

Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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

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

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

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

TORONTO, DECEMBER, 1887.

Original Communications.

PRIMARY TUBERCULOSIS OF THE LARYNX.

BY G. R. McDONAGH, M.D.,

Instructor in Laryngology at Toronto University.

(Read at the Meeting of Ontario Medical Association.)

My desire to direct your attention to the subject of tuberculosis of the larynx arises, not so much from the importance of this affection, *per se*, as from its importance as a means of leading us to an early diagnosis of pulmonary phthisis. It shall, therefore, be my object to present the subject to you as much as possible in its relation to pulmonary phthisis—from a diagnostic point of view—by pointing out first, that tuberculosis may occur primarily in the larynx (in which case it is probably always followed at no distant date by the lung affection); and secondly, that in a large percentage of cases the disease exists, and may be recognized in the larynx, when it has not advanced beyond its earliest stages in the lung. The importance of this is obvious, because it is only when we take tuberculosis in the early stages that we can hope to bring about a cure by therapeutic treatment or residence in a suitable climate. We are, perhaps, in a position to discuss the subject to better advantage to-day than we were a few years ago, because within that time the researches with the microscope, and the discovery of bacillus peculiar to tubercle, have afforded an aid to diagnosis which

enables us to recognize tuberculous disease in the larynx with certainty, at a much earlier period than we formerly could have done. It is, to a great extent, by this means also that we are, in my opinion, in a position to prove the fact that tuberculous disease may attack the larynx primarily, and before any other organ of the body has become affected. Pulmonary tuberculosis is certainly a very common cause of the laryngeal disease, and indeed, it is not too much to say that one rarely finds a normal larynx in a phthisical patient, although the changes may be so slight as not to interfere with its functions. A very few statistics will show you the frequency of laryngeal phthisis. The *post mortem* examinations of Willigk and Heinze show that about 30 per cent. of patients who died from pulmonary phthisis had also the disease in the larynx, and this proportion refers only to cases in which there was destructive disease in the larynx, and excludes, therefore, the paralysis, pareses, anæmia, etc. Mackenzie found in 100 cases of pulmonary phthisis, which he examined from the London Hospital, changes in the larynx in 71 cases, and of these 71 cases there were ulceration and infiltration in 33 cases; and Schäffer found out of 310 only eight cases where the larynx had not some form of disease. Although it is nowhere disputed that in the majority of cases the disease in the lung is prior to that in the larynx, yet I find among the authors considerable difference of opinion as to whether the disease may first of all affect the larynx. Whilst Trousseau, Rhüle, Neidert,

Schech, and others, believe that the larynx may be primarily affected, we have Türk, Louis, Ziemssen, Mackenzie, and others, holding the opposite opinion.

The difficulty in the way of settling the dispute, is the impossibility of proving at a very early stage, by a physical examination, the existence of small deposits of tubercle centrally located in the lung, and, therefore, although we may be able to recognize tuberculous ulceration in the larynx, when, at the same time, we cannot by the stethoscope, or by any other means at our disposal, detect its presence in the lung, we also are unable to prove its absence. Such a case occurred in my practice last January, and is of interest in this connection. I give a brief history: the patient, a man, aged 33 years, presented himself to me complaining of hoarseness. He first noticed this symptom in July of last year, when he was in otherwise perfectly good health. He was in New York at the time, and between July and November was examined by Prof. Loomis, Dr. DeLafield, and others in that city. He informed me that these physicians told him that he had slight ulceration of the larynx, but that he had not consumption. He said they seemed to be quite certain on that point; that the lungs were free from disease. When I examined him in January, I found ulceration of both true vocal cords, and also of the inter-arytænoid mucous membrane. There was no increase in size of the arytænoid cartilages, nor was the epiglottis changed from its normal appearance. I examined the lungs very carefully, but could detect no signs of consolidation. The patient did not complain either of shortness of breath, or of weakness, and he was only six pounds less than his heaviest weight; his appetite and digestion also were good. Further, his family history showed no hereditary tendency, and there was no account of syphilis. I was suspicious, however, about the appearance of the vocal cords, and decided to employ that other aid to diagnosis, the microscope. With this object, I passed a dry sterilized camel's hair brush over the ulcerated cords, and the secretion brought away with it was stained and placed under the microscope for me, through the kindness of Dr. W. H. B. Aikins, and was thus

shown to contain an abundance of tubercle bacilli. This I considered was positive proof of the nature of the ulceration. I treated this patient for a few weeks with daily local applications of lactic acid and iodoform, and although there was certainly some improvement in the case, I did not continue it longer, because, wishing to avoid the unfavorable weather of March and April, I recommended a change of residence to southern California. I also taught him to use a spray very successfully himself, and advised inhalations of *ol. pini sylvestris* and balsam of Peru. It is true I am unable to say positively that the lungs were free from tuberculous deposits at this time, but I think there is every reason to believe the disease existed first in the larynx. *However, be that as it may the point I would impress upon you in this case is, that a correct diagnosis of this patient's disease could be made by an examination of his larynx earlier than by any physical examination of his lungs.*

Such cases as the above occur not unfrequently. Dr. Neidert, of Baden Baden, has reported a most interesting case of a similar nature, and which was, in his opinion, clearly one of primary tuberculous laryngitis.

