Although the Hotel Les Avants is filled during the summer by patients and tourists, it is principally as a winter resort that it has become famous. Its advantages are pureness and dryness of the air, the almost complete absence of high winds, and the abundance of sunshine. In the early spring months, while on the north side of the hotel in the shade the thermometer may register several degrees of frost, in the sun it may register 70 or 80 degrees. Sun-boxes, about twice the size of sentry-boxes, are quite an institution at Les Avants. In these, patients, while sheltered from the wind, may remain in the sunshine several hours each day. Tobogganing and skating are much enjoyed in the winter time.

The class of cases to which Les Avants is best suited are patients with tuberculosis in its very earliest stages, convalescents, and those suffering from anæmia and nervous debility. On account of the great majority of patients suffering from diseases of a curable character, there is an air of brightness and hopefulness about the place which is of great advantage to one in the earlier stages of phthisis.

Leaving Montreux by the train, and ascending the Rhone valley, Aigle is reached in less than an hour's time. Above Aigle there is a consumption cure, Leysin, which is every year becoming more noted. The average sunshine there in the winter of 1887 was much greater than at Davos. I shall probably visit Leysin before I leave Switzerland.

Ascending the Rhone valley still further by train, we arrive at Leuk, above which are the famous hot sulphur baths of Leukerbad. These

I think I described in a former letter from Switzerland.

In making the journey from Geneva to Davos by train, there is nothing to note until one passes along the shore of the Wallensee. Here the scenery is equal to any in Europe. On the opposite side of the lake, the rocks rise almost perpendicularly out of the water to the height of a thousand feet or more. After leaving the Wallensee and passing up the valley of the Rhine, Landquart is reached, and from there a road branches off to Klosteos and Davos. The entrance to the valley leading to Klosteos is guarded by almost perpendicular walls of granite, which rise to a great height. The ascent from Klosteos to Davos is very steep.

The Davos valley, 5,200 feet above the sea, runs from northeast to southwest, and is protected on each side by mountains thickly wooded at the base, which rise from two to three thousand feet above the town.

There are two distinct centres of population in the valley, Davos Dorfli and Davos Platz. The latter is altogether the most important, as nearly all the large hotels and pensions are situated there. The native population of the valley amounts to between three and four thousand, while the number of patients varies from about five hundred in the summer to fifteen or sixteen hundred in the winter. There are many very handsome hotels, which have every convenience for guests. The streets are well paved, and the town has good drainage and an excellent water supply. Several churches, concert halls, a very pretty theatre, and streets lighted by electricity give Davos the appearance of a miniature city.

The principal features of the climate are the rarity, purity, and dryness of the air, the freedom from winds, especially in winter time, and the large amount of sunshine.

"In midwinter the snow lies dry and powdery on the ground, whilst the radiating solar thermometer marks from 110° to 130° F., and at the same time the temperature of the air in the shade is perhaps 10° F. below freezing point; and, notwithstanding this low temperature of the air, one sits out of doors without an overcoat, barely supporting the heat of the sun. The explanation of this seeming paradox is not

far to seek. The pure, clear, thin air facilitates radiation just as it permits the transmission of the sun's rays without intercepting them. The white snow reflects the heat rather than absorbs it, and, owing to the great dryness of the atmosphere, the little snow that does melt is instantly taken up in the air as vapor" (Dr. Huggard). In the winter the ordinary north-east wind of Switzerland, the "bise," is scarcely known in Davos. In the summer a local breeze is produced by the snow on the neighboring mountain peaks. This has rather a beneficial effect in cooling the air. The south winds are occasionally experienced, and always have a bad effect on the health of the patients. The average amount of sunshine in Davos is very great, but it must be remembered that there, as in other parts of the world, some winters are much more favorable than others.

In sending patients to Davos, two points ought to be remembered: first, that the air is cold, dry, and stimulating; and, secondly, that it is much lighter than at the seashore, the barometer standing at between 24 and 25 inches. It is therefore necessary that the patient should have a considerable amount of reserve force to withstand the extra strain. The class of phthisical cases which receive the most benefit are those in the earlier stages, in whom the organs other than the lungs are in a healthy condition, and in whom the sound lung tissue remaining is sufficient to perform efficiently the respiratory function under such changed circumstances.

