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THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

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

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TORONTO, OCTOBER 15, 1892.

Original Communications.

UNIVERSITY OF TORONTO BIOLOGICAL BUILDING AND THE PARK HOSPITAL.

ABSTRACT OF ADDRESS

DELIVERED BY MR. MULOCK, VICE-CHANCELLOR,

At a Public Meeting of Graduates held in Toronto,
12th September, 1892.

Mr. Chairman, and Fellow-Graduates:

With feelings of deepest sorrow, not on my own account, but because of our common alma mater, which for over a third of a century has been my idol, I appear before you this evening. Unkind toward myself as has been some of the criticisms of those whom I wish to believe mean well by the university, I would not out of any personal considerations take part in a controversy wherein the interests of the university appear for a moment to have been forgotten by my critics. But feeling, as I do, that a grave university issue is involved, I, for the first time since occupying the responsible and onerous position of vice-chancellor, deem it my duty to sink personal considerations and take my place in the ranks by the side of my fellow-graduates on behalf of an institution which, much as it has already achieved, has yet scarcely entered upon the threshold of its sphere of possible usefulness.

THE BIOLOGICAL BUILDING.

But my critics say that too much money has been spent on biology and on the medical faculty. Let me analyze this charge. In 1878, when I became a member of the Board of Trustees, I found the capital of the university impaired by nearly \$40,000, the result of the erection of the main building. In 1883 we had wiped out this deficit, and in the meantime had entered upon our policy of university expansion. In the fall of that year I made, through Senator Macdonald, then a member of Victoria and of our Senate, a proposal which two years thereafter, in a modified form, was approved of by the General Conference. At this period our facilities for teaching the sciences were lamentably deficient; biology, a subject of great and rapidly-increasing importance, having, as you all know, the merest apology for a laboratory. Well, sir, every one who has given any thought to our requirements felt that in the near future, confederation or no confederation, we must erect science buildings. And it was well understood during all the negotiations that resulted in confederation that this university would endeavor to make *adequate provision for science teaching*. In fact, this understanding was, I believe, one of the most important factors in bringing about the most important result. With the prospect, then, of such a demand upon our resources, I strove to husband them in order to be able to implement our implied obligations in respect of confederation. Shortly after the General Conference had, in 1885, endorsed confeder-

ation, I took steps looking to the development of the science side of the university. The first subject to deal with was biology, and with money derived from the release to the government of our interest in the old asylum site in the park, and savings from our income, we were able to erect the easterly wing of the biological laboratory. This in no way impaired the income of the university, the asylum site having been, as all our graduates know, a wholly unproductive asset. But this east part simply provided certain lecture rooms and laboratory accommodation, and it was part of the general scheme that the westerly wing should provide accommodation for the museum. When, therefore, the completion of the westerly part was being undertaken, the medical faculty having been in the meantime established, it appeared to me a most economical arrangement that the attic flat should be utilized for anatomical purposes. Our medical faculty had been in operation more than a session, long enough to make manifest the disadvantages under which we were laboring, part of the work having to be carried on in the old building on Gerrard street opposite the hospital, and another part in the university grounds. To make this clear, let me explain the course of study in medicine. Our curriculum requires students to take the science work, anatomy, and physiology in the first half of their course. This involved, according to the existing arrangements, their daily attendance at science lectures in the university grounds, and also attendance for dissecting and other purposes during the same period at the old buildings nearly two miles away. Thus situated, it was practically impossible to carry on these two branches of work, the science and the anatomical, at these remote points with any degree of satisfaction. Students were unwilling to lose the time involved in traversing between these two points daily, to say nothing of the loss of the broken parts of each day. There are always, as every student knows, necessary interruptions between lectures, they rarely follow each other without a break of time, and the only practical solution to the difficulty was to make provision whereby students in attendance on the science lectures could, without interruption, devote the rest of their time daily to the dissecting room and other work of their course. Manifestly, the

proper solution to the question was to provide dissecting-room and other accommodation near to where the science work had to be done, whereby the students might fill in broken hours by dissecting and attending lectures on anatomical and other professional branches of their study. Such an arrangement would be an enormous saving of time to the student, and leave them in a better position to take advantage of our science facilities.

The opportunity then arrived with the erection of the museum wing of the biological laboratory; the top or attic flat, which otherwise would have been of little or no use, having been converted into dissecting and bone rooms, and connected by a hoist with a room in the basement where material could be stored. There has been so much misrepresentation in regard to this work that I invite all to examine the building for themselves, and I am sure they will come away convinced that a wise and economical arrangement was arrived at, and there is not a university man of any breadth of mind that would undo the work if he could. But it is said that secrecy was observed. This is quite true. I knew full well from my experience with the Park Hospital that if publicity were given to the fact that we contemplated having a dissecting room in the park building, we would encounter local opposition which would paralyze the movement as it had done the hospital scheme. Hence the caution observed. But it did not occur to me that the narrow view now advanced would be taken that the state should render no assistance to medical science. Why, sir, when the Toronto Medical School, being the medical faculty of Victoria, at the time of confederation, as part of the understanding of the great movement, ceased to exist, and when the Legislature by the Confederation Act authorized us to establish teaching faculties in medicine and law, not one word appeared in the act suggesting that they were to be on any footing different from the arts faculty, and when the Senate unanimously and promptly acted upon the powers so conferred, and established these faculties, I regarded such legislation and action as simply a mandate to do what our circumstances warranted towards putting them on a reasonably sound basis, having due regard to all other demands upon our resources. It should be borne

in mind that the object of our Senate in identifying the university with medicine was not simply to qualify persons to practise medicine. That followed, it is true, as an incident; but we had a more far-reaching, a more public-spirited, aim. On this point let me quote from the report of the medical faculty of our Senate, adopted in 1887, recommending the establishment of our medical faculty, and which report, I may say, the Senate unanimously adopted. This report, indicating what should be the aim of a great university like ours in seeking to advance medical science, uses these words: "Leading members of that institution (referring to the Toronto School of Medicine) expressing entire concurrence with the opinion entertained by the authorities of the University of Toronto, that in the interests of medical science, and therefore of the general public, it is the duty of the Provincial University at the earliest possible moment to establish a teaching faculty in medicine, instead of permitting that important branch of education to remain almost exclusively in the hands of proprietary corporations, liable to be managed with a view to pecuniary profit to the proprietors rather than to the cause of medical science. Your committee do not desire to be understood as expressing an opinion that such has been the policy of any medical school, but the circumstance that the efforts of this university, extending over a long period of years, to encourage a higher standard of medical education appear not to have been practically seconded by any medical school has convinced your committee that co-operation can be secured only from a teaching staff directly under the control of the university. Such an arrangement, having for its object, not private gain, but the general interests of the people, is best calculated to promote the highest interests of medical science." Personally, I would not have advocated the establishment of a medical faculty had I supposed that it was simply to enter the arena in competition with other medical schools, and without assistance be compelled to confine its work to the old methods. Speaking in December, 1890, at a public meeting in the biological laboratory, in the presence of hundreds of fellow-graduates, when, I think, the westerly wing was either completed or approaching completion, I expressed myself as follows: "In the opinion of

the university, any scheme of medical education which deals simply with the curative, neglecting the preventive, aspects of medical science is radically defective; and in that view nearly fifteen years ago the university had endeavored to engraft upon the requirements of a medical education a more thorough acquaintance with the subject of biology acquired by laboratory work, use of the microscope, and otherwise. The Senate had observed on the medical side of the state-aided historic universities of Europe the inauguration of a great movement; that the microscope, a supreme instrument of research, was disclosing many hidden truths of nature and revealing causes of disease, thus preparing the way for the discovery of remedies. Accordingly, we introduced changes in our curriculum which, we hoped, would promote study in the direction referred to; but after long years of waiting were forced to the conclusion that it was hopeless to expect such results from medical schools having no public endowment. We have not one unkind sentiment towards any such institution, and should ever rejoice at their progress and development; but it was unreasonable to expect the work of the state to be carried on at the expense of private individuals. Yet this necessary work had to be undertaken, and no course remained for this university except to follow the example of the great universities of Great Britain, Germany, Austria, France, and other continental countries, which, being largely aided by the state, were not merely parasites on the educational system, but were actively engaged in contributing towards the extension of medical science. Speaking of parasites, he would be a bold man who would assert that all diseases of parasitic origin were preventable or curable; but there did appear reasonable grounds for believing that the darkness which had hitherto enveloped the scientific searcher after truth in investigating causes of consumption and allied diseases was about to pass away, and that the training acquired in the biological laboratory was about to confer on mankind benefits hitherto without a parallel. The state aid rendered by France had given the world a Pasteur, while Dr. Koch drew his inspirations from the state-aided laboratories of the fatherland; and if the coming graduates of Canadian universities, in the practise of their

profession, were to contribute towards medical science, it was essential that their medical education be of a character which, apart from qualifying them to apply existing methods, would direct their minds towards research. In view of the great possibilities, do you think that any medical student of to-day should pass into the ranks of his profession without having had the opportunity of acquainting himself with what is already known to the science of bacteriology, the development of which must largely rest with the students to-day? The University of Toronto at least took that ground, and I would ask what higher duty could devolve upon the state than thus seeking to provide for the maintenance of the health of the people by preparing men to investigate the causes of disease and their prevention? The world is wont to speak of the progressive character of medical science; but if no encouragement or attention were given to original research, and if all were content simply to apply such knowledge as was now possessed, then medicine would stand still. Diseases heretofore regarded as incurable would continue incurable, and those so afflicted would live without hope. We could not admit the soundness of such a proposition. It was the duty of the state to seek for the causes of disease with a view to its prevention and cure, and as a university belonging to the people, existing but for the people's welfare, I can conceive of no direction wherein its energies could be better directed in order to promote the public good than by seeking the advancement as well as the diffusion of medical science."

Sir, these sentiments, when uttered in a university meeting, surrounded by university men on all sides, met with a hearty, I believe a unanimous, response. They still represent my views, and it was out of my anxiety to identify this university with efforts to advance medical science and benefit my fellow-men that I sent Prof. Ramsay Wright, not at the university's expense, to Germany to study under Dr. Koch; yet even that personal act of mine has been resurrected to do action against me. Suppose some man trained under our new system were to discover a method for the successful prevention or cure of cholera, think you any citizen then would take the position that that result was acquired at too great expense, if even it involved

the expenditure of a few thousand dollars of university money on some biological or medical laboratory? (Cheers.) Why, sir, if I had supposed that the policy of this university in establishing a medical faculty was simply to unite together a number of professional gentlemen, call them a medical faculty, and leave such faculty without resources, laboratories, lecture rooms, or appliances, or the first requirements wherewith to carry on the work whose very necessities would have compelled such a faculty in a struggle for existence to seek to turn out the largest number of practitioners at the lowest possible cost, thus degrading instead of elevating the cause of medical science, I would have, and, I venture to say, the public would have, protested against such a prostitution of university power, and the medical faculty of this university would, I think, never have had an existence. (Cheers.) However, in deference to criticism, the university is now being fully compensated for the expenditure made, however trifling, on behalf of the faculty, a rental being charged against the medical faculty. Consequently, such an expenditure being now a revenue-bearing asset, the university's income is not thereby encroached upon to the extent of a single dollar. Thus, at *no cost to the university*, our medical faculty has been enabled to carry on its work both economically and efficiently, to the great advantage of the university, and yet my critics refuse to have any regard to results, but, in what I believe to be anything but a fair or just spirit, denying me credit for anything, denounce me for action absolutely disinterested on my part, intended solely for the benefit of the university, and which will, I am satisfied, be of incalculable advantage to her. (Cheers.) Rarely has the refining influence of university education so failed to awaken a desire to place a charitable construction on the action of others.