It has been contended, however, that the question whether the larynx affection may precede that in the lung, can be decided only by autopsy; and as death does not occur from phthisis of the larynx alone, it is only when by chance death has been caused by some other disease or by accident, and the *post-mortem* examination reveals a tuberculous larynx, the lungs at the same time remaining free, that we really have positive proof. With this fact in view, it was with considerable pleasure that I had the opportunity of examining a larynx, and hearing the report of an autopsy made by Dr. Aikins in the Toronto General Hospital last winter. The examination was made last February on the body of a patient aged 27 years, who had died the day before in the hospital. In the history of the case there was no special reference to throat trouble, beyond the statement that there had been hoarseness for some time before death. The cause of death was shown clearly to be chronic Bright's disease, from which the patient had suffered for a long

time. The lungs were carefully examined. There was found some hypostatic congestion posteriorly, and a slight degree of emphysema, but absolutely no sign of tuberculous infiltration. The larynx, which was the seat of disease, was removed for closer examination. There was found to be marked superficial ulceration of the entire extent of both true vocal cords, and of the interarytænoid mucous membrane, also trinefaction of the arytaenoid cartilages, in fact, the characteristic picture of laryngeal phthisis. In order to be quite certain of the nature of the affection in this case, it was thought well to examine the discharge from the ulcerated surfaces with the microscope. Accordingly some of the matter was removed to a cover glass, and stained in the usual manner, when it was found to contain an abundance of tubercle bacilli, which demonstrated to a certainty the true pathological nature of the disease. This case I consider to be one of very great importance, because it proves the possibility of the larynx becoming affected in advance of the lung, and when once this point is granted, there is no reason to doubt the fact that it often so occurs. If, then, we can recognize tuberculosis at this early stage of its existence, while indeed it is restricted to the larynx, it is not unreasonable to suppose that by appropriate measures we may prevent its extension to the lung. And I believe it is possible, by examining the secretions with the microscope, to recognize tuberculosis at this stage. However, the point of greatest practical importance to us is, not so much whether the disease may be primary in the larynx, but the fact that it may often be recognized there very early in the course of a case of phthisis, before, indeed, it can be recognized by a stethoscopical examination; and this, numberless instances could be brought to prove. Now that the bacterial origin of phthisis is almost universally admitted, and also that in most cases the bacteria enter the system by means of the air which we breathe, it is not unreasonable to suppose that these germs may find a lodgement on the mucus membrane of the larynx, a slight erosion or roughness of the epithelial layer affording a suitable locality for further development. Louis advanced the theory that the larynx disease was caused by the decomposing secre-

tions of cavities in the lung being coughed up and arrested in the larynx. This theory was strongly supported, especially after the discovery of Koch's tubercle bacillus, by Klebs and others, who believed that the contents of the cavities, which are rich in bacilli, being retained on the mucous membrane, and especially in the pouches of Morgagni, produced disease by contact, either only of those parts predisposed to it through their anatomical relations, or affected the whole mucous surface with deeper changes. Against this theory, however, we have the fact that in many cases of phthisis we find extensive cavities in the lung without any laryngeal disease, and *vice versa*, advanced ulceration in the larynx before any cavities have been formed in the lung. Another argument against Kleb's theory was advanced by Heinze, who pointed out that the anatomical changes in larynx tuberculosis begin not on the surface of the mucous membrane, but in the subepithelial layer. Our present belief, however, of the mode of penetration of the bacilli into the tissue is that they enter at some existing erosion of the mucous membrane, there develop themselves further and give rise to the changes, without the epithelial covering in the meantime having been drawn into the process.

In conclusion, gentlemen, the points to which I wish to ask your attention are:—

1. That general tuberculosis may begin in the larynx.
2. That in a large percentage of cases it is present in the larynx at a very early stage, at least of pulmonary phthisis.
3. That in either of these cases we may be pretty certain at no distant date to have the lungs seriously implicated.
4. That it is often possible to diagnose a case of phthisis by the larynx affection earlier than by a physical examination of the lungs.
5. That in cases of ulceration of the larynx, it is advisable to remove the secretions in some way, as with a brush or cotton swab, and have the same examined with the microscope.
6. That the advantage we gain from the points which I have endeavored to prove, consists in the benefits of the early treatment which we are thereby enabled to afford the

patient, either by a course of therapeutic remedies, or from what, in my opinion, is still better, namely, an early residence in a favorable climate.

THE NUTRITIOUS VALUE OF PEPTONES.

BY A. E. MACALLUM, B.A.,

Lecturer on Physiology, Toronto University.