It is difficult to draw the line between those who should be sent to a mountain resort and those who should remain away, as we can never accurately gauge the vital force present. I think also that advanced cases often do badly at high altitudes, because they take too much exercise at first.

Patients suffering from chronic bronchial catarrh in the earlier stages, "remainders of pleurisy," nervous asthma, and general debility are also said to do well at Davos.

The patients come from every quarter of the globe. A very large proportion—between four and five hundred—from England reside at Davos during the winter. It is stated that soon after arriving the patients become so ruddy and sunburnt that they are not easily distinguished

from those in health. That is, no doubt, often the case, but it does not exactly accord with my brief observations. It was sad to see so many emaciated forms, some with pale faces and others with flushed cheeks, as they entered the concert hall and took their places at the different tables. Men who no doubt were leaders in their various callings here appear as so many wrecks. Further, when one thinks that the great majority of them will in two or three years have disappeared from the face of the earth, one is impressed with the destructiveness of this dreaded disease.

In those cases which do well at Davos the change for the better is quite rapid; the fever lessens and is soon absent, appetite and strength return, and the bacilli are diminished in number or altogether disappear from the sputa.

It is surprising that among the laity there should now exist such extreme notions of the contagiousness of tuberculosis. A few days before leaving for Davos a French lady, upon hearing that I intended to go there, exclaimed: "Why, you run great risk of taking the disease! Davos is infested with the 'insects.'" I made many inquiries on this point, and found that there were only a few cases of what appeared to be undoubted contagion. One, a child of five or six years of age, a native of Davos, and with no history of hereditary taint, was in the habit of playing for hours together with a patient in an advanced stage of the disease. This child afterwards died of miliary tuberculosis. Another, a servant girl, also a native of Davos and without hereditary taint, was in the habit of washing the pocket handkerchiefs of tuberculous patients and allowing them to dry in her sleeping apartment. She also became tuberculous.

Such cases will occur anywhere, but they demonstrate the fact that the disease is contagious in high altitudes as well as on the seashore, and that most stringent sanitary precautions ought to be taken when such a number of patients live so near together.

It may be safely said, however, that there is really no increase of the disease among the natives of the valley except these three or four cases mentioned. The form of medical treatment most largely adopted is creosote, usually given by the stomach. It is especially useful

in cases of fever resulting from the absorption of pus products, and seems to have a better and more rapid effect when given by hypodermic injection. The latter process is so painful that patients object to its continued use.

Cod liver oil seems to be used to a very small extent—not at all by some physicians.

Koch's treatment had a thorough trial, and is now almost completely given up. One physician of large experience assured me that in a few incipient cases a complete cure, he thought, was brought about by the use of the lymph. The results, however, in many cases were so disastrous that the remedy was discontinued.

The modified lymph of Klebs is now used to a limited extent. It does not produce any febrile reaction, but it is doubtful if it exerts any influence whatever on the disease.

I was very much interested in the open-air treatment as it is conducted by Dr. Turban. Its main features, similar to those of Dr. Detweiler's at Falkenstein, are rest, fresh air, and feeding.

The sanatorium, accommodating about 60 patients, is so constructed that every bedroom has a southern aspect. A deep verandah runs along the whole front of the building, and is provided with curtains to be used in unfavorable weather. Electric lights are also placed on the verandah, so that it can be lighted in the long evenings of winter. The patients are placed under a strict regimen as to food, sleep, and exercise. The food is of a most nourishing and easily digested character. Milk is given in large quantities to all who can digest it. The patients take their principal meals in a large, airy dining hall, and, besides these, food is given at stated times on the verandah. There they exercise from a half to three hours each day, according to their strength. This consists of first walking on the level ground; then, when the patient becomes stronger, of making gentle ascents. They are allowed eight hours' sleep. The bedroom windows are kept constantly open. Each patient who is strong enough receives a douche bath, followed by gentle massage. The douche varies in force and temperature in each case, according to the strength. The remainder, of the day, from eight to ten hours, is spent lying down on the verandah. Here they read, write, or amuse themselves in any possible way.