THE PARK HOSPITAL.

Again, I am said to have alienated a vast area of university lands for the establishment of the Park Hospital. This charge I fully covered in a communication to the Senate in June last; but in case you may not have read it, I will briefly review that transaction. Shortly after the Senate established the medical faculty, namely, in the fall of 1887, the late Senator

Macdonald, then a member of our Senate, a man of most generous impulses, and a staunch friend of this university, informed me that he desired to found a hospital in connection with our university. He told me he had promised his daughter shortly before her death to give the share of his estate which she would have received, had she survived him, towards a hospital, and, being deeply interested in medical science, he felt that such an institution in connection with our university would be of great advantage to the medical faculty, to the university, and the whole public. I need not trouble you with all the details. Suffice it to say, that Mr. Macdonald's original proposition was that the university would give a free site by conveying land in fee simple to trustees for the hospital, and in consideration of such grant of land he would give in cash \$40,000 towards the erection of the building, the trustees to maintain the hospital in connection with this university, which was to have control and management of all buildings erected on the land. In addition to the great indirect advantages accruing to the university, she was to be paid by students, for the privilege of attending this hospital, such annual fees as the Senate prescribed. Under this latter provision the university would receive a direct return in money for the use of the land, the amount of which from our prosperous medical faculty, ever growing in public favor, would soon exceed any other possible return from the land, whether sold or leased. I think I have as accurate an idea as any person as to the value of the two lots included in this trust, and have no hesitation whatever in declaring that by no other possible way, by sale or lease, will the university ever derive as large an annual income from these lots as she will by charging fees to medical students for the privilege of attending the hospital when erected thereon; and I regret that, while those objectors have given exaggerated ideas as to the value of lots, they have, as a rule, carefully abstained from alluding to this provision for adequate money compensation. But to return to Senator Macdonald. His views and conditions were embodied in a draft agreement, a copy of which I now hold in my hand. This draft document purports to be made between John Macdonald, of the city of Toronto, in the county of York,

merchant, hereinafter called the donor, of the first part, and Her Majesty the Queen, represented for the purposes of this agreement by John Edward Berkeley Smith, the bursar of the university and colleges at Toronto, of the second part, and recites as follows :

"Whereas the said party of the first part, herein described as the donor, by reason of his love for his daughter, Amy Macdonald, now deceased, and from a desire to perpetuate a memorial of her good will and sympathy towards the sick and suffering, and also from a desire to promote the interests of medical science and surgery, has resolved to dedicate the sum of money hereinafter named in perpetuity for the purpose of founding a hospital, to be forever known as the Amy Macdonald Hospital, subject to the provisions and conditions hereinafter set forth, and amongst others upon the condition that Her Majesty, represented as aforesaid for the purposes of this agreement by the bursar of the university and colleges, should set apart and appropriate certain lands, being those hereinafter particularly described, to be held along with the said sum of money upon trust for the purpose hereinafter set forth of the said Amy Macdonald Hospital . . . It is hereby agreed and declared that the trustees in whom the said lands and said sum of money are to be vested, etc., shall stand seized of the said lands and of the said sum of money for the erection of a hospital upon such portion of said lands as they shall determine, to be known and to be called the Amy Macdonald Hospital, which hospital and any extension thereof or additions thereto are to be forever hereafter appropriated and used for the treatment of patients suffering from all forms of disease other than those that are contagious, infectious, chronic, or incurable, and also for patients requiring surgical treatment, so that the establishment and perpetuation of the said hospital may not only be the means of relieving sickness or suffering among such patients, but may also serve to promote the interests of medical and surgical education in connection with the University of Toronto."

And the document, amongst other provisions, then provides that the University of Toronto shall have the right from time to time to prescribe and fix the fees to be paid by the stu-

dents to the university for the use of the hospital, as I have heretofore mentioned.

Well, sir, Mr. Macdonald subsequently came to the conclusion that it would be advisable to change the name of the hospital, and he wrote to me on the 15th day of November, 1887, the letter, in his own handwriting, signed by himself, which I am about to read: "On looking over the draft agreement, after our last interview in my office, I wrote to Mr. Macdonald (the solicitor) suggesting the elimination of the clause having reference to free beds, feeling that it might prove a source of embarrassment. This he undertook to do. Since then the matter has been much in my mind, and I have come to the conclusion that it would be best to abandon that which was really the incentive to the offer, namely, the association of the name of my dear child with the institution. This will not affect my offer, which still remains, but which can, I think, be put in a form which will be more likely to make the institution from the very first worthy of its location, worthy of the city. . . ."

Well, sir, that draft agreement, with Senator Macdonald's letter, I submitted to the Board of Trustees of the University of Toronto at their meeting held on the 18th November, 1887. There were present the following members of the Board: Sir Daniel Wilson, Judge Patterson, Mr. Hoskin, Mr. A. H. Campbell, and myself. The following resolution was unanimously adopted by the board: "Resolved, that the trustees of the University of Toronto gratefully acknowledge, on behalf of the citizens of Toronto as well as the university, the gift of \$40,000 from the Hon. John Macdonald as a generous contribution towards the extension of hospital accommodation, the necessity for which is a consequence of the growth of the city, the advancement of medical science, and the promotion of thorough and medical education. The trustees concur with Mr. Macdonald in the hope that the project thus initiated will result in the establishment of an institution which will from the first be worthy of its location in the city of Toronto, and equal in all respects to the best institutions on this continent. They share the confidence that there will be found among our citizens both the ability and the will to contribute the remainder of the funds necessary to

successfully accomplish his benevolent and patriotic project, and they agree with him that the amount provided for the building and equipment of the hospital should be at least \$150,000. To provide for the erection and management of the hospital, the trustees propose to act upon a suggestion of Mr. Macdonald by arranging for the appointment of a committee of citizens, in whom as a corporation the property shall be vested, and subject to whose control the work of the hospital shall be carried on. . . ."

Well, sir, the action of the board was duly announced in the public press. The resolution to which I have referred was set forth in full, and the utmost publicity given to the whole scheme. The precise piece of land was not determined upon at this time, but even then Senator Macdonald had in contemplation the site finally selected. You will observe, then, from the action of the Board of Trustees that the board by its resolution committed itself to Senator Macdonald's proposition, namely, that the university was to provide the land and he to contribute his \$40,000. That proposition was assented to by our Board of Trustees, and was substantially carried out some two years later. I will not weary you with unnecessary details, but how it was carried out is correctly stated in my communication to the Senate, an extract from which I beg now to read to you:

"Thus matters remained until I received an intimation that Senator Macdonald was seriously ill, and desired to see me. Accordingly, the next morning being the 1st of January, 1890, I called upon him, and was shown to his bedroom. He there informed me that he had been dangerously ill, and, though then apparently better, that he was in a most precarious state of health; that during the crisis through which he had been passing his mind had continually dwelt upon his uncompleted promise made to his dying daughter to contribute towards the founding of a hospital the share in his estate which she would have received if she had survived him, and he had concluded to agree to the price placed on Wycliffe College property rather than risk further delay, and as soon as he felt able he would endeavor to place the \$40,000 forthwith at the disposal of the trust, when he hoped

I would press the matter to a conclusion without further delay.

"He reminded me that he intended, as he had often told me before, to increase the amount by his will, and impressed me with the intensity of his anxiety for the earliest possible completion of the purchase, and with the danger arising from delay, concluding his reference to the condition of his health by informing me, to use almost his own words, that he felt that there was a very narrow borderland separating him from his daughter, to whom on her deathbed he had made the promise in question. I assured him that as soon as he advised me that the cash payment of \$40,000 was at the disposal of the board I would use all possible despatch in pressing the purchase to a completion. He made one further request of me, which I hope may be respected. He desired that over the main entrance, which he thought might be near the head of McCaul street, there be placed these words, 'He healed them all.' This ended my interview, and I never afterwards saw him alive.

"I felt that there was not a moment to lose, and that even a day's delay might jeopardize a scheme which appeared to me full of promise and usefulness, both to the suffering public and to the university as a teaching body. I heard nothing further on the subject until Thursday evening, the 2nd January, 1890, when on my return to Toronto, having been absent during the day attending the funeral of my late partner, Mr. Tilt, I was called to the telephone by one of Mr. Macdonald's sons, who told me that his father having arranged to pay over at once the \$40,000 the son had attended at my office with the amount during the day, but that he had learned I was out of town, that he had so reported to his father, who seemed much depressed in consequence, and that he was still awake and anxious to know whether, now that the finances were arranged, the transfer of property could be at once effected. I told the son to assure his father to the effect that I would press the matter to a completion with all possible speed, and the next morning I instructed our solicitors to prepare the papers. That day or the next morning I called upon the Minister of Education, and reported to him the situation. I told him Mr. Macdonald had

assured me of his intention to increase the amount by his will by giving to the hospital the share in the estate which his daughter would have taken had she survived him. He knew perfectly that the scheme simply secured at once the promised cash gift of \$40,000 (in fact, he went with me to Mr. Macdonald's warehouse to secure the money), and that the expected addition thereto depended upon Mr. Macdonald's will.

"I discussed with the minister the probable consequences of delay, and he agreed with me that we would not be justified in adopting any course that involved delay."

The Vice-Chancellor then gave details as to the payment of the \$40,000, the purchase of Wycliffe College, and the lease of park lots 8 and 9 to the Park Hospital trustees, and spoke as follows about certain clauses of the lease:

"The hospital is practically under the control of the Senate, and available for medical educational purposes as it may determine, and I venture to assert that if the scheme is not impaired the university will in due course receive by way of rent from fees of students attending this hospital quite as much money, if not more, than she could realize either by selling or leasing the land. There are those whose opinions are of value who think that an hospital forms a necessary part of the equipment of every efficient medical faculty, and in proof of this it is only necessary to remind the Senate that the great medical schools of Great Britain, the United States, and Germany have control of hospitals, and whatever may be intended I fear that an assault on the hospital in question will be regarded as aimed at our medical faculty. I therefore trust that the Senate will first decide whether the presence of the hospital in question is of any, and, if so, what service to the university. There can be no conflict between the university and the hospital trustees. They hold office at the will of the Senate, and can make no disposition of the property without the consent of the Senate, which thus, having full control, can by its action determine the fate of the hospital. If the Senate requires a surrender of the College-street lots, in whole or in part, it can, I think, attain that end by action in the Senate, uncontrolled by an outside body; but I trust that before arriv-

ing at such decision the most careful consideration will be given to the whole subject. It was but in the interest of this university that I identified myself with the hospital scheme. I believe in the medical faculty, and earnestly desire its success. I have no sympathy with those who contend that no public aid should be given towards the advancement of medical science. It is a view to which I personally cannot give my assent; and even if the hospital scheme cost the university something, which I contend in the end it will not, I consider it would be worthy of fair consideration. The time will come when I think you will be unable to maintain your medical faculty unless you have control of an hospital. Already Montreal has become a great hospital city, and it behooves us and all medical schools in Toronto to make Toronto a great hospital centre, otherwise our students will seek elsewhere those advantages not within their reach at home. As to my own personal connection with the establishment of the hospital, and to which some are inclined to take exception, I trust that it will not be allowed to prejudice the scheme. Some may approve of the scheme and disapprove of my course in connection therewith. To them I would say, condemn me if you like, but not the scheme, if it is itself deserving of approval."