In 1882 Von Ott showed that frog's hearts which become fatigued and cease beating, when washed out and fed with physiological salt solution, again commence to beat energetically when fed with solutions of gastric peptones, which have been for a short time in contact with the living gastric or intestinal mucosa. Such solutions resemble in this respect serum, and they were further found to contain principally serum-albumen, the resulting conclusion being that the living gastric or intestinal mucosa has the power of changing peptones into serum-albumen. Von Ott also found that peptones which had not been subjected to contact with the living mucous membrane were incapable of nourishing the isolated heart of the frog. Kronecker and Popoff have recently (*Verhandlungen der Berliner Physiologischen Gesellschaft*) established the correctness of Von Ott's observations, and have extended their researches to peptones obtained by digestion of proteids with artificially prepared pancreatic juice. They find that while peptones obtained from the action of gastric juice are built up again to serum-albumen by contact, for a few minutes even, with the living gastric or intestinal mucosa, pancreatic peptones are not so reconstructed by the mucosa of any part of the digestive tract, and that they are wholly incapable of nourishing the frog's heart.

Kronecker and Brinck have further experimented in the same line, testing also the nutritious value for the frog's heart of solutions of peptones in which cultures of bacteria were made. Some of their observations confirm those outlined in the above paragraph, but they also show that pancreatic peptones have no nutritious value whatever when fed alone to animals. Many species of living cells have the power of building up gastric peptones anew into serum-

albumen, and the observers call attention to one form particularly which possesses this property in a remarkable degree, and which has therefore been termed *Bacillus restituens*. The solutions of artificially prepared gastric peptones which contain cultures of this organism have a full nutrient effect on the frog's heart, and they resemble, in chemical properties, solutions of serum-albumen. Pure solutions of the latter are apparently not favorable to the growth of the bacillus. In contrast with the reconstructive powers of *B. restituens*, pathogenic bacteria degenerate and disintegrate peptones with the production of bodies having excessively toxic qualities.

If these researches are confirmed by other observers, a change in opinion must occur as to the nutrient value of many of our commercial peptones. Many of the latter are made with artificially prepared pancreatic juice, as the peptones so obtained are more palatable, and therefore preferred in prescriptions, while the gastric peptones are said to be somewhat bitter and disagreeable. If the pancreatic peptones have no nutrient value, it is obvious that their administration to invalids is useless unless for other purposes than nutrition. These researches point out, also, the value of experiments and studies on non-pathogenic bacteria, which are to a great extent neglected in bacteriological laboratories.

NOTHNAGEL AND NAUNYN ON CEREBRAL LOCALIZATION.

BY PROF. R. RAMSAY WRIGHT, M.A.,

Professor of Biology, Toronto University.

At the opening meeting of the Students' Medical Society of Toronto University, which took place Nov. 11, Prof. R. Ramsay Wright addressed the members on a recent report by Professors Nothnagel and Naunyn, discussing the results of lesions of particular areas of the cerebral cortex. He introduced the subject with an account of the topography of the brain, illustrated by projected photographs, on which he afterwards marked out the sites of lesions referred to in the report. A model was also employed, indicating the course of the optic nerve fibres to the occipital lobe.

One of the most important results arrived at by Nothnagel is the localization of hemianopsia in the cuneus and first occipital convolution.

He believes that the reception of visual impressions is entirely confined to these convolutions; that therefore the second and third occipital convolutions as well as the lingual and fusiform lobules may be involved in a lesion without producing hemianopsia (unless, indeed, it should extend to the white matter of the cuneus), and reminds us that in such cases where a lesion has been detected in the cuneus or O^1 without apparent hemianopsia, the latter condition, when of no great extent, has to be sought for perimetrically.

On the other hand, he locates psychical blindness in the rest of the occipital lobe, and remarks that it is always double-sided, even where there is only one lesion. He is inclined to suspect that physiological variability is associated with the well-known anatomical variability of the occipital lobe.

Nothnagel's results as to motor centres agree with those of Ferrier, arrived at by stimulation of the cortex. They are situated in the central convolutions (ascending frontal and ascending parietal) and the paracentral lobule: a lesion of the latter may paralyze both extremities, while the leg only is involved in the upper part of the central convolutions, the arm in the middle, and the face, lips and tongue in the lower part. Judging from monoplegias, the result of small circumscribed cortical lesions, he is inclined to think that the motor centres are absolutely confined to these areas, and that no other part of the cortex can be functionally substituted for them. The fact that motor paralysis of any group of muscles may occur without involving the muscular sense, and conversely that the latter may be affected in the absence of the former, led Nothnagel to endeavor to locate the muscular sense. This he has succeeded in doing in the parietal lobe, explaining that although lesions of the parietal cortex have been reported without any recorded loss of the muscular sense, yet the latter may be easily overlooked by the physician if not specially sought for. He calls attention to the fact, that the parietal lobe bears very much the same relation to the central and paracentral convolutions as does Broca's convolution to the cortical hypoglossal area.

Much more doubt still prevails as to the possibility of locating general sensation in parti-

cular parts of the cortex. Some hypæsthesia is generally associated with cortical motor paralysis, but there is no definite relation between the extent of the latter and of the former; indeed there may be hyperæsthesia and formication. This negative result may, however, be stated; lesions of the occipital and temporal, and of the greater part of the frontal lobes, do not appear to interfere with common sensation.

Pathology, according to Nothnagel, has little to say as to cortical lesions of the vaso-motor nerves, and as little about the results of lesions in the anterior part of the frontal lobes.