It will be thus seen that the patients live almost all the time, summer and winter, in the open air. The stillness of the atmosphere favors this form of treatment in the winter at Davos.

Dr. Turban takes cases in any stage of the disease, and claims that about forty per cent. leave apparently cured. The institution has been but three years in existence, so that reliable statistics cannot yet be made. Creosote is given in some cases, and other medicines for such symptoms as may arise. Lung gymnastics are adopted for those patients in whom the disease is in a latent condition; never when any activity is shown.

The doctor informed me that the strict regimen was repugnant to English patients, and that they seldom came under his care.

Now with regard to general results. There have been some very remarkable cures, and the benefit experienced by a very large number of patients appear to establish the reputation of Davos as one of the best resorts for consumptives in Europe. The people seem to have great faith in the future of the town, as many new buildings are in course of erection. This may, however, be overdone. It has been clearly proved by statistics that tuberculosis is more frequent in proportion to the population in crowded cities than in sparsely settled districts, and it is possible that, every precaution being taken, the crowding together of such a number of patients may of itself have a deleterious effect. It must be here stated that at Reichen Hall there are a much larger number of patients, and the effects are good. After all, in a review of the various health resorts, one is convinced that the essential point of the treatment is to place the patient in such a position that he can breathe pure fresh air at all times, *i.e.*, air comparatively free from microbes, and that he can at the same time have sufficient exercise to so improve digestion and nutrition that the tissue cells can better withstand the onsets of the bacilli. These conditions are found on the mountain as well as at the seashore or on the prairie. The peculiarities, however, of each place are found suitable for the varying conditions of the individual and the disease. It is therefore a study in itself, and one to which too little attention is given to

select the proper place for each individual patient.

There are a number of other resorts in the neighborhood of Davos; Wiesen, Seewis, also St. Monitz, much further south, none of which I had time to visit.

On my return I paid a short visit to Rogatz and Pfœfers. This is one of the oldest watering places of Switzerland. The hotel at the spring was built in 1704. The water is of a slightly gaseous-saline character, and has a temperature at its source of 110° F. It would be quite worth one's while to go to Switzerland for the sole purpose of seeing Pfœfers.

The walk from Rogatz through the deep gorge, at the bottom of which rushes the Samma River, the old-fashioned hotel with its vaulted rooms and quaint old pump-room, the cavern out of which the mineral water flows, all produce an impression not easily forgotten.

The water is conducted from Pfœfers to Rogatz through a large metal tube, so that the principal establishment is now at the latter place.

The class of patients at Pfœfers-Rogatz are dyspeptics, those suffering from chronic rheumatism, gout, anæmia, and nervous debility. For most cases of the latter disease, I would certainly recommend Rogatz rather than such high altitudes as Davos.

Yours very truly,

J. E. GRAHAM.

Geneva, July 27th, 1892.

Editor of THE CANADIAN PRACTITIONER :

SIR,—My attention has been called to an editorial in the last issue of your journal in which, while wisely urging very organic changes in the constitution of the Medical Council, and frankly conceding the point that our professional executive must be elective, and essentially, if not exclusively, within our reach and under our control, as in all other incorporated bodies, you proceed, in a half-hearted way, to plead for a continuance therein of a reduced representation of "school men." Your advocacy of the retention of that element in the Council is based on two grounds. First, that a relatively small university representation could not injure the profession, and might be of service in mat-

ters relating to curriculum; and, secondly, that in this connection the universities possess vested rights which cannot be ignored, that "when the College of Physicians and Surgeons was organized they gave up their licensing powers with the distinct understanding that in consequence thereof they would have representation in that body." Permit me to challenge both these positions; the first as simply puerile and specious, the second as a purely gratuitous assumption, without a vestige of foundation in fact, and unheard of until the exigencies of the present agitation called it into existence.