A REPORT OF THREE CASES OF SUPRAPUBIC LITHOTOMY, WITH REMARKS.*

BY EDMUND E. KING, M.D., C.M. VICT.;
M.D. TOR.; L.R.C.P. LOND.

Surgeon St. Michael's Hospital; Physician House of Providence
and Home for Incurables.

Mr. President and Gentlemen:

In presenting a report of three cases of suprapubic lithotomy, I do not propose to weary you with the history and minute details of the operation, with which you are all familiar; but simply to call your attention to the peculiarities in these cases, and to enlarge on some of the unusual features that are met with, together with some of the yet unsettled points of subsequent treatment.

CASE NO. I.—R.A., æt. 37, male, referred to me by the late Dr. W. H. Henderson.

Family history: Father died by accident at the age of 55; mother suffered from fistula-in-ano, does not know cause of death; one brother died in infancy; two sisters died, one in infancy, the other after she had grown, but does not know age nor cause of death in either case.

Previous history: He had had the usual diseases of childhood, but no urinary difficulty until 1885, he thinks. The first symptoms that he noticed was the passing of gravel, and on two occasions small calculi, one about one-third of an inch long and the thickness of a rye straw, the other smaller. In neither case was the appearance of the stone preceded by nephritic colic. Possibly it was in 1887 when he first had to rise at night to void urine, but this was not a constant symptom until October, 1889, from which time his present illness dates.

Present illness: He then began to notice a severe scalding along the whole of the urethra; the night urination was more regular; there was no pain during the act, simply scalding. No important change occurred until July, 1890, when pain became apparent in the bladder, which he describes as similar to that of two raw surfaces rubbing against one another. Desire to urinate became more frequent night and day; a large quantity of mucus was passed after the urine. Subsequent to an examination of the bladder with the searcher, a large quantity of blood and mucus passed for some days. This continued until October, 1890, when he was confined to bed by a typhoidal (?) attack, followed by a relapse in December of the same year. About the first of February, the patient states, a large quantity of thick mucus or pus was evacuated one night; he thinks the quantity would amount to about one pint. The bladder had been again searched for stone, but none found; medical treatment had been resorted to, but without relief. At the present time he has little control over the act of micturition, and is unable to retain urine more than fifteen minutes at a time; it will then be voided involuntarily. The desire to urinate is always worse at night when lying down. He has lost between thirty and forty pounds in weight during the past year and a half, and is in a highly nervous condition. When I first saw the patient, on the 17th of April, 1891, I found him an emaciated, sallow, highly nervous man, apparently 45 years of age.

* Presented to the Canada Medical Association, Ottawa.

On examination, a stricture was found five inches from the meatus, of large calibre, the prostatic urethra exceedingly tender; a Jacques catheter was with great difficulty introduced into the bladder, and gave rise to much pain. The prostate, examined per rectum, was exceedingly sensitive. The patient was placed on ten grains of salol every three hours, and directed to drink large quantities of carbonated water. On the 19th I washed out the bladder with a one per cent. solution of creoline, examined the urethra with the endoscope, detecting an ulcerated spot five inches from the meatus, where the sound had located the stricture. I was unable to pass a solid instrument into the bladder owing to pain produced by the attempt. The bladder was washed with the one per cent. creoline solution during the next three days, and he could retain his urine during the day for seventy minutes with some effort; no improvement at night.

On the 22nd, Dr. John Caven administered chloroform, and Dr. Milman was present when I examined the bladder with the cystoscope. The bladder would hold scarcely four ounces of fluid, and when distended with this small quantity a distinct tumor was felt on the right side of the median line above the pubes. It became more apparent when pressure was made on the bladder per rectum. It could be grasped by the fingers, and was about four inches in diameter. While examining with the cystoscope its beak ran against the calculus, which was situated in a sack in the upper and back part of the bladder. The cystoscope could not be utilized for viewing on account of the spasmodic contraction of the bladder.

On the 27th of April, assisted by Drs. W. Lehmann, W. H. B. Aikins, and J. Caven, I did the suprapubic section. I had succeeded in getting six ounces of fluid into the bladder, the rectal bag introduced and dilated with ten ounces of water. No vessel required ligatures, only one large vein presented in the abdominal wound, which was pushed out of the way. The rectal bag was ruptured by severe straining at this stage of the operation, which necessitated the raising of the bladder by the fingers of one of the assistants passed into the rectum. The peritoneum was pushed out of the way with very little difficulty, two stitches passed through the bladder walls, and an incision made between

them. The stone was felt in the upper and back portion of the bladder, contained in a sac. It was impossible to remove it with the fingers, and the forceps were used. The bladder was thoroughly washed out, a double drainage tube introduced, and the abdominal wound drawn together by two deep sutures, the wound being dressed with boracic acid and gauze, held in position by a T bandage. The patient felt well after rallying from the anæsthetic, had very little pain, and passed a very comfortable night. His temperature rose to 101 on the 29th. Felt no pain in the bladder, and he thinks some urine passed per urethra on the 30th. The tubes were removed on the first of May. Urine positively passed per urethra on the 4th, but it was not until the 9th that he urinated at will. On the 3rd he was placed on a lounge all day, and seemed greatly rested by his change of position; on the 10th he sat in a chair and ate his dinner; on the 14th he walked round the block, retained the urine for two hours. On the 16th, or 19 days after the operation, he left for Kingston, the wound not quite healed, but yet, he had full control over the bladder. He was somewhat used up by the journey, which of necessity was made so soon, but no ill effects resulted. During the next two or three weeks he gained slowly. He went to the country the first of June, and gained forty-one pounds by the first of July.

CASE NO. 2.—Mrs. G.M., æt. 33, married four months. Previous family history perfect.

Present illness: For the past six months she had noticed that micturition was more than usually frequent at the menstrual period, yet not distressingly so. She only referred to it on being questioned. Immediately after marriage she had excessive pain and great frequency of urination, which lasted about a month. These symptoms abated considerably during the day, but increased at night. I first saw her on the 23rd of December, 1891. Ordered a placebo without effect, she objecting to an examination. No improvement being noticed in four or five days, rather the reverse, she acquiesced, and I examined the interior of the bladder with the cystoscope. On first examining the bladder by pressure between the finger in the vagina and the hand placed on the abdominal wall, great pain was complained of, the bladder contracted

spasmodically. On the insertion of the soft catheter to inject fluid to distend the organ so much pain was caused that I made this examination under chloroform, Dr. Adam H. Wright assisting. A small cluster of tubercles, yellowish and very distinct, was revealed on the base of the organ, in the inter-urethral line. A tumor was also detected in the left upper and anterior wall of the bladder, of dark-reddish color, apparently smooth, and gave us the idea that its size would be that of a pigeon's egg. The other parts of the bladder were healthy, the vessels and the trabeculæ were easily distinguished. A second cystoscopic examination was made without anæsthetic and the same conditions found, but the pain of this examination set up spasmodic contraction in a few minutes, so that it had to be discontinued. I decided to operate, and chose the suprapubic route on account of the special advantage offered.

On January 24th, 1892, assisted by Drs. Adam H. Wright and W. Lehmann, I operated. In the abdominal incision no vessels required to be ligated; the bladder was found low down in wound, and was opened on a sound passed per urethram and pressed well up; no rectal bag was here used. The bladder wound was enlarged by the fingers to sufficient size to admit a speculum. No tumor was found, which rather chagrined me, but the tubercles were present, and another cluster seen and felt on the fundus. Bruce Clarke's speculum was the one used, and an exceedingly perfect view was obtained of the whole bladder. The mouth of the left ureter was congested and protruded slightly. The tubercles were thoroughly cauterized by the Paquelin, double drainage tubes inserted, and the abdominal wound drawn together at the upper part by two deep sutures. The wound was dressed with boracic acid and gauze, retained by a T bandage. The temperature never rose above 99°, pulse never higher than 84; drainage tube removed on the 26th. A few drops of urine passed per urethram on the 29th, and about two ounces passed on the 3rd February; on the 11th she sat up and ate her dinner. The urine had continued to come from the wound until the 12th of February, 19 days after the operation, when it ceased to do so and was passed in the natural manner. She was downstairs on the 13th, and was out on the 14th for a short walk.

CASE No. 3.—Mr. P., æt. 72, plasterer, and working up to within three months from the time I first saw him.

Family history: Good; no previous illness until five years ago, when he first complained of lancinating pain in the back, which gradually became more severe. Periods of exacerbation in the pain became frequent, and he passed several small calculi. He says that he has passed, during five years, as many as fifteen or twenty, two of which I here show you. His bladder has never been sounded, the case having been treated by solvents entirely.

History of present illness: I first saw the patient on the 12th of March, this year. Found him in bed, apparently well, complaining of nothing except spasmodic pains in the bladder and severe pains on micturition, which were increased and intensified on assuming the erect posture. When in recumbent position, the periods between the act varied from two to three hours; while in standing the periods would be from three-quarters of an hour to an hour and a quarter. The urine was clear and straw-colored, acid, and contained no sediment. On the 13th I examined the bladder with Thompson's searcher, and immediately came against a stone with the beak of the instrument. I found the patient had misunderstood my question as to how long since he had passed urine, and instead of the bladder being full, it was quite empty.

A large uric acid stone: The composition of the large calculi passed and the apparent size of the stone in the bladder led me to advise an immediate suprapubic operation. The urine was examined four times between the 12th and the 16th; always found to be clear. Specific gravity varied from 1020 to 1024, always acid; contained no albumen nor sediment, nor were there any casts. On one occasion Dr. John Caven (who also examined the urine for me) thought there was a slight trace of albumen, but it was very slight. On the 16th of March, assisted by Drs. W. H. B. Aikins, W. Lehmann, Mr. C. Carter, medical student, being present, I did the high operation. After the patient was anæsthetized the bladder was filled with six ounces of boracic acid solution, the rectal bag introduced and distended with twelve ounces of water. The distension set up a severe

straining, similar to the case of No. 1, but the bag did not burst, however, and the straining subsided in a few moments. The patient had micturated just before being anæsthetized, and no residual urine was found in the bladder. In the abdominal incision two small vessels required to be twisted, the peritoneum did not present itself, and the bladder was seen bulging slightly at the bottom of the wound; this was hooked up and a nick made into it to admit the finger tip. A large stone was immediately felt; the bladder wound was enlarged by the fingers and two stones were removed, the larger one almost a complete sphere $5\frac{1}{4}$ inches in circumference, mulberry, weighing slightly over two ounces; the other almond-shaped, weighing eighteen grains. The double drainage tubes were inserted, two stitches were put through the abdominal wound, and it was dressed with boracic acid and gauze. 17th: The pulse, since the operation, has not exceeded 82, nor has the temperature been above normal; somewhat colicky pains in the bowels, possibly due to the calomel administered on the night previous to the operation. From the 17th to the 23rd nothing to note in particular; on the 23rd the first urine passed by the penis, pain insignificant. On the 24th he was on the lounge, and on the 8th of April he was downstairs, the wound healed, and from that day on he was out walking.