Professor Naunyn, of Königsberg, undertook the report on the localization of aphasia. He confirms the localization of motor or ataxic aphasia in Broca's convolution (posterior part of the 3rd frontal), but does not regard it as the most commonly occurring form. Of the sensory aphasias, attributable to the loss of memory for vocal and written signs (word-deafness and word-blindness), he locates the former with Wernicke in the posterior two-thirds of the superior temporo-sphenoidal convolution, and the latter in the angular gyrus where it passes into the occipital lobe (thus very near the centre for vision before referred to). In cases of aphasia not distinctly referable to one or other of the three categories named above, Naunyn found that either the island of Reil or the supramarginal gyrus were involved, an indirect affection of Broca's or Wernicke's centres (which are respectively contiguous to these areas) being thus indicated.

Nothnagel's report concludes with a discussion as to the nature of localization, and he arrives at the conclusion that the "centres" are meeting-places through which the efferent impulses (constituting a volition, *e.g.*) wherever generated, must pass before they reach the fibres of the internal capsule, and through which the afferent impulses must similarly pass before distribution to the rest of the cortex. He does not exclude the possibility of other functions beyond transference being ascribable to these limited areas, but regards the whole of the cortex as the seat of the higher conscious psychical processes. Finally he thinks the results hitherto obtained as to the wonderful mechanism of the cerebral cortex, are such as to stimulate further

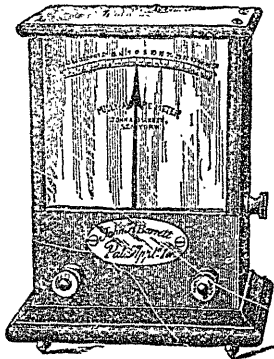
research, and counsels the anatomist, physiologist, and pathologist, to work eagerly together towards the solution of the many interesting problems which still present themselves.

RECENT ADVANCES IN ELECTROTHERAPEUTICS.

BY A. M. ROSEBRUGH, M.D., TORONTO,
Surgeon to Eye and Ear Dispensary.

(Read before the Toronto Medical Society, November 3rd, 1887.)

I desire to call your attention this evening to some new apparatus recently devised for regulating, controlling and registering the voltaic current when used in medicine or surgery. These are: 1st, the milli-ampère meter or galvanometer; 2nd, a new rheostat; and 3rd, a new form of electrode. As the apparatus is here to speak for itself, any lengthened description on my part will be unnecessary.



VERTICAL MILLI-AMPERE METER (BARRETT'S) FOR INDICATING STRENGTH OF CURRENT.

The scale is graduated in milli-amperes, and ranges from 0 to 50 milli-amperes direct reading, and, by moving a switch, which multiplies by 10, from 0 to 500 milli-amperes.

1. The introduction of the milli-ampère meter marks a new era in electro-therapy. It has produced a true therapeutic revolution by substituting mathematical precision for the vagueness of empiricism. What is the milli-ampère meter? The milli-ampère meter is a modification of the galvanometer, and indicates, firstly, the presence of the galvanic current; secondly, its direction; and thirdly, the strength of said current. The value of the electrical unit was definitely fixed by the International Congress of Electricians which met in Paris in 1881,

the ampère being adopted as the unit of current. In the new galvanometer the scale is divided so as to indicate the thousandth part of an ampère, hence the instrument is called a milli-ampère meter. This instrument having been accepted by the profession as the standard for measuring current strength, "it becomes to the electric current what the *gramme* is to weight, the *second* to time, and the *metre* to length."

According to the law of Ohm, we obtain the strength of a voltaic current by dividing the electro-motive force of the battery-cell by the resistance of the circuit. Now if, in the case of a given cell, the electro-motive force is exactly one volt, and the resistance of the circuit exactly one ohm, the strength of the current is exactly one ampère. This is the unit of current-strength. One volt divided by one ohm equals one unit or one ampère. Currents of this strength, *i.e.*, one ampère, may possibly be used in electrolysis, but as this is very exceptional, the true electro-therapeutic unit may be said to be one milli-ampère.* Thus:

$$\frac{1 \text{ volt}}{1 \text{ ohm}} = \left\{ \begin{array}{l} 1 \text{ ampère or } 1000 \text{ milli-ampères.} \end{array} \right.$$

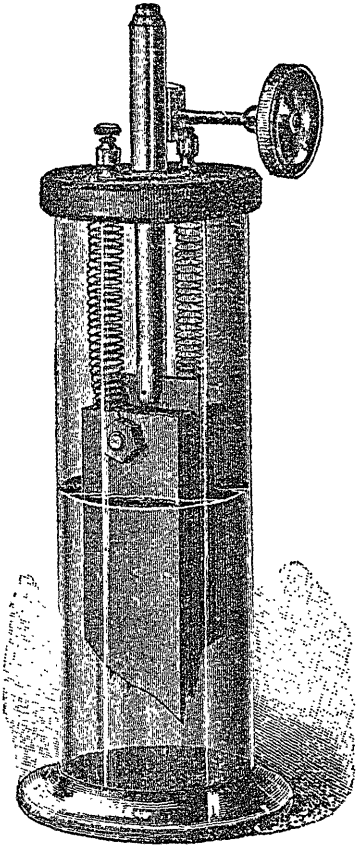
$$\frac{1 \text{ volt}}{1000 \text{ ohms}} = \left\{ \begin{array}{l} 1/1000 \text{ ampère—(.001)—} \\ \text{or } 1 \text{ milli-ampère.} \end{array} \right.$$