If your first contention were of any force at all, it would equally warrant the intrusion of university representatives into the governing boards of every profession and incorporation in the Dominion. We are simply determined, in future, to manage our own affairs in our own way, and we imagine ourselves to be as capable of doing so without further college tutelage or interference as are lawyers, dentists, pharmacists, and others. It may be taken for granted that the *laissez faire* system of the past, which permitted men—and not infrequently very inferior men—to seek and secure election to the Council, will no longer prevail. We have had a sufficiently nauseating experience of that mode of procedure. Hereafter the place must seek the man. In every territorial division in the province may be found a score of medical men qualified to adorn the position, men who in education and attainments and standing, in qualities of both heart and mind, may be safely trusted to act as conservators of the rights and immunities of medical practitioners, and to jealously keep the standard of professional requirements abreast of the age. The opinions and suggestions of medical professors and university dons will doubtless at all times be received by the remodelled Council with attention and respect; but seats at the Council board, with a potent voice in its discussions, and with capacity to vote on matters affecting the general profession?—Thanks! No, we have had enough of that.

Your averment that the universities hold their seats in the Council as a vested right, by way of a *quid pro quo* for powers surrendered, is a mere popular delusion. As a not inactive member of the Medical Faculty, and as a Sena-

tor of Victoria University from 1859 to 1870, the period which witnessed the inauguration and the establishment of the College of Physicians and Surgeons, I can and do most distinctly and emphatically affirm that neither directly nor indirectly, by agreement or implication, did any such understanding exist, or was any such stipulation made or mooted. Nor did the universities, as you state they did, possess any licensing powers to give up. The earliest Act in Upper Canada relating to medicine was passed in 1815, and was repealed as impracticable in 1818 by 59 Geo. III., c. 13, which established a Medical Board of five persons to grant licenses to practise medicine, etc., and which specially provided that "persons duly authorized by any university in His Majesty's dominions, or by commission or by warrant in His Majesty's military or naval services, shall not be restrained from practising for want of such license." The Act of 1827, 8 Geo. IV., c. 3, repealed this clause and gave the Governor permissive power to grant a license to practise to persons holding university diplomas, certificates of qualification from the Medical Board, warrants or commissions as surgeons, etc. Under this Act, which with trifling modifications remained in force till the Council was established, the only persons who could practise in this province without the Governor's license were members of the Medical Board and warranted and commissioned surgeons actually engaged in His Majesty's service. Thus it was only for the nine years intervening between 1818 and 1827 that university degrees in medicine were a legal authorization to practise. It is true that the presentation of the university diploma, certificate, warrant, or commission, with the fee of \$4 for the license, was but little more than an empty form; but the requirement to do so marks the fact that the state reserved to itself the exclusive right of licensing to practise medicine in Upper Canada, and in reserving this power or right it unquestionably also reserved the right to invest it with such conditions and requirements as the public service might require. In 1865 the power of giving legal effect to university diplomas and other qualifications was removed from the Governor-General and vested in the newly-formed Medical Council,

which was constituted essentially as it exists today, except that it contained no homœopathic representation. In 1869 the Medical Council was empowered to appoint a Central Board of Examiners, and to refuse registration even to the holders of university degrees in medicine unless they had also passed before this board. As a *quid pro quo*, homœopaths and eclectics, who were then brought in, were given representation in the Council, and each teaching body was given the right to appoint one examiner on the board; but the universities and colleges acquired no other new rights in lieu of powers surrendered, because, in the first place, they surrendered no powers or privileges, and, in the second, their seats at the Council, which it is now claimed they got by way of a compromise, they had already held for three or four years, and were secured to them by the Act of 1865. To say, therefore, that the colleges were asked to become consenting parties to the Act of 1869, or that that Act was *ultra vires* of the Ontario Legislature, or that they received their seats at the Council by way of a *quid pro quo*, is childish in the extreme. I repeat that no pretence was then made that the universities had surrendered any powers or that they had been asked to surrender any power. The seats in the Council were accepted and held by the universities and schools as of the pure bounty and grace of the Legislature, which has to-day the same power to withdraw that it then had to bestow. It is purely a question, not of right, but of privilege, and, as I have elsewhere pointed out, however long it may have been retained, a privilege which is founded on injustice and liable to abuse is not a vested right to be preserved, but a crying wrong to be remedied.