Subsequent history: On the 3rd of May he complained of pain in his left lumbar region, tenderness extending into the groin, œdema of the whole left side, extending from the hip almost to the eighth rib, well over towards the umbilicus. The tenderness was excessive, and most prominent over the region of the kidney; feet swollen; temperature 100° ; pulse feeble and rapid; several slight chills. The urine was scant and contained large quantities of urates; his tongue became dry and parched, his temperature ran up to $101\frac{1}{2}^{\circ}$; pulse very flighty. He died on the 11th of May, eight days after attack. I show the specimen there discovered. All the organs of the body were healthy with the exception of the left kidney, which contained a large calculus; the perinephritic fat was in a state of acute inflammation, etc. The operation is seen to be in no way responsible for the patient's death.

In Case No. 1 you will remember that he had what was called a "typhoidal" attack in October, 1890, with a relapse in December. Now, I do not suppose that these attacks were typhoid fever at all, but were pyæmic, and that the cause was an accumulation and retention of pus in the sac in the bladder. I show you here a specimen of a bladder that has in its walls one large and many smaller sacs. (*See cut.*) I have two other specimens of a similar kind, one of them occurring in the female. In none of these cases was cause found for the development of the sacs. Suppose with me for a moment that at the time of his first symptoms in 1885, or subsequently, a small calculus was deposited and retained in one of these pockets, and that even from its slight



weight continually increasing the sac enlarged, but the mouth remained about the same size, small enough to retain the accumulations. We can easily account for the symptoms that stimulated the typhoid condition, and also see clearly from whence came the great discharge of ropy mucus and pus that he refers to as having occurred in February, 1891. It will also explain why the surgeons had been unable to find the stone when it was searched for. Dr. Henderson was of the opinion from the great emaciation, night sweats, and other symptoms, that it was a case of tubercular ulceration of the bladder. Many of the symptoms certainly looked that way, and the chances of touching the stone so sacculated were small, if not at that time absolutely impossible.

In Case No. 2, you will see that with the cystoscope a tumor was diagnosed which the subsequent operation failed to reveal. The blame for this cannot be laid on the cystoscope, but rather upon the operator, and yet there undoubtedly was something tumor-like protruding into the bladder at each of the two examinations. I was at a loss just how to explain this circumstance until recently, when my friend, Dr. L. Bolton Bangs, of New York, in a paper on "Some of the difficulties in the use of the cystoscope," read before the Surgical Section of the New York Academy of Medicine in November, 1891, referred to a similar experience of his own. His diagnosis of bladder tumor was confirmed by Dr. Willy Meyer, another experienced operator with the instrument. He says: "Upon the superior and lateral wall of the bladder on its left side is seen projecting into the viscus a conical-shaped body, sessile, irregular in outline, and of deeper hue than the surrounding mucous membrane." While after the operation he says: "At the place where the tumor was supposed to have been seen prior to the operation, there was nothing but the thickened, softened, and hyperæmic mucous membrane as seen elsewhere within the viscus." His explanation, and with it I entirely agree, is that it was a fold of the anterior bladder wall. When we think how the mucous membrane of the bladder folds up when the organ is empty, it will not be difficult to see how this fold may have been projecting still into the viscus. It behooves us, therefore, to be more careful and more thorough in our examinations. In his case, as in mine, there was other trouble present, which the operation relieved, and was sufficient cause to justify the operation; the operator would have felt humiliated on not finding that for which he was looking and had diagnosed as existing.

In Case No. 3, the size of the calculus is proof that a longer time than five years must have elapsed since the nucleus of the stone was formed, yet no symptoms were evidenced until five years ago. It is another striking evidence that stone may exist without symptoms, or at any rate symptoms of any severity. Since reading this paper another case has been sent me in which no symptoms of stone existed excepting when from cold or other causes a cystitis was produced. Two years ago it was found, and

gave him no trouble until quite recently, when from a cold he developed an acute cystitis. The specimen of the kidney with so large a stone (over one-half inch in diameter) and symptoms so recent is peculiar. When I made the *post mortem* and found the large mass of hardness surrounding the kidney I felt sure that it was cancerous, but the explanation is clear on dissection, and seeing where a perforation exists with infiltration into the cellular fat and subsequent inflammation. I do not propose to enter into the discussion of suprapubic versus perineal lithotomy. There are cases in which each is the better, but I am of the opinion that the high operation is the one that should be resorted to by any operator who is not thoroughly experienced in the lateral. It is the operation for the surgeon who has not seen or performed the lateral several times. There is no danger of wounding any part or organ that surgical cleanliness and care cannot immediately rectify; while in the lateral large vessels are in the immediate vicinity; the spermatic vessels and other parts are in danger, to injure which is to leave a permanent disability on the patient. The best direction for the abdominal wound and its treatment are yet unsettled questions. I believe that the straight cut with a partial transverse division of the rectus is the one that will give the best after results; except in the case of an exceedingly large and fat abdomen, when the transverse may be resorted to.

The wound of the bladder: Whether to leave it open or stitch it up has been brought before the profession of Ontario at the meeting of the Ontario Medical Association in June last by Dr. Groves, of Fergus. I was unable to hear the paper, but from what the doctor told me I believe he advocates closing the bladder and draining through the urethra. I do not agree with that. In the first place, the constant passing of instruments is injurious to the urethra and irritating to the neck of the bladder, and liable to set up an inflammatory process which we need only to think of to dread. Sir Joseph Lister drained through an opening made from within outward in the perineum. In the second place, the bladder wound must of necessity be drawn absolutely together in every part, or there will be infiltration. Should the drainage be in any way imperfect through the urethra, I prefer to leave the

wound open, or, what may be offered as a compromise, to stitch the bladder walls partially together, leaving opening enough to allow the drainage tubes to pass out. The abdominal wound I do not expect to heal by first intention, but I do find that by using the two sutures healing is assisted by preventing the wound from gaping. The upper part of the wound in two of the cases, though, did heal by first intention. The patients can be allowed perfect freedom of movement on the back or sides immediately after the operation.

That the rectal bag has been of great advantage in the high operation no one can help admitting, but its use is not without danger. Rupture of the rectum has been reported many times, and not from over-distension with large quantities of fluid, but from the straining produced, putting the distended bowel at a great disadvantage, and a weak one in imminent danger of rupture. Foreign bodies in the rectum, or interference with the rectum, even when the patient is well under an anæsthetic, especially chloroform, are very often followed by straining. *The position is important*; that of Trendelenburg does away with the use of the rectal bag, and allows the bladder to be more accessible to the operator. It also allows the peritoneum to draw away, and thus reduces to a minimum one of the great bugbears of the operator. Should the peritoneum, however, be an accident by opened, close it as in any abdominal section, and all should be well.

In conclusion, gentlemen, I apologize for the length of the paper; but if it will induce a discussion that will result in throwing additional light on these interesting and common cases, I shall feel that the time has not been idly spent.

44 QUEEN STREET EAST, TORONTO.

SUBSTITUTE FOR OPIATES.—Dr. Portier (*La Semaine Médicale*) recommends the following as a substitute for the preparations of opium:

℞ Hydrochlorate of cocaine . . .	cgms. 50
Phenacetin	gms. 1.5
Exalgine	cgms. 50
Salicylic acid	gm. 1.

Divide into ten powders. Take one powder every two or three hours until the pain ceases.

—*Med. and Surg. Reporter.*

SYNOPSIS OF THE PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE AMERICAN ORTHO- PÆDIC ASSOCIATION.

BY B. E. M'KENZIE, B.A., M.D.

The association met at the New York Academy of Medicine, Sept. 20, 21, and 22, 1891, Dr. Benjamin Lee, of Philadelphia, president, in the chair. After the address of the president, a lengthy programme of nearly forty papers was taken up. Necessarily, many papers were read simply by title, and will appear in the transactions.

The hip-joint received a large share of attention, there being presented a paper by Dr. A. M. Phelps, of New York: "Experiments Demonstrating the Etiology of the various Deformities in Hip-joint Disease." A large number of dissections had been made and were shown. It was claimed (1) that in early hip disease *flexion* and *adduction* occur because the fibres of the joint capsule run in a direction downward and inward, so that in the position assumed the fibres are relaxed, and the inflamed joint is thus put at ease; (2) that when flexion to the extent of 20 degrees has occurred the external rotators, represented by the gemelli and obturator group and the glutens maximus, do not continue to act as external rotators, but as adductors, and that the anterior portions of the glutei and the tensor vaginæ femoris now act as flexors and internal rotators; (3) there being now but little opposition to the adductors and internal rotators, the limb assumes the position of adduction and flexion in which it is found in the advanced stage of hip disease.

There was but little exception taken to the propositions laid down by Dr. Phelps, and it was uniformly conceded that the paper was a most valuable contribution to the anatomy and surgery of the hip-joint.

Other contributions on this subject were: "Adduction Following Fracture of the Neck of the Thigh Bone," Dr. Hodgens, St. Louis; and "Report of a Case of Spontaneous Dislocation of the Hip-joint," Dr. B. E. McKenzie, Toronto. A woman, 21 years of age, in rather poor general health after the birth of her first child, suffered from subacute rheumatism, and was confined to bed two months. During that time

she sat up much, keeping the right knee drawn up nearly to the chin and the hands clasped over it. Three months after her first confinement to bed, the examination revealed a dislocation of the head of the femur upon the dorsum ilii. The dislocation was easily reduced under chloroform, and kept in position by the wearing of a Thomas hip-splint. A year and a half afterwards, there is found to be ankylosis, no shortening or other deformity, and no atrophy.

A paper presented by Dr. Royal Whitman, of New York, proved to be one of great interest: "Observations on the Ultimate Deformity of Pott's Disease." Dr. Whitman showed a case in which he is employing the Taylor spinal brace with modifications. Proceeding upon the proposition that in the normal erect attitude a perpendicular line passing through the tarsus should pass through the acetabulum and the mastoid process, he aims at keeping the spine from curving forward (when disease is in the middle spinal region) in the dorso-lumbar and high dorsal and cervical regions by the employment of pads in front of the points of the shoulders, sufficiently wide to prevent the arms from being raised up in front; by two pads which keep the shoulder-blades closely in contact with the posterior part of the thorax; and by a chin piece, not intended to carry the weight of the head, but to throw it sufficiently backward to bring the mastoid processes into the perpendicular line passing through the acetabula. Several of the members had seen this case on different occasions during the last year, and claimed that Dr. Whitman was succeeding in a very unusual degree in preventing deformity.

Dr. Nicholas Grattan, of Cork, Ireland, was present, read a paper on "Osteoclasia, and demonstrated the use of his osteoclast by operating upon three cases of knock-knee and two of bow-legs. To those who admit there is a place for osteoclasia, Dr. Grattan's instrument must commend itself as the most simple, safe, and certain of those given to the profession. The general feeling, however, was that the cases must be few when osteoclasia should be preferred to osteotomy.