2. The rheostat (or instrument for regulating current-strength), now coming into general use, is the water-rheostat. The function of the rheostat is twofold: namely, firstly, it enables the operator to increase or diminish the strength of the current gradually, and without causing any shock to the patient; and, secondly, when the rheostat and milli-ampère meter are used, there is no necessity for using a commutator or current selector, and moreover, when the rheostat is used the risk of breaking the circuit abruptly is reduced to a minimum.

To illustrate my meaning, I will take an example. In one of the public institutions which I visited in New York recently, there was a battery of 60 cells placed in a closet adjoining

* When this becomes generally understood, it will be correct to say of the current strength "10 or 15 units" instead of "10 or 15 milliamperes."

the consulting room. From this battery of 60 cells a cable containing 61 wires was conducted to a very complicated and formidable-looking switch-board erected at one side of the room. On this switch-board was a double commutator, so arranged that, to those initiated into the mysteries of certain plugs and switches, either one cell or any number of cells up to 60 might



THE BAILEY RHEOSTAT OR CURRENT REGULATOR.

This new rheostat supplants the commutator or switch-board. It imposes equal work upon all the cells of the battery.

be brought into the circuit as desired. Now, by the use of the rheostat and the milli-ampère meter all this paraphernalia may be dispensed with, when only two wires from the battery will be required, the one being connected with the positive and the other with the negative pole of said battery,—the strength of the current being regulated wholly by the rheostat, that is, by interposing an artificial resistance into the circuit, which may be increased or dimin-

ished at pleasure. The new rheostat which is here exhibited, was devised by Mr. H. L. Bailey, an American electrician. Two large wedge-shaped plates of carbon are insulated from each other, and made to dip into a tall glass jar containing water. To each of the inferior pointed ends of carbon is attached a pyramidal-shaped piece of sponge. When immersing the sponges, or when withdrawing them, a very small column of water with very high resistance connects the two carbon plates through the water into which the sponges dip. When the plates are fully immersed, there is no artificial resistance or obstruction to the flow of the current, but when the plates are withdrawn from the water the resistance is so great that we may say that practically no current flows through the circuit.* By this ingenious arrangement any desired resistance from zero to infinity (or a few ohms to millions of ohms) may be gradually interposed or removed from the circuit at pleasure. This is a feature attained by no other instrument. The rheostats now in use do not interpose a resistance of more than about 500 ohms, which is much less than the resistance of the body; hence, when these instruments are used, a commutator is also used to prevent a shock to the nervous system when the current is applied or removed.

3. In the means and methods of applying the electric current, improvement has been made in two directions: firstly, by increasing the size of the electrodes; and, secondly, by making the electrodes so that they may be more accurately adapted to the surface. For instance, in applying the galvanic current to the head, instead of using an electrode only one or two inches in diameter, a concave electrode is used large enough to cover the whole of the upper part of the head, while the other electrode, called the "indifferent electrode," also large, is placed either on the sternum or on the spine. By this means, strong currents can be applied with greater safety and less discomfort than formerly. Again, in passing strong currents through the uterus, as for instance in the Apostoli-treatment of fibroids, the abdominal or indifferent elect-

* The resistance of the body varies from 1,000 ohms to 5,000 ohms according to the moisture of the skin and the part of the body operated upon.

rode is very large, and is constructed with a view to adapting itself accurately to the unevenness of the surface. The large electrode distributes the current over a large surface, and permits the passage of very strong currents without pain or vesication, and moreover so reduces the resistance of the circuit that currents may be used of a strength far beyond any current-strength attainable with ordinary electrodes. The abdominal electrode now on the table is one devised by Dr. Martin, of Chicago. It is a metal disc about nine inches in diameter, concavo-convex, and covered with animal parchment. The space between the concavity of the metal and the parchment is filled with a solution of salt.

This communication will perhaps be less incomplete if it includes some reference to the batteries now in use. For stationary or cabinet batteries there are two forms of cells in use: viz., the gravity or telegraph battery, and the Leclanchè or telephone transmitter battery. Of these the Leclanchè is to be preferred, as there is no local action in the cell when the battery is not in use, and it is moreover much more cleanly than the gravity or Daniel cell (of which it is a modification).

The stationary batteries are placed in a closet or in the cellar, from which wires are conveyed to the consulting room. The cells of the cabinet battery are placed in a cabinet or office desk, on top of which stands the milli-ampère meter, rheostat, &c.