In the irrepressible conflict which has arisen between the Council and the profession, there can be no question as to the ultimate result. The universities can, however, smooth the way for us materially by acting as we think sound wisdom would dictate. The retention of their seats in the Council is to them a matter of mere sentiment; their loss would result to them in no injury. It appears to me that they could *voluntarily* withdraw therefrom with dignity and honor. Though only now first distinctly assailed, their position in the Council really first became untenable as far back as

1874, when their appointees were so ill-advised as to become parties to taxing a profession they did not and do not in any sense represent.

JOHN H. SANGSTER.

Port Perry, Aug. 11th, 1892.

Book Reviews.

A New Pronouncing Dictionary of Medicine, being a voluminous and exhaustive handbook of medical and scientific terminology with phonetic pronunciation, accentuation, etymology, etc. By John M. Keating, M.D., LL.D., formerly visiting obstetrician to the Philadelphia Hospital, and lecturer in the diseases of women and children; consulting physician for the diseases of women, St. Agnes' Hospital; gynecologist to St. Joseph's Hospital; editor "Cyclopædia of the Diseases of Children," etc.; and Henry Hamilton, author of "A New Translation of Virgil's Æneid," co-author of "Saunders' Medical Lexicon," etc.; with the collaboration of J. Chalmers DaCosta, M.D., and Frederick A. Packard, M.D. Price \$5.00, cloth; \$6.00, sheep. W. B. Saunders, 913 Walnut street, Philadelphia, 1892. Toronto: J. A. Carveth & Co.

This is, in the first place, a very good medical dictionary, in the sense that it gives very clear and concise definitions of medical words and phrases; but it is, at the same time, an excellent pronouncing dictionary. It was no easy task to prepare such a work, and the authors were evidently impressed with the difficulties in their way. They consulted the professors in classics in such universities as Johns Hopkins, Harvard, Pennsylvania, Amherst, Princeton, Cornell, etc, and have given extracts from their replies. In referring to such replies in the introductory chapter, the authors say: "We have abundance of authority for the statement that when we introduce into our language scientific words of foreign origin we may adopt them as our own, and naturalize them under the customary rules of pronunciation; but that with the closer intercourse of the medical profession throughout the world and the preponderating influence of the Roman pronunciation, we believe the custom will soon make its adoption universal."

Obituary.

DR. WILLIAM H. HENDERSON, Kingston, ex-President of the Ontario Medical Association, and Professor of Clinical Medicine in the medical department of Queen's University, died on Saturday evening, August 13th. The cause of death was Bright's disease of the kidneys.

Dr. Henderson was born at Kingston, Oct. 6th, 1856, and received his collegiate training in his native city, where he graduated in medicine at the head of his class in 1879. He served for one year as house surgeon of Kingston General Hospital, and then went to Europe, where he spent two years, obtaining the diploma of the Royal College of Surgeons, with special commendation from the examiners, in November, 1879. He devoted special attention to the study of practical pathology, histology, and physiology in London, Vienna, and Berlin. Shortly after his return to Canada, he was appointed Professor of Physiology in the Royal College of Physicians and Surgeons, Kingston, and at once won great favor as a careful and painstaking teacher. He was last year appointed Professor of Clinical Medicine, a position he held at the time of his death. As a member of the Board of Governors of Kingston General Hospital, he displayed great energy in carrying out many of the recent improvements in that institution. He took an active interest in the Canadian militia, and held the position of surgeon to the Prince of Wales Own Rifles, and was also chief surgeon of the Kingston and Pembroke Railway.