Two unusual cases of knee dislocation were reported: "Lateral Dislocation at the Knee-joint, Due to Local Disease or Paralysis," Dr.

T. Halsted Meyers, New York; "A Case of Complete Lateral Dislocation at the Knee, Due to Traumatism," Dr. McKenzie, Toronto.

Dr. A. J. Steele, of St. Louis, presented a paper which covered much ground, and called out a lengthy discussion: "Plaster of Paris in Orthopædics." For spinal cases Dr. Steele preferred leather, wet, and applied so as to fit accurately, and then heated to a temperature of 210° Fahrenheit. Dr. Phelps claimed that there was no fixation equal to that to be obtained by the proper use of plaster of Paris. There are many who use it, but do not get the good results that might be obtained because they do not know how to employ it. As a retentive dressing in the treatment of club-foot, Drs. Steele, Phelps, McKenzie, Gillette, and others considered it superior to all other means. Drs. Ketch, Judson, Taylor, and Shaffer prefer to use the various forms of steel club-foot shoes, on the ground that they are more readily removed so as to employ massage to the foot.

Dr. Bradford, of Boston, presented a most exhaustive and lucid statement of the question of the "Treatment of Resistant Club-foot." At all ages there are those where, under an anæsthetic, the foot may be replaced in the corrected position by force alone, without any cutting, employed simply by the hand or by various forms of leverage. The next class of cases is found where there are resisting tendons or bands of fascia, which may be cut subcutaneously before torsion is applied. Next, there comes a class of cases where it is necessary to make an open incision in order to divide the resisting structures more completely, and because the skin is too short to permit correction to be made. Then, in some cases correction to be made even when all the resisting soft structures have been cut. Under these circumstances, Dr. Bradford prefers to remove a cuneiform section from the outer border of the os calcis. Various bone operations, however, have been recommended. Dr. Morton had presented some good cases operated on by removal of the astragalus, and Dr. Bradford had followed his lead, but had concluded that its removal was not justifiable except as a last resort. The cuneiform section taken from the outside of the foot should never be done until other methods have been tried, and last of all should the astragalus be removed.

Dr. Phelps followed, reviewing the ground most thoroughly, and claiming that there was nothing in Dr. Bradford's paper which had not been taught and published by him (Dr. Phelps). Dr. Grattan and Dr. McKenzie pointed out that there were cases that could not be restored by any of the foregoing methods; cases where, in spite of the fact that the foot *per se* was fully restored to normal shape, yet the patient toed inward, there being evidently a twist in the limb in some part. Dr. L. A. Sayre, Dr. Ketch, and Dr. Vance recommended carrying a brace upward to the thigh, and even to the body, in order to turn the foot outward. Dr. McKenzie, in reply, claimed that such treatment must be ineffectual, inasmuch as apparatus applied about the thigh would turn inward as the foot turned, and if applied about the pelvis would turn the foot outward by causing external rotation at the hip, and would not make correction where the deformity existed. Dr. Grattan recommended osteoclasia of the tibia and fibula, and then placing the foot in the position desired. Dr. Phelps recommended an apparatus devised by Beely, of Berlin, for children, by which the leg was kept flexed upon the thigh, so that the tendency of the foot to turn inward could not rotate the thigh portion of the appliance, and in older persons osteotomy of any part in which the twist was found most marked.

Dr. McKenzie took exception to Dr. Phelps' method of operation, in which he makes his first step the cutting of the Achilles tendon, on the ground that it is now much more difficult to correct the varus—always the difficult thing to accomplish successfully. He was sustained in this criticism by Dr. Steele, of St. Louis, and Dr. Goldthwaite, of Boston. Dr. Phelps assigned as his reason for so proceeding because in one case in every ten there was a very strong, deep ligament connecting the posterior part of the tibia to the os calcis; and as this could not be cut without great danger of wounding the posterior tibial artery, it had to be ruptured, and must be done while the plantar surface of the foot remains intact.

Dr. Moore, of Minneapolis, presented "A Report of Six cases of Incision at the Knee-joint," recommending a careful selection of suitable cases and the high incision—four inches above the patella. Dr. Griffiths, of Kansas,

criticized some of the cases as having been too radical, an arthrectomy being the operation that was indicated.

Dr. Phelps said that arthrectomy had been introduced with a hope of curing the disease, and at the same time getting a movable joint. The best surgeons were now agreed that it was better never to try to get movement after operation at the knee, and when operation in the adult was indicated excision should be performed after Fenwick's method, rounding the femoral segment and hollowing out the tibial so as to get accurate coaptation, avoiding the insertion of nails as a means of securing fixation. Under ten years, excision should not be performed. If operation is demanded, better amputate.

Dr. Steele, of St. Louis, was elected president, and Dr. Ridlon, of Chicago, secretary. The association will meet next year in St. Louis.

Selections.

ON THE TREATMENT OF CHOREA BY EXALGINE.

BY DR. MONCORVO,

Corresponding Member of the Academy of Medicine of Paris.

In 1888 and 1889 I published some remarkable results obtained by the use of antipyrin in chorea, but in 1890 I resolved to make use of exalgine, a new agent, then recently introduced by MM. Dujardin-Beaumetz and Bardet.

On September 11, 1890, I admitted a girl of eight years affected with chorea, intense and generalized, who was submitted entirely to treatment of exalgine, administered in doses of three grains at first, afterwards increased to four and one-half grains. It was not without some astonishment on my own part and that of my assistants that we could establish, in the course of eighteen days of treatment, the cessation of all the choreic manifestations; the permanency of the cure has since been established by observation.

In this case, not to interrupt the treatment suddenly, I continued the exalgine for eleven days longer in daily doses of two grains, so that the total amount of exalgine taken was 96 grains. Had I used antipyrin in this case I would have given at least 45 grains daily; the activity of the

exalgine appears to have been, therefore, about fourteen times as great as that of the former.

The second case related to a girl of eight years who entered my service September 28, 1891. Both parents hysterical and nervous; father had rheumatism seven years before. Of the eight children of the family besides the little girl, none had had any nervous trouble. The patient had whooping-cough at 18 months; rubeola at about two and a half years; pneumonia at the age of four. Has always been delicate and thin. Since the age of six years she has always become very much excited at the least reproach.

A month ago her mother noted that the limbs of the left side were agitated in an irregular manner, and at the same time that she staggered when she walked. These conditions augmented progressively and the fibrillary contractions of the tongue rendered her words almost unintelligible.

When I first examined the girl she was unable to hold herself upright without swaying; she executed every instant movements of torsion of the trunk; her shoulders, especially the left, were elevated and lowered along with the muscles of the limbs; those of the left side particularly were frequently agitated with choreic contractions of varying intensity; the muscles of her face, also, were subject to arhythmic contractions. Mental state evidently enfeebled and she appeared indifferent to all that occurred around her; she took no interest in games proper for a child of her age.

In October a treatment by exalgine was begun in daily doses of three grains. On the 12th there was sensible improvement in the mental state and in the clearness of her speech. The dose of exalgine was raised to $4\frac{1}{2}$ grains daily. On the 15th the patient was evidently more cheerful and could talk much better. The muscles of her face has ceased contracting; she walked with less dragging. The dose of exalgine was increased to six grains a day. The improvement was uninterrupted, and by the 22nd she could use her hands in eating, speaking in a loud voice, and there were only some scarcely perceptible movements of the limbs. The drug was now given in two doses of $3\frac{3}{4}$ grs. each, daily, until the 31st, when it was given in single doses of $4\frac{1}{2}$ grs. twice a day until Nov. 5, when

it was suspended for three days. From the 8th to the 26th the same dose was continued with constant and regular improvement in the condition. At this time the iodide of iron was substituted. This patient when last seen was perfectly free from choreic symptoms, nor had there been any signs of recurrence.

The total duration of treatment was thirty days, the total amount of exalgine taken was 205 grains. Had I used antipyrin I would have given twelve times as much, or about five ounces.

In Conclusion.—Exalgine seems destined to render excellent service in the treatment of Sydenham's chorea, at least in young patients who are the most disposed to this complaint. In my practice it has shown itself of great efficacy in the choretic convulsions as well as in the other manifestations which accompany them, such as the insomnia, psychic troubles, muscular feebleness, digestive disorders, etc., and I believe that in many other analogous cases it will be equally beneficial. I regret that the rarity of the complaint in Brazil has prevented me from making as extensive a study of the drug as I desired.—*Bull. Gen. de Therap.—Medical Mirror.*

DEATH DURING THE FIRST STAGE OF CHLOROFORM-NARCOSIS.—The following report of a case of death under chloroform is presented because at the time of its occurrence its imperfect publication in the newspapers elicited a certain degree of interest, and also for its statistical value in emphasizing the danger of chloroform as an anæsthetic. On July 12, 1892, Mason Boggs, an Englishman by birth, and a "burner-off" by trade, applied to have his left shoulder set. His appearance was that of a young, well-built laborer. Three weeks previously the same shoulder had been dislocated, and, according to the patient's statement, the physicians in attendance had "some considerable trouble" in reducing the dislocation. The character of the trouble was not asked. His pulse was strong and regular, slightly quickened, and his respirations were normal. Having once taken ether, he objected to it on the ground that it made him sick. After an unsuccessful attempt to set the shoulder without anæsthesia, I determined to administer chloroform to the point of slight relaxation. A few drops were

poured on a handkerchief and held two inches from his nostrils, when immediately a choking sensation, like that produced by ether, was induced. The handkerchief was then withdrawn. After a few moments a second attempt was made, when the patient went into a convulsion and became cyanotic. The anæsthesia was withdrawn at once, and artificial respiration and stimulants were resorted to. At first the man appeared to react, his color was restored, and his pulse became full. He then took several deep and regular respirations, turned on his back, and died. In this case no actual narcosis was produced, and the quantity of the anæsthetic used was extremely small. By actual measurement only one and one-half drams of chloroform had been used, of which a large proportion had evaporated while the handkerchief was removed from the nostrils of the patient. The autopsy, made by Dr. Sidebotham, and which I was permitted to attend by the courtesy of the coroner, revealed the following condition: The lungs were normal. The heart was dilated, and its muscular walls hypertrophied and softened. The liver was slightly hardened. The spleen was very large and soft. The stomach contained no food, but was filled with catarrhal mucus, and the mucous membrane was much ingested and swollen. The kidneys were enlarged, the left in the greater degree; the capsules were easily removed, and the connective tissue was increased. On section, the kidneys presented the appearance described by the late Dr. Formad as the "cyanotic" kidney. From the employer of the patient I subsequently learned that the man was of very dissipated habits, and especially so in an "alcoholic" direction. The apparent vigor of the man, the small quantity of chloroform consumed, and the early appearance and fatality of the convulsive stage of narcosis unfortunately emphasize the statement made by Hare, that "In athletes and drunkards there is a first stage of chloroform-narcosis, characterized by struggling, which it is dangerous to overcome with the anæsthetic."—*F. W. Thomas, M.D., in Med. News.*

with remorse at the thought of neglected opportunities, and which may well transfer the palm in the art of making money from New to Old England. It seems a certain company which trades in a commodity called the "carbolic smoke-ball" had offered, as an inducement to the public to patronize their shop, a guarantee of \$500 that any person using their nostrum should enjoy thereafter immunity from influenza. A woman in London took the advertisers at their word, bought and used their prophylactic, and thereafter suffered, like many of her unprotected neighbors, from an attack of influenza. The promise of immunity having thus been falsified, the lady brought an action to enforce the alternative promise of a solatium of \$500, and was met with a defence which put forward every possible ground of technical objection to the plaintiff's claim. The defendant pleaded that there was no contract; that if there was, it was not stamped and could not be sued on; that it was a wagering contract, and therefore void; and that it was a contract of insurance which was prohibited by statute. But the court held that there was a contract, for there was a consideration received by the company in the price of the smoke-ball, and the court added that the daily use of the article was sufficient to support the promise of remuneration. The defendant had not only issued the advertisement, but had stated, "as showing their sincerity in the matter," that they had deposited £1,000 in bank, which the court held must be taken as meaning that they were prepared to pay. The contract was also held not to require a stamp, nor to be a wagering contract, nor such an insurance contract as was regulated by statute. People who are silly enough, *The Lancet* says, in commenting on this case, to adopt a medicine simply because a tradesman makes extravagant promises may thank themselves chiefly for any disappointment that ensues. Still for this folly, which is only foolish and nothing worse, it is possible to feel sympathy when the disappointment comes. It is a pleasant alternative to learn that the dupe has been able, as in the present instance, to enforce a sharp penalty, and that the process of reaping a harvest from the simplicity of one's neighbors is attended with dangers of miscarriage which must materially diminish its attractiveness in the