Among the portable batteries are the following: namely,—1. The small Leclanchè cell; 2. The chloride of silver cell; and 3. The zinc-carbon cell; one of each being now on the table for your inspection. All these batteries are in use for ordinary electro-therapeutic purposes, and, so far as the electric current is concerned, one battery answers the purpose as well as another. There is this difference, however: the gravity cell and the chloride of silver cell have a comparatively low electro-motive force, and when either of these batteries is used it is necessary to use a larger number of cells than when either the Leclanchè or zinc-carbon batteries are used. The electro-motive force of the gravity and the silver cell is about 1 volt per cell, that of the Leclanchè about $1\frac{1}{2}$, and that of

the zinc-carbon about $1\frac{3}{4}$ volts. Hence, if, in a given case, we require an electro-motive force of say 30 volts, 17 cells of the zinc-carbon battery would be used, 20 cells of the Leclanchè, and 30 cells of the gravity or of the chloride of silver battery would be used. Large cells will maintain their strength longer than small cells, but the electro-motive force is no greater. That is, if we take two cells of the same kind, say a large Leclanchè, such as is used with the telephone transmitter, and a small Leclanchè, such as is used in portable batteries, the electro-motive force of the latter is exactly the same as that of the former, and, while it lasts, is quite as efficient.

When, however, the battery is for electrolytic purposes, the case is very different; in this case we require a battery with large cells, or, what is practically the same thing, a battery with low internal resistance. Either the zinc-carbon or the large Leclanchè cells may be used for this purpose. The zinc-carbon battery has the advantage of being portable, and moreover it maintains its strength much longer than the Leclanchè; nor does it become polarized when in use as readily as the latter. This may be demonstrated in the following manner:—Connect a large Leclanchè cell with a faradic coil, the vibrator will act vigorously possibly for five minutes, when its strength will be perceptibly weakened, and in about ten minutes it will fail to operate the vibrator. Whereas a small zinc-carbon cell will operate the vibrator for several hours. When unusually strong currents are required, as, for instance, from 250 to 1,000 milli-ampères, this is the battery I would use, although I believe that, in treating uterine fibroids Apostoli uses large Leclanchè cells.

There are several forms of portable zinc-carbon batteries in the market. They all belong to the variety known as the "plunge battery," the plates being immersed or plunged in the exciting solution to set the battery in action. My preference is in favour of a recent modification of the McIntosh battery. It is simple in construction, easily managed, and does not readily get out of order. This is the battery, *par excellence*, for electrolysis and may be used for all other purposes as well. For purely

neurological work the Leclenché or the chloride of silver battery is rather more convenient.

Having thus briefly described the new electro-therapeutic apparatus, I will conclude with a few words regarding the dosage of electricity, and I do not know that I can introduce the subject better than by referring to cases now under treatment.

CASE 1. *Torticollis*. Dr. Oldright's patient, a girl aged 8 years. Electrical treatment: central galvanization, galvanization of contracted muscles and faradization of the weak antagonistic muscles. From 5 or 6 milli-ampères are applied to each cervical sympathetic, 8 or 10 to the head, and 10 to 12 to the nape of the neck—with the positive pole—the negative being applied by means of a large electrode to the sternum; 10 or 12 milli ampères are passed through the upper part of the spine and about the same strength of current is passed through the contracted muscles. The application to each part lasts about three minutes. The current is gradually increased from zero to the maximum and as gradually decreased, by means of the rheostat, very great care being taken that there shall be no interruption to the current, especially when at the maximum. In galvanizing the cervical sympathetic nerves it is usual to make the application by means of a narrow electrode pressed against the spine in front of the sterno-mastoid muscle. In the case of a child I prefer using the ends of the fingers of one hand, the other hand being made to grasp the sponge electrode connected with the positive pole of the battery, and the current passed through my own body. In this case an assistant works the rheostat, while I watch the milli-ampère meter.

CASE 2. *Hemiplegia*. Dr. Burns' patient. In this case the patient has nearly recovered from paralysis of the left side, leaving, however, secondary contraction of the flexors of the arm and forearm. The electrical treatment is the galvanic current to the flexors and the faradic current to the extensors. From 15 to 20 milli-ampères are applied continuously to each set of contracted muscles, for about five minutes at a time, three times a week.

CASE 3. *Sciatica*. The same patient has sciatica on the right side. Treatment: 25 milli-

ampères for five minutes; positive pole on sacrum and negative on popliteal space. In chronic cases, 30 or 40 milli-ampères may be used, and it may be repeated twice a day.

CASE 4. *Locomotor Ataxia*. Dr. Mewburn's patient. The electrical treatment is the application of the galvanic current to the spine and the faradic current by means of the dry electric brush to the back and limbs; 15 milli-ampères are applied to the spine for five minutes every second day, and the electric brush (faradic current) is applied at home daily.

CASE 5. *Opacities in Vitreous*. Patient of Dr. Fisher, Warton. Electrical treatment: 8 milli-ampères daily for five minutes, the positive electrode being applied to the eye and the negative applied to either the hand or the cheek.

CASE 6. *Parenchymatous Inflammation of Cornea*. Electrical treatment: 10 or 12 milli-ampères for ten minutes with negative pole, the positive being applied to either the cheek or the well wetted hand.

CASE 7. *Atrophy of optic nerves*. A young woman. Electrical treatment: 6 milli-ampères for five minutes to each eye (positive pole), with the negative pole to either the nape of the neck or the hand.