Dr. Henderson, although a young man, was well known among the members of the profession as a careful and enthusiastic worker. He was one of the early members of the Ontario Medical Association, and his election to the position of President of that body in 1888 was received with great favor and unanimity as a just and well-deserved recognition of his attainments. The President's address delivered by him at the meeting in June, 1889, was pronounced one of the best even given in the history of the association. His presence will be greatly missed at future meetings of the Ontario and Canadian Associations. His private practice was large and lucrative, but unfortunately for himself his goodness of heart induced him

to sacrifice himself for his patients, and his untimely death stands as a warning to all who are tempted to deny themselves a proper amount of rest from the exacting duties of the busy practitioner.

In May last Dr. Henderson first expressed himself in need of rest, and went to Old Point Comfort, Va., where he took part in the meeting of the National Association of Railway Surgeons. In his return he felt but little benefit from the trip, and unable with his accustomed regularity to attend the meeting of the Ontario Medical Association, but resumed practice in the hope that he would gradually shake off his indisposition. Unfortunately in this he was disappointed, and soon the dimness of vision and other attendant symptoms confirmed the diagnosis of Bright's disease. The course of the disease was rapid from July 26th, the date of his last professional visits, to the date of his death, August 13th. During his illness his professional confreres were unremitting in their attentions, each vying with the other in hoping against hope that the life of one so highly esteemed might be spared to add lustre to the profession of which the deceased was such an ornament. Having settled his affairs, he calmly and patiently awaited the summons, which came at the midnight hour, when he peacefully entered into rest. Distinguished, as he always was, in life as a genial, companionable, lovable man, he greeted the grim messenger as only a Christian hero could, expressing no regret save the sorrow he felt at parting with an affectionate wife and dearly loved children. Such a life and such a death are full of useful lessons. The esteem and respect in which deceased was held were manifested in the many tributes to his memory. His funeral, one of the largest ever seen in Kingston, was a striking evidence of the affectionate regard enjoyed by Dr. Henderson in his native city.

ACROLOZONE (Harvey's) is a preparation with qualities similar to those of hydrogen peroxide. It is a powerful antiseptic, and can be used with great freedom because it is unirritating. It is said that it makes a good dressing for ulcerated surfaces, and that it is very valuable in diphtheria. It is sometimes administered in teaspoonful doses in diphtheria.

Therapeutic Notes.

TREATMENT OF APPENDICITIS.—Dr. Senn's conclusions are these, viz.: (1) All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix as soon as the lesion can be recognized. (2) Excision of the appendix in cases of simple, uncomplicated appendicitis is one of the easiest and safest of all intra-abdominal operations. (3) Excisions of the appendix in cases of appendicitis before perforation has occurred is both a curative and prophylactic measure. (4) The most constant and reliable symptoms indicating the existence of appendicitis are recurring pains and circumscribed tenderness in the region of the appendix. (4) All operations should be done through a straight incision; parallel to and directly over the cæcum. (6) The stump after excision of the appendix should be carefully disinfected, iodoformized, and covered with peritoneum by suturing the serous surface of the cæcum on each side over it with a number of Lembert stitches. (7) The abdominal incision should be closed by two rows of sutures, the first embracing the peritoneum, and the second the remaining structures of the margins of the wound. (8) Drainage in such cases is unnecessary, and should be dispensed with.—*Medical Progress.*

CREOSOTE FOR PULMONARY TUBERCULOSIS.—Dr. Beverley Robinson, who is the pioneer in this country in the use of creosote, prefers small and frequent doses. He commences with doses of one-half to one minim, given three to four times daily, and gradually increases the frequency to every two hours, unless the stomach proves intolerant. He finds that few patients can bear a daily dosage of more than twenty minims, although one of his patients took sixty-four minims daily. His method is a very good one and commends itself on account of its safety, and is always capable of being pushed to the fullest extent compatible with the comfort of the patient.

Some prefer to give creosote in pill form, others in capsules, while there are those who favor various mixtures of this article. The better way is to give it in an alcoholic or vinous mix-

ture. A noted German authority combines it with two parts of tincture of gentian.

Much of the success acquired from the use of this remedy is attributed to the employment of a reliable article, one of absolute purity manufactured from beech-tar.