TAKING AN ADVERTISER AT HIS WORD.—A decision is reported by the London *Times* from the Court of Queen's Bench which should overwhelm the souls of many astute Americans

eyes of those people who supply the popular demand for quack medicines.—*Med. Record.*

THE RELATIONS OF PELVIC DISEASE TO PSYCHICAL DISTURBANCES IN WOMAN. — Dr. George H. Rohé,* of Catonsville, Md., read a paper upon the above subject at a meeting of the American Association of Obstetricians and Gynecologists at St. Louis, Mo., Sept. 20th, 1892. The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose, likewise, that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject, the following report was submitted: In a hospital containing 200 insane women, 35 were subjected to vaginal examination, and 26 found with evidences of pelvic diseases. In 18 of these the uterine appendages were removed, with the following results: Sixteen recovered from the operation and two died. Of the 16 recovered, 3 have been discharged from the hospital completely restored, both physically and mentally. In 10 considerable improvement followed the operation in both physical and mental conditions, and in 3 the operation was of too recent a date to allow any definite expression of opinion. The mental disorder present in the 18 cases was melancholia in 6 cases, simple mania in 1, puerperal mania in 4, hysterical mania in 1, periodic mania in 2, hysterio-epilepsy with mania in 1, and epilepsy with mania in 3. The author, basing his opinion upon his experience, concludes as follows: "The facts recorded demonstrate, first, that there is a fruitful field for gynecological work among insane women; secondly, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere; and, thirdly, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity, to give to an insane

woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

FATAL ACCIDENTAL HEMORRHAGE. — Maygrier (*Arch. de Toccol.*, July, 1892) exhibited before the Obstetrical Society of Paris a placenta and uterus from a case under his observation. A woman close upon term was sitting over a *bidet* to cleanse the vulvar region, when flooding set in suddenly. Profound syncope followed, and the patient died speedily, all attempts to check the hemorrhage proving futile. The child was lost. Naturally, a low attachment of the placenta was suspected; but at the necropsy it was found to be applied to the posterior part of the uterine wall, not low down. The hemorrhage had been caused by a very limited detachment of the placenta. Under its lower border a large clot was detected. Maygrier was not certain about the precise cause of the accident. The position of the woman over the *bidet* might have caused the detachment. Guéniot remarked that these detachments of placenta not attached to the cervix were frequent in workwomen, but he had never seen them in private. The clot lay under the placenta, which might only be separated from the uterus to a limited extent; the uterine aspect of the placenta was capped by the clot. In some cases no blood issued from the vagina. In private Guéniot had observed cases of accidental hemorrhage at the seventh month, without any ascertainable cause. After delivery, apoplexy of the placenta, and not faulty insertion or detachment, was discovered. In two of these cases syphilis existed. Pajot insisted that plugging was justifiable in these cases; for if the membranes were simply ruptured, the patient might die before the end of labor. On the other hand, when the uterus was empty ergot might be given. All clots must be removed from the uterine cavity before the administration of that drug. By following the rule, "Never plug unless the uterus be full or small, and never give ergot till it is empty," these cases of accidental hemorrhage might be safely managed.—*British Medical Journal.*

OPERATIVE TREATMENT OF POTT'S DISEASE.
—(Contribution à la chirurgie rachidienne du

*See report of cases by Dr. Rohé in proceedings of Clinical Society of Maryland (page 479 in this issue).

drainage vertébrale dans le mal de Pott. *Revue de Chirurgie*, April, 1892, p. 275.) Vincent advises the drainage of abscesses and the removal of diseased bone in Pott's disease of the vertebrae. The drainage tube is to be passed in U-form, either entirely in front of the vertebrae or directly through the bodies in front of the spinal canal. The operation is carried out by a vertical incision on each side of the spinal muscles, joined by two others drawn horizontally outward, converting them into T-incisions. One or more ribs are resected to give access to the front of the spine, and then a blunt, curved probe is passed in front of the vertebrae from one side to the other, and the drain drawn through under its guidance; or a curette is made to bore through the body of the affected vertebra obliquely forward and inward until it strikes an instrument held under the periosteum on the other side. The latter method is employed where the body of the vertebra is broken down and a curved drainage tube is drawn directly through the bone. Two cases are given in which the operations were performed with success.—*International Medical Magazine*.

EARLY DIAGNOSIS OF PREGNANCY.—Dickinson (*New York Journal of Gynecology and Obstetrics*) states that the presence or absence of pregnancy may be determined in favorable cases by bimanual examination between the second and sixth week after coitus, or between the third and eighth week after the beginning of the last menstruation. The most constant and valuable sign is bulging of the walls of the body of the uterus, which is usually found by the twenty-eighth day after coitus, but may be present by the sixteenth. It occurs most frequently on the anterior face, but may appear on both. In retroversion it is found posteriorly, in some cases laterally. Elasticity or resiliency of the body of the uterus is more easily detected than the bulging, but is not so frequent. Most frequently it appears by the thirteenth day after fruitful coitus, but may be detected on the sixteenth. Compressibility of the lower uterine segment, Hegar's sign, is still less constant. The writer observed it in sixty-six per cent. of his cases. It is often indistinct until the thirteenth to fifteenth day after fecundation, although it may be well defined by the twenty-

fourth day. In the relaxed condition a transverse fold on the anterior uterine wall is usually distinctly felt. This sign is of very high value. Between the second and sixth week, the uterus shows signs of intermittent contraction.—*University Medical Magazine*.

TWICE TOO MANY DOCTORS IN THE UNITED STATES.—Up to the present time the number of medical colleges has increased out of all proportion to the increase of population. Of 130 schools, less than a dozen are endowed. The number of practitioners is greatly in excess of the legitimate demands of the people. We are reliably informed that in the decade ending with 1890 the colleges of the United States matriculated 115,355 students, and graduated 39,996. This is an average of 4,000 yearly—in my opinion, more than twice as many as the requirements of the people demand. As a final argument in behalf of adequate medical legislation, I beg to submit the following statistics, based upon the proportion of physicians to the inhabitants in a few of the European countries:

Ratio of Physicians to Population.

Sweden	1 to 7,000
Italy	1 to 3,500
Germany	1 to 3,000
Austria-Hungary	1 to 2,400
France	1 to 2,000
United States	1 to 600

—*Dr. Millard, in Medical News.*

HEART FAILURE as a cause of death, to use a cant expression, has become a "chestnut." We read in the *New York Medical Examiner*: The clerk of the Board of Health of Syracuse, says *Insurance*, recently refused to issue a burial permit on the certificate of the physician attending the deceased, which simply gave "heart failure" as the cause of death. The physician, when informed by the undertaker of the clerk's refusal, declined to give any more definite account of the case for the benefit of the board than was contained in the words heart disease. This resulted in the board, at its next meeting, adopting a resolution to the effect that physicians in the future will have to specify the direct cause of death, and that "heart failure," "asthenia," and such generalities, will not answer the purpose. This is sensible. To say

that a person died from "heart failure" is to say no more than that the person died because his or her heart stopped beating, and to assign "asthenia" as the cause of death is simply to affirm that the person died by reason of inability to live.—*Medical Review.*

ANTISEPSIS IN TYPHOID.—Among forty-four cases of typhoid fever one-half were treated antiseptically, the other expectantly, by Dr. R. Caton (*British Medical Journal*). Here is the result:

	Deaths.	Days of fever.	Days of relapse.	Days in hospital.
Expectant treatment..	4	37.9	9	52
Intestinal antiseptis	25.3	1.8	46

Dr. Calvin says: "Watching these cases from day to day, I have been much impressed by the apparent good effects of the intestinal antiseptic treatment. It is obviously a rational method. There is considerable evidence that such bodies as chlorine, creasote, naphthalin, iodine, iodoform, and alpha- and beta-naphthol are destructive to septic and poisonous compounds and organisms found in the intestinal canal. It is, therefore, antecedently probable that they would be of service."—*Med. Record.*

INDECISION.—Indecision is a very grave defect in the life of any person, but it is especially so in the life of a doctor. Prompt decision after the facts have all been considered is imperative for any satisfactory career. The causes of indecision are numerous, and its varieties equally so. In some it springs from knowledge so extensive as to impress its possessor with the dangers that may follow a certain line of action, and yet so limited as to deprive its possessor of the confidence that he has all the knowledge of practical value. He knows too much to possess the confidence of the ignorant, and too little to secure that of the wise. Hence it is impossible for him to act with decision. Another class of persons are unable by organization to reject the unessential and rapidly mass the essential as a basis of action. One individual of the writer's acquaintance could speak and write with facility seven languages; all the sciences were within his grasp; the arts were his familiar friends; every branch of medicine

found a congenial home in his wonderful brain; he was master of the ways of society, but he was unable to select from this mass of facts the proper course of management of a case of measles. He could not decide upon anything because of the manifold things that had been prescribed in the books for this trouble.—*American Lancet.*

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, OCTOBER 15, 1892.

THE STANDARD IN PRACTICAL ANATOMY.

The *Toronto Mail* of Oct. 5 contains the following item from its Kingston correspondent:

There is considerable feeling here over the action of the Medical Council in lowering the standard in practical anatomy required by the students, and at a meeting of the medical faculty of Queen's University Dr. Sullivan moved "that this faculty respectfully requests the council to reconsider the matter, as the change seems most injurious to the interests of medical education; and that a copy of this resolution be sent to Dr. Moore, representative of the University Council on the Medical Council. The Ontario Council has determined that students need dissect only one-half a body, claiming that the two sides are so much alike as to render the other other half unnecessary. The university faculty, however, hold that the whole body should be gone over, so as thoroughly to impress the anatomy on the student's mind, and that if any change were made it should have been in the direction of increase, as anatomy is the basis of all medical science."