In the report of these seven cases I have given the electrical treatment only. It is to be understood, of course, that this was not the only treatment. With the exception of the case of sciatica, the electrical treatment was an adjunct only to other treatment. The cases are reported here simply with the object stated, namely, to give some idea of the dosage of electricity. I may add that, whatever battery is used, I put the entire number of cells in circuit (usually about 30), and I modify the strength of the current by the rheostat.

My arrangement is as follows: The rheophore or insulated wire attached to the positive sponge-electrode, is connected with the first plate (carbon) or positive pole of the battery. The negative rheophore is connected with the milliamperemeter; this latter is connected with the rheostat, and this in turn is connected with the last plate (zinc) or negative pole of the battery. The circuit is then made up as follows: namely, from the positive pole of the battery through the rheophore and sponge-electrode to

the body, and from the body through the negative sponge-electrode and rheophore to the milli-ampere-meter, from the latter to the rheostat, and from the rheostat to the negative pole of the battery. The apparatus need not necessarily be connected up in this order however; and it is of no consequence whether the current traverses the rheostat before or after passing through the part of the body to be operated upon. Great care is taken to make all the connections firm, so that there shall be no accidental break in the circuit while the patient is being operated upon.

RISE AND PROGRESS OF MEDICINE.

BY W. H. MOORHOUSE, M.D., LONDON.

(Abstract of Address delivered at the opening of the Western University Medical College, Opening of Session, 1886-87.)

In order to get a comprehensive view of the subject, it is necessary to divide it into three divisions, viz.: (1) From the earliest authentic records, down to the decline of Roman literature; (2) That period commonly called the middle or dark ages; (3) That period commencing with the establishment of inductive philosophy and revival of letters until the present time.

From occasional remarks we find in the Mosaic writings respecting the learning of the Egyptian priests, it would appear that it consisted in a great measure of the employment of magical incantations, and, so far, therefore, as effecting a cure, must have acted through the medium of the imagination. This appears to have been the first step in all cases of the art of medicine, if it may be so-called, and its efficacy must have been in exact proportion to the ignorance and superstition of the people upon whom it was exercised. The priesthood both of Egypt and Assyria, which are the most ancient nations of whom we have any authentic account, appear to have been the sole depositaries of all the learning of the times, and of medicine among the rest.

By the most competent authorities we are informed, that Egypt was the country in which the art of medicine, as well as the other arts of civilized life, were first cultivated with any de-

gree of success. It is altogether probable that the priests of the Egyptians were at the same time their physicians. This appears also to have been the case with the Jews and Greeks, who are supposed to have borrowed from the Egyptians many of their institutions.

In the Mosaic writings there are various allusions to the practice of medicine among the Hebrews, and more particularly with respect to leprosy. Greece appears to have been the first nation that brought medicine to approach anything like an art. Chiron, the Centaur, a Thessalian prince, who lived about the 13th century (B.C.), was particularly celebrated for his skill in music and medicine.

Æsculapius, the pupil of Chiron, has by the common consent of antiquity, been considered the first man who devoted himself to medicine as a science, and made it a distinct object of pursuit. The improvements which he made were so considerable as to induce his countrymen to pay him divine honors after his death, to designate him as the god of physic, to erect temples to him in various parts of Greece, and to derive his origin from Apollo himself. His profession, according to the custom of the age, was transmitted to his sons, and their descendants obtained the name of Æsclepiades, and were the priests of his temples and presided over his rites and ceremonies. We find now several centuries elapsing, during which the practice of medicine and surgery remained solely in the hands of the priesthood, and under their control was nearly stationary, from the fact that the order of priesthood was hereditary, descending from father to son. Although this mode of transmission may have had its advantages, yet it in a great degree prevented that keen, wholesome competition which we find prevailing generally in the fields of science and research, and which is so necessary for their proper development and advancement.

It was during the 6th century (B.C.) that the genuine principles of philosophy first made their appearance in Greece, and among the other topics which then became the subject of investigation, the powers and functions of the human body were examined with considerable attention. This led to an enquiry into the nature and cause of disease, and to the means of

their removal. The celebrated Pythagoras was one of the first and most eminent of this class respecting whom we have any accurate information. We are informed that they dissected the bodies of the lower animals, and thus acquired some knowledge of anatomy. His disciples, unlike the priesthood, visited the sick at their own homes.

In various ways medicine had already made sensible progress, when Hippocrates was born in the island of Cos, 460 (B.C.). He collected the scattered knowledge of his time, and added to it by his own genius and observation. Indeed it may be confidently affirmed that the science is more indebted to his genius and ability than to that of any single individual, hence all ages have justly consented to style him the "father of medicine." He raised medicine from a system of superstitious rites to the dignity of a learned profession.

Soon after the death of Hippocrates, the two great rival schools of medicine were founded, viz.: the Dogmatists or Hippocratean school, and the Empirics. These great rival schools have continued to flourish and divide the medical world even to the present century.