I have employed the following formula with good results:

R. Pure beech-tar creosote, Merck's ʒj
Fl. ext. gentian . . . ʒij
Comp. tincture of cardamom . . . ʒij
Alcohol . . . ʒij
Simple sirup . . . q. s. ad. ʒviiij
M. Sig.: One teaspoonful as directed.

After tolerance is established, the quantity of creosote and gentian is gradually increased in the proportion given above.—*Dr. Hall in Medical Record.*

EFFECTS OF MEDICATED INHALATIONS.—*Dr. A. Irsai*, of Buda-Pesth, has made some instructive laboratory observations on the effects of the inhalation of various substances on the lungs and air passages. Inhalation of air impregnated with the vapor of oleum terebinthinæ produced distinct pallor of the lung-tissue, due, doubtless, to spasmodic contraction of the pulmonary capillaries. Oleum juniperi and oleum pini sylvestris produced similar results, but less in degree. Oleum eucalypti, oleum anisi, oleum menthæ, and menthol, similarly inhaled, produced scarcely any change in the color of the lung tissue. Creosote, thymol, and in a still greater degree guaiacol, produced redness, with great hyperæmia of the lungs. From these observations *Dr. Irsai* concludes that in acute catarrhal affections, with swelling, hyperæmia, and profuse secretion, those substances which produce anæmia of the lungs should be chosen; while in chronic torpid conditions, or in phthisis, where the supply of blood and the nutrition of portions of the lung are defective, substances which induce hyperæmia should be used. With any tendency to hemorrhage, creosote or guaiacol may prove dangerous.—*London Lancet.*

A REMEDY FOR CHRONIC RHEUMATIC ARTHRITIS.—*Mr. Hugh Lane*, in his recent work on Rheumatic Diseases, again emphasizes the value of the old recipe commonly known as the "Chelsea Pensioner." *Lord Anson* is said to

have given three hundred pounds for the liberty to make it public.

R Honey, ʒxvi
Sulphur, ʒi
Cream of tartar, ʒi
Rhubarb, ʒiv
Gum guaiacum, ʒi
Nutmeg, no. i.—Misce.

Sig.—Two tablespoonfuls in a small tumbler of white wine and hot water on going to bed, and the same quantity before rising in the morning; the patient to remain in bed until any perspiration that may be occasioned has subsided.—*Internat. Med. Mag.*

For habitual constipation, *Dr. Staple (Hosp. Gazette)* recommends the following:

R.—Ext. cascariæ sagrad., fld. - fʒj
Tinct. nucis vomicæ - - - m x
Tinct. belladonnæ - - - m v
Aquaæ - - - - - fʒj. M.
This dose t.d.

—*Coll. and Clin. Rec.*

A WRITER in *Med. Press* suggests the following treatment of dysentery:

Salol - - - - - ʒj
Syrup of tolu - - - - - ʒij
Extract of opium - - - - - grs. ij
Cognac - - - - - ʒj
Gum water - - - - - ʒvij

A tablespoonful every hour.

—*Coll. and Clin. Rec.*

DIARRHŒA—*Dr. A. Loomis* recommends the following mixture in diarrhœa:

R.—Tincture opii.
Tincture rhei aa fl - ʒss
Tincture catechu comp fl ʒi
Olei sassafras - - - M xx
Tincture lavandul æco. q. s. ad fl. ʒiv

Mix. Dose—A fluid drachm after each movement.—*Med. Fortnightly.*

CURE FOR MOSQUITO BITES.—For bites of insects, attended with itching, the best remedy is menthol in alcohol—one drachm of the former to one ounce of the latter. This speedily allays the irritation, and a few applications only are needed to effect a complete cure. But it should not be used where the skin has been broken, as by scratching; the remedy then is the oxide of zinc ointment, in an ounce of which the apothecary should rub up ten grains of carbolic acid.—*Boston Journal of Health.*

Miscellaneous.