We take it that the action of the council with regard to this matter is not correctly interpreted by the medical faculty of Queen's University.

The change referred to was made in the interests of medical education, and for the sole purpose of *raising* the standard of teaching in anatomy.

Evidence was adduced by the council to show that anatomy could not be taught efficiently if the old regulations of the council, in demanding the dissection of both sides of the human subject in the time allotted, were adhered to. This involved the dissection of two upper and two lower extremities, of both sides of the head and neck, and of both sides of the trunk. This regulation has been enforced in the past, and with what result? Practically no one student was able to perform his dissection with the amount of care and deliberation which is absolutely essential if profitable work is to be done. The time allotted (two sessions) is far too short for the task imposed; and although the student fulfilled the requirements of the council in doing the actual dissection, still of necessity it was done so hurriedly that the facts disclosed were not mastered in detail, and the inevitable result has been that the student has reaped little benefit from his labors.

Let us ask, what are the benefits derived from dissection? We answer:

(1) A practical knowledge of anatomy is gained, each statement read from the text-book is verified by actual dissection, and we learn to recognize the structures described by touch and sight.

(2) The careful dissector is drained in accuracy of observation. Unless he learns to observe accurately, he can never reason accurately.

(3) A student who learns to dissect carefully attains an amount of manipulative skill in the handling of knife and forceps, the value of which it is difficult to overestimate.

We hold that such benefits are only derived when the student is permitted to proceed with his work calmly and deliberately, with no occasion for hurry. The council in the past put a premium upon rapidity of dissection; we even go further and state, without fear of contradictory proof, that the old regulations hindered the student in acquiring that practical knowledge of anatomy which he should have done. There was no time for thoughtful work; the main object of the dissector was to perform the actual cut-

ting and carving prescribed for him without any possibility of his being able to study carefully the results of his labors step by step.

Inaccurate impressions were formed, and, in fact, far from inculcating a habit of care and precision in his work, he formed a habit of careless and slovenly work, which, in most instances, would never be recovered from during the remainder of his student days.

The matter is of tremendous importance, and we have seen so much of the evil effects of the system in the past that we are thankful to find that the council has come to our aid in having the matter rectified. The teachers of anatomy are not alone interested. If carelessness and superficial work is to be encouraged in the first-year student in the dissecting room, we may depend upon it that habits there formed will assert themselves throughout the remainder of the student's career, and that his faculty for doing honest, faithful work has been blunted. This will show itself in the lecture theatre and at the bedside, as well as in the dissecting room.

The council may not wish to interfere too greatly with the *methods* of teaching; their object, no doubt, is to exact a high standard of examination; they do not wish to teach the student, but rather to test by a rigid examination whether or not the student has a knowledge of his profession. By all means raise the standard as high as it can be done consistently; but let us have the best means at our disposal for preparing students for their examinations, having always in view the fact that the students are forming habits which will stick to them throughout their life's work.

The council is undoubtedly right in insisting on a *minimum* amount of dissection, but they should not hamper the student by requiring more than he can well accomplish.

This regulation does not prevent the student doing more work, should he find the time for that purpose; nor does it prevent any university from exacting more, should they deem fit.

As we have already stated, the council has come to our aid in this matter, but unfortunately they have not satisfied all their constituencies. They may think it necessary to reconsider the matter; if so, we ask them, in all fairness, to appoint competent judges to investigate the matter. A committee might be formed whose duty it would be

to visit the various schools and take evidence. We are sure that the various medical colleges would welcome such a method of procedure. Let them get at the facts with regard to the actual work of the students, and with regard to the care and precision with which he masters all the minute details of an anatomical dissection. We firmly believe that the result of such an investigation would be so convincing to the council that no further attention would be directed to the matter.

THE COUNCIL AND THE DEFENCE ASSOCIATION.

A conference between the legislative committee of the Ontario Medical Council and the Medical Defence Association of Ontario, together with some other members of the profession, was held in Toronto on Sept. 29th. An extended discussion, on matters to which we have before referred at some length, took place, and the gladiators on either side soon became somewhat warm. Dr. Williams, the past-president of the council, was slightly indiscreet in the early part of the meeting, and almost destroyed any chances of an amicable agreement. His remarks about the honesty, or otherwise, of those who wished to evade the payment of the annual fee caused considerable indignation among those present, and called forth many bitter replies.

The "Defence" men certainly scored many points against the ex-president in discussing some of the statements made in his address with reference to matters of finance. At one time the discussion degenerated into a dispute, and the opposing sides appeared to diverge rather than converge. When things got very bad, and the probabilities of a general break-up in confusion were imminent, Dr. Bergin made some temperate and sensible remarks which produced a soothing effect. As a consequence both sides began to give and take, and something like a compromise was effected.

We need not go into particulars, as a report of the proceedings has already appeared in the Toronto daily press. In a general way, however, we may say that the suggestions made some weeks ago by THE PRACTITIONER were accepted; the penal clause will not be en-

forced; the territorial representation will be increased. We think it will be nearly right, considering all the circumstances; but it seems a pity that the council had to be taken by the neck, and choked, before its committee would agree to any concessions.

THE PARK HOSPITAL.

The opposition to "the Park Hospital scheme" which has recently arisen in university circles is about as remarkable as it is deplorable. There appeared, for a time, to be a danger that the opponents of the scheme would kill it. We think now that such fears were groundless, and that in all probability a new hospital in Queen's Park will, in the near future, be ready to open its doors to the sick and wounded. It has always been understood, however, that only those afflicted with non-infectious diseases will be admitted.

We publish in this issue a portion of the admirable address recently delivered by Mr. Mullock, the vice-chancellor of the university, at a public meeting of the graduates held in Toronto, September 12. The publication of this address in the *Toronto Globe* and its distribution among the graduates have created much interest. The proposal to establish such a hospital has so many points in its favor that it is difficult for most of the graduates to conceive any possible reason for opposing it that is worthy of the consideration of fair-minded men.

THE PAN-AMERICAN MEDICAL CONGRESS.

This congress will be held in Washington, September 5, 6, 7, and 8, 1892. Dr. C. A. L. Reed, the chairman of the Committee on Organization and the secretary-general of the congress, tells us that after extended correspondence between himself and Dr. Maragliano, the general secretary of the International Medical Congress, it has been arranged that the meeting of the latter congress will commence in Rome, Sept. 24, 1893. This will leave an interval of sixteen days between the two meetings, during which time it will be quite easy to make the trip from Washington to Rome. Some parties are now making an effort to charter a steamer to go

from New York to Rome and return if a sufficient number of physicians can be found to take passage. The official announcement of the Pan-American Congress will be issued shortly.

Meeting of Medical Societies.

CLINICAL SOCIETY OF MARYLAND.

W. T. WATSON, M.D., *Secretary.*

Baltimore, June 3rd, 1892.

The 268th regular meeting of the society was called to order by the president, Dr. Robert W. Johnson.

Dr. Hiram Woods related a case of

ECTROPION OF BOTH UPPER LIDS FROM DISEASE OF THE ORBITAL ROOF,

and exhibited the patient.

When the patient, a colored boy, first came under Dr. Woods' care he had had abscesses over the upper eyelid of each eye, which had ruptured spontaneously, leaving fistulous openings about the middle of each lid, from which pus exuded. With a probe, small areas of denuded bone could be felt about an inch back in each orbit. The patient was put upon tonic treatment and the sinuses healed. The lids were enormously hypertrophied, and the entire edge of each lid was fastened with cicatricial tissue to the edge of the orbit. Dr. Woods operated upon one eye in October, 1891, and upon the other three weeks ago. The edge of each lid was dissected from its position and stitched for the time being to the lower lid. The skin was freely undermined, and the horizontal incision was converted into a vertical one. The results were highly satisfactory.

Dr. W. B. Platt read a paper on

RUPTURE OF THE PLANTARIS TENDON,

relating four cases that had occurred in his practice.

Dr. Chambers was inclined to doubt the existence of such a thing as rupture of the plantaris tendon. From the attachment and relations it would not be likely to rupture. The pain is usually at a distance from the weakest portion of the tendon, and the ecchymosis is more abundant than we would expect to find in a rupture of a tendon. Some good surgeons incline to the idea that these symptoms point to the rupture of a blood vessel. The deep veins may be in a varicose condition.

Dr. George H. Rohé related four cases of

PUERPERAL INSANITY,

in which he had removed the uterine appendages, and exhibited to the society the specimens removed.

Case 1.—White woman, 33 years of age. Married at seventeen years of age. This marriage resulted in the birth of one child. In two and a half years she became widowed, and four and a half years later married a second time. In 1882 she gave birth to a second child, and immediately afterward suffered from puerperal mania, which lasted five months. She remained well three years

and then again developed insanity, and was admitted to the insane asylum with acute mania. When admitted to the hospital she was excited and disposed to fight. She had especial aversion to her husband. She indulged in obscene language. She showed no improvement, but a gradual failure of mental faculties. Suffered from incontinence of urine, and paid no attention to the calls of the rectum. Exhibited great excitement during menstrual period.

Physical examination after coming under Dr. Rohé's care in 1891: Unilateral laceration of the cervix up to the vaginal junction and intrapelvic induration on the same side. Perineum ruptured into the rectum.

Abdominal section performed October 6th, 1891, and appendages removed. Clinical conditions present: Right ovary cystic; left ovary cystic and adherent in Douglas' cul-de-sac; thickening and congestion of broad ligament on right side.

After-history: Patient recovered fairly well from operation. Had an attack of peritonitis, which yielded promptly to the usual treatment of purgation. The stitches were removed on the seventh day and the wound found perfectly united. December 10th: Patient dresses and undresses herself. Seems much interested in looking at books. Appetite good; sleeps well; does not indulge in profane and obscene language as much as formerly. A week later, very much interested in plants and flowers in the wards, and waters them regularly. Appetite good; sleeps well; general behavior very much improved. Present time: Improvement continues. Has written several letters to her husband and to her children, showing decided interest in her family life.

Case 2.—White woman, aged 37 years; married 13 years. Mother of six children. Admitted to the asylum May 16th, 1890. Insanity developed during the period of lactation. Previous to insanity she was amiable, cheerful, and industrious. Her mother had been insane and her father was very intemperate. Had been insane three days when admitted. Had a previous attack ten years before, probably in connection with the birth of a former child, but no exact history. Was subject to hallucinations. Thought nearly every man she met was her brother in disguise. Imagined that she had the power of healing by laying on of hands. Had a decided tendency to expose her person. Menstrual period irregular. Emaciated, with haggard appearance. Appetite poor; slept poorly; nervous and restless during the day. Put upon a special diet of eggs, milk, beef-tea, brandy, etc., but improvement was very slow. The approach of her menstrual periods could be predicted by the alteration in her behavior in the ward.

Physical examination: Bilateral laceration of the cervix; thickening of posterior lip; intrapelvic inflammatory induration of the left side, sensitive to slight pressure.

Operation November 25th, 1891. Left ovary was found adherent. Breaking up of the adhesions occasioned some bleeding. Tube on the left side congested and convoluted.