About 300 years (B.C.) the Alexandrian school was founded through the munificence of the Ptolemies, and here we find Erasistratus and Herophilus making the first dissections of the human body. This gave a great impetus to the progress of the medical science. The founding of the Alexandrian library at a time when books were rare and expensive, together with the authorization of human dissections, also being the great highway of commerce, and under the powerful and personal support of the Ptolemies, all contributed to make this city the most brilliant seat of learning for many centuries, during which time its school continued to produce a series of learned men, not only in medicine but in the other sciences, which tended to prevent the decline of knowledge endangered through the decay of Grecian literature.

Among the most eminent of those who practised medicine at Rome, was Galen, a name equally as familiar to modern ears, as those of Hippocrates and Æsculapius. Galen was born at Pergamos, A.D. 130. For more than twelve centuries his authority reigned supreme in the

schools. Even facts were disputed if they were against the authority of Galen.

From the time of Galen medicine began to participate in the decline which had already overtaken art and literature. Hospitals and dispensaries owe their origin to Christianity. The first hospital was founded at Cæsarea, by St. Paula towards the end of the fourteenth century.

Archiaters, or chief physicians, were permanently established under Antoninus Pius, in order to oversee and look after the poor of each city, which they were to treat free of charge. They were also expected to examine and license all who undertook the practice of medicine. They were usually elected by the physicians. This is the first instance in history of the licensing of physicians. The order of Archiaters still exists in Denmark and Sweden.

In the seventh century, Alexandria with its celebrated library was destroyed by the Arabians, and thus perished its schools of learning. Yet among the general wreck of these ruthless invaders there were not wanting a number of individuals who managed to save, as well as to fully estimate, the value of a few copies of the most eminent authors, notably Hippocrates and Galen.

Now while the western empire had sunk into barbarism, and the eastern, sadly limited, was struggling for existence, medical science found refuge among the Arabians.

The Saracenic schools of medicine flourished from the eighth to the twelfth century.

From the twelfth to the fifteenth century, a period of three centuries, which has justly been termed the dark ages, the whole world appears to have been enveloped in the deepest gloom, every department of science was neglected, and among others medicine fell into the lowest state of degradation. Those who practised medicine were said to be in league with the evil one. Invalids resorted to witchcraft, sorcery and astrology, also divinations and incantations of various kinds.

The school of Salerno was founded about the time of the destruction of the Alexandrian library by the Saracens, and reached its height from the tenth to the thirteenth century. The "Regimen Sanitatis Salerni," the dietetic pre-

cepts of the school of Salerno, composed by John of Milan, for the use of Robert, Duke of Normandy, the son of William the Conqueror, who came here to be healed of a wound contracted in the holy wars; has been frequently republished, translated by Prof. Ordronnaux, N.Y., 1872.

In the early part of the thirteenth century, Frederick II. published an edict that no one should practise medicine in the Kingdom of Naples, until he had been examined by the faculty of Salerno. The candidate, after completing his course of studies, was examined on the Therapeutics of Galen, the first book of Avicenna and the Aphorisms of Hippocrates. He afterwards swore to be pure in his life, to be submissive to the laws, to attend the poor gratuitously, and not to share the profits of the apothecary. He then received a diploma, but for the first year was compelled to practise under the superintendence of an older physician.

In the year 1315, Mondino, a Professor in the University of Bo'ogna, dissected two human bodies, and afterwards published an anatomical description of the body, with plates engraved on wood, which, for the next 300 years, was used as a text-book in the Italian universities.

About the same time with Mondino, flourished Gilbert, surnamed Anglicanus, a writer who must be considered as peculiarly interesting to us, from his being the earliest English physician, whose name is sufficiently celebrated to entitle him to a place in the history of medicine.

Alchemy now flourished in Europe. Roger Bacon was born in Somersetshire in the year 1214. He was a man several centuries in advance of his time, and has been classed among the alchemists, and during his researches in alchemy made many wonderful discoveries.

Thomas Linacre, an English physician, born at Canterbury, 1460, founded the Royal College of Physicians, London, and was its President during life. This organization of the medical faculty first gave educated physicians rank above quacks and pretenders. Linacre also established professorships at Oxford and Cambridge for illustrating Hippocrates and Galen.

Physicians in the middle ages being invariably priests, whom a canon in the church forbids to shed blood, surgical operations commonly fell

into the hands of an inferior and ignorant class of barber surgeons, who frequently were itinerants. But surgery was now about to receive a great impulse from Ambrose Paré, who commenced his career as a barber surgeon. At that period wounds received from firearms were considered poisonous, and it was customary on that account to cauterize their track with boiling oil. In 1536, on one occasion, while serving as surgeon with the French army at Provence, Paré's supply of oil failed him. He could not sleep for anxiety, but in the morning he found that those who had not been cauterized were doing far better than those who had, and this soon led to a revolution in practice.

Later on, we have John Hunter, justly styled the "Father of English surgery," born in Lanarkshire 1728, the son of a farmer. At 20 years of age he entered his brother William's dissecting room, in London, where he applied himself with such assiduity that he made immense strides in the study of anatomy, physiology, and comparative anatomy. In 1773 he commenced his first regular course of lectures in surgery.

But to go back to medicine. In the fifteenth century we hear for the first time of whooping