CANADIAN MEDICAL ASSOCIATION. — The twenty-fifth annual meeting of the Canadian Medical Association will be held in Ottawa on Wednesday, Thursday, and Friday, 21st, 22nd, and 23rd September, under the presidency of Dr. John L. Bray, of Chatham, Ont. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members may obtain return tickets for one fare and one-third. Members and delegates must procure certificates from the station agent at place of departure. Judging from the number of members and delegates who have signified their intention of being present, the meeting to be held in Ottawa will in all probability be a very successful one. Members desirous of contributing papers will kindly communicate with the general secretary (Dr. Birkett, 123 Stanley Street, Montreal) at as early a date as possible. Appended is a partial list of papers: Address in Medicine, "The Treatment of pulmonary tuberculosis," Dr. J. E. Graham, Toronto, to be discussed by Dr. Prevost, Ottawa; address in Surgery, "Observations on the progress of Surgery in our own day," Dr. Donald MacLean, Detroit, Mich., to be discussed by Dr. V. H. Moore, Brockville; address in Obstetrics, to be discussed by Dr. Harrison, Selkirk; "Gastro-Enterostomy," Dr. L. McFarlane, Toronto; "Chronic Bright's," Dr. McPhedran, Toronto; "Intussusception and its treatment by operation," Dr. F. J. Shepherd, Montreal; "Treatment of abortion," Dr. K. N. Fenwick, Kingston; "The management of goitre," Dr. Dupuis, Kingston; "Uric acid in children," Dr. A. D. Blackader, Montreal; "Diseases of the nasopharynx associated with ocular affections," Dr. Buller, Montreal; "Prostatectomy," Dr. Geo. E. Armstrong, Montreal; "Appendicitis," Dr. H. P. Wright, Ottawa; "Biological analysis of some Canadian water supplies," Dr. Wyatt Johnston; "Unrepaired laceration of the cervix the most common cause of epithelioma of the cervix uteri," Dr. Laphorn Smith, Montreal; "Case illustrative of the influence of diseases of the female generative organs upon the visual apparatus," Dr. Ryerson, Toronto; (1) "Two early deaths from gonorrhœa," (2) "Enterectomy for the cure of fœcal fistula," Dr. H. H.

Chown, Winnipeg; "An epidemic of morbilli hemorrhagici," Dr. C. J. Edgar, Sherbrooke; "Hemorrhage in the newborn," Dr. F. A. L. Lockhart, Montreal; (1) "Administration of chloroform and the dangers incident thereto," (2) "(a) Phlebitis of the left femoral vein caused by an embolism coming on three weeks after hysterectomy; (b) Aneurism of the abdominal aorta," Dr. J. D. Balfour, London; ———, Dr. A. E. Praeger, Nanaimo; (1) "Notes on eye lesions consequent on nasal affections," (2) "Traumatism of the labyrinth," Dr. Geo. Baptie, Ottawa. Papers have also been promised by Sir James Grant, Ottawa; Dr. Muliin, Hamilton; Dr. George McDonald, Calgary; and Dr. Johnson-Alloway, Montreal. A special general meeting of the Association of Medical Officers of the Militia of Canada will be held during the session of the C.M.A.

MEDICAL SOCIETY OF THE COUNTY OF ERIE. —At a meeting of the above society held in Buffalo, under the presidency of Dr. W. Warren Potter, Dr. H. R. Hopkins offered the following:

Whereas, this society has had the rare privilege, at this meeting, of the presence of eminent and honored visitors and guests, viz., Dr. James F. W. Ross, of Toronto; Dr. Joseph Price, of Philadelphia; Dr. Lewis S. McMurtry, of Louisville; Dr. Charles A. L. Reed, of Cincinnati; and Dr. Brooks H. Wells, of New York, and has also had the greater privilege and pleasure of listening to most profound and scholarly papers and practical and edifying discussions from these eminent visitors; and,

Whereas, professional courtesies of the kind just received by this society are only offered and received at the cost of great personal sacrifice of opportunity and energy; therefore,

Resolved, That this, the Medical Society of the County of Erie, at its semi-annual meeting, June 14, 1892, does now and hereby tenders to Doctors Ross, Price, McMurtry, Reed, and Wells a vote of thanks in testimony of its appreciation of their singular professional eminence and personal courtesy.

The preamble and resolution were adopted unanimously by rising a vote.

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