After-history: Recovered well from the operation. Sutures were removed on the seventh day. Note, December 17th: Patient cheerful; appetite good; sitting up in her room, sewing; conversation coherent; and has at present no hallucinations, no

delusions; simply nervous symptoms such as are present in the majority of cases of induced menopause. At the present time is increasing in flesh and strength; complains less and less of headache and backache, and converses entirely rationally. Is much interested in the work about the place, and is ready to go home at any time her husband is prepared to make the proper provision for her.

Case 3.—White woman, aged 39. Married fifteen years. Has had seven children, the last one born four months previous to her admission to the hospital in August, 1887. Before insanity was amiable and industrious and neat about the household affairs. No insanity was ever in her family. Insanity came on suddenly after the birth of the last child. First symptom was that some one was after her trying to kill her. She used vulgar and obscene language. Tried to kill her mother. Her language in the hospital was of the most obscene character. She would tear her clothes, break the furniture, and tear the plaster from the walls. These attacks were intermittent. About six months ago she began to fall off, and at the time of the operation was pale and thin.

Physical examination: Deep laceration of cervix on both sides, with eversion of the lips of the cervix and enlargement of the uterus.

Operation, December 15, 1891: Uterine appendages removed; small cyst in left broad ligament; one ovary was adherent; uterus somewhat enlarged.

After-history: Recovery from operation very good. From being one of the worst patients in behavior, language, and general character, she became one that could be kept upon the best ward of the house. She is not well, and probably never will be. She has gained in flesh; sews, goes out on the lawn, attends the dances regularly, and behaves very well. This patient and the first one will probably never be well, as both are in a condition of somewhat advanced dementia; but they have become better patients.

Case 4.—White woman, aged 28 years. Native of North Carolina, and resident of Baltimore city. Admitted in 1891, suffering from mania. Mother of three children. Had an attack of insanity after the birth of the first child, and another after the birth of the second child. The third attack came on twelve and a half months after the birth of her third and last child; the second and third attacks considerably after the births of the respective children. The first attack was a true case of puerperal insanity, and probably determined the others. When admitted was in a state of excitement, and indulging in obscene language. Her temperature ran up and her heart grew weak. She was put upon digitalis, eggs and milk every two hours. She gained in strength, but her mental symptoms were unimproved.

Physical examination: Deeply lacerated perineum, lacerated cervix, and prolapsed ovary.

Operation, March 9th. Appendages removed. Great enlargement of ovaries of both sides.

In this case, hereditary taint was denied. Her menstrual periods were regular. While at home she was jealous of her husband's sisters. Was fond of drink, but had not access to much of it. Was indolent and careless. Was fond of talking about sexual matters.

After-history: Three weeks after operation,

mental condition good; language to physicians chaste; appetite good. May 8th, 1892, was discharged from the hospital, recovered.

This woman up to the time of the operation used the most profane and obscene language Dr. Rohé had ever heard. When she recovered from the effects of the anæsthetic she burst into tears, and asked the doctor's pardon for the ugly language she had used. She never afterwards used any obscene or insane language to any one connected with the hospital.

In conclusion, Dr. Rohé said: I believe that in these four cases we have a contribution to the etiology of puerperal insanity. I believe that puerperal insanity is a phase of insanity that is due to absorption of septic matter, and when it is recurrent that it is the result of some reflex irritation due to an inflammatory condition in the pelvis or pelvic organs. All the cases which I have examined show some lesion of the genital canal remaining from parturition. The result of the treatment in these cases show this—that if cases are taken before structural alterations have taken place in the brain, before dementia has come on, in the large majority of cases restitution of the mental faculties can be accomplished. There is another advantage, I believe, in this radical mode of treatment of this condition; that is, that a woman whose appendages have been removed will never have another attack of puerperal insanity at all events.

Dr. Winslow: Are these selected cases? Are they all the operations which Dr. Rohé has performed for insane conditions since he has been at Spring Grove?

Dr. Rohé: This is a series of cases due to one single cause. I have operated upon fifteen cases. In nearly every case there was some lesion of the pelvic organs. I expect to report all of these cases in the future. I believe that I will be able to report four or five as restored mentally. Nearly all have shown evidences of improvement. They are better patients; they are not so disposed to soil; they can be kept on better wards with quieter patients. This is a decided gain for the management of the hospital.

Book Reviews.

Diseases of the Eye. A handbook of ophthalmic practice. By G. E. de Schweinitz, M.D., Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmic Surgeon to Children's Hospital and to the Philadelphia Hospital; Ophthalmologist to the Orthopædic Hospital and Infirmary for Nervous Diseases; Lecturer on Medical Ophthalmoscopy, University of Pennsylvania, etc. Forming a handsome royal 8vo. volume of more than 600 pages. Over 200 fine wood-cuts, many of which are original, and 2 chromo lithographic plates. Price, cloth, \$4.00 net; sheep, \$5.00 net. Philadelphia: W. B. Saunders, publisher. Toronto: J. A. Carveth & Co.

This work is, as it claims to be, a handbook

for students and general practitioners. It endeavors by explicit language, by copious and plain illustrations, to teach the physician not only to arrange and tabulate the knowledge he may have gained regarding the eye, but also to give him greatly increased skill in its application. Heretofore, the manuals and more elaborate works have not paid as much attention to this, and consequently this work will, in this respect take a position between the two, well-earned, and fill a want. In other words, it gives by its methods such capital object teaching that there is presented to the physician who has not had the benefit of clinical eye-work so plain an exposition of diseases of the eye, and their medical and surgical treatment, that he feels as if they had been, to a certain extent, seen by him. As to the arrangement and the reliability of the description of the various affections of the eye, the verdict may be given that the same confidence may be reposed as has been heretofore bestowed upon our best manuals. Certain parts could be adversely commented upon; but still, after weighing this, the decision should be that it is well adapted to the wants of those for whom it is written.

Diseases of the Nervous System. By Jerome K. Boudny, M.D., LL.D. Philadelphia: J. B. Lippincott Co. Toronto: J. A. Carveth & Co.

The first edition of these lectures was published in 1876, and has been for some years out of print. In the present work, the lectures have been thoroughly revised and rewritten. The subjects taken up in the first part are circulatory disturbances and inflammation of the brain and membranes, while the latter half is devoted to a consideration of insanity. The author intends to publish in a second volume his lectures on spinal, functional, and puerperal affections. The book is written from a clinical rather than a pathological standpoint, and will therefore be of value as a practical treatise in the hands of the general physician.

THE ENGLISH DISEASE.—The poor, unenlightened Mohammedans of Damascus, who couldn't be expected to know better, call drunken men victims of "the English disease."

Personal.

DR. MILNE, of Victoria, B.C., spent a few days in Toronto after the Ottawa medical meeting.

DR. CHOWN, of Winnipeg, was in Toronto, October 1st.

DRS. HOLFORD WALKER and Chas. R. Dickson, of Toronto, attended the meeting of the American Electro-Therapeutic Association, held in New York, October 4th, 5th, and 6th.

Therapeutic Notes.

HAY ASTHMA.—Dr. Edward S. Blair has treated a girl of ten years who for one-half of her life had been subject to annual attacks of this disease. Under the use of potassium iodide and *grindelia robusta* there were slight catarrhal symptoms, but on lying down marked wheezing and dyspnoea. These symptoms were checked entirely by the fluid extract and *euphorbia pilulifera* [dose not stated], and the relief of these symptoms were followed by a marked increase in flesh and strength.—*Therapeutic Gazette.*

TREATMENT OF VOMITING OF PREGNANCY.—Routh states that in seven years' practice he has always been able to arrest the vomiting of pregnancy by brushing the cervix and lower cervical canal with a mixture of equal parts of iodine, iodide of potassium, spirits of wine and water.

In general the vomiting ceases immediately after the application. If the vomiting should recur, the cervix should again be brushed. Generally after this the vomiting will be permanently relieved.—*Der Frauenarzt, Therap. Gazette.—Medical Mirror.*

COUGH MIXTURE:

R.—Syr. tolu.	-	-	-	} aa ʒi	M.
Syr. pruni virg.	-	-	-		
Tr. hyoscyami	-	-	-		
Spts. eth. co.	-	-	-		
Aquæ	-	-	-		

Sig.—A teaspoonful every hour.

—*Janeway.*

DIURETIC IN CARDIAC DROPSY:

Rx.—Infus. digitalis - - - ℥iiss.
Acet. scillæ - - - ℥ss.—M.

Sig.—A tablespoonful two or three times a day.—*Bartholow.*

HÆMOPTYSIS:

Rx.—Plumbi acetat. - - - ℥ii
Pulv. digitalis - - - ℥i
Pulv. opii - - - gr. x—M.

Ft. pil. No. xx.

Sig.—One pill every four hours.
—*Bartholow.*

APHTHÆ OF THE MOUTH:

Rx.—Sodæ sulphitis - - - ℥i
Aquæ - - - ℥i—M.
Ft. lotio.

—*Jenner.*

Miscellaneous.

PRIZE ESSAYS ON THE ACTION OF ALCOHOL AND ITS VALUE IN DISEASE.—The American Medical Temperance Association, through the kindness of J. H. Kellogg, M.D., of Battle Creek, Mich., offers the following prizes:

(1) One hundred dollars for the best essay "*On the Physical Action of Alcohol, based on Original Research and Experiment.*"

(2) One hundred dollars for the best essay "*On the Non-Alcoholic treatment of Disease.*"

These essays must be sent to the secretary of the committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in typewriting, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1883, and the successful essays read.

These essays will be the property of the association, and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country.

Address all inquiries to T. D. Crothers, M.D., secretary of committee, Hartford, Conn.

SMALLPOX IN TORONTO.—The outbreak of smallpox in the Toronto General Hospital created a certain amount of alarm, but prompt action on the part of Dr. O'Reilly and the staff appears to have prevented any further infection.

The local Board of Health, and Dr. Allen, the Medical Health Officer, deserve great credit for their action in the matter. Acting on Dr. O'Reilly's report that it was dangerous to keep the two smallpox patients in the hospital, they set to work, under the supervision of Dr. Allen, and erected an isolation hospital, using ordinary rough boards, in two days. It has a capacity for twelve patients and the necessary attendants, and is complete in all respects, especially as to plumbing and water supply. The work was done almost entirely by the Board of Health staff, assisted by convicts, and went on continuously night and day.

UNIVERSITY SENATE ELECTIONS.—The election of medical representatives in the Senate of the University of Toronto resulted as follows

I. H. Cameron, M.B., Toronto	487
Adam H. Wright, M.D., "	468
L. McFarlane, M.D., "	441
W. H. B. Aikins, M.D., "	412
R. A. Reeve, B.A., M.A., "	381
A. B. Macallum, B.A., M.B., "	273
John A. Mullin, M.D., Hamilton	267

The first four were declared elected.

VIVISECTION.—At the annual meeting of the British Medical Association the following resolution was proposed by Mr. Joseph Hutchison and unanimously adopted: "That this general meeting of the British Medical Association records its opinion that the results of experiments on living animals have been of inestimable service to man and to the lower animals, and that the continuance and extension of such investigations are essential to the progress of knowledge, to the relief of suffering, and the saving of life."

THE RETIREMENT OF SIR JOSEPH LISTER.—Sir Joseph Lister has reached the age of sixty-five, and, in accordance with the rule as to age limit, has been retired from the chair of surgery at King's College Hospital.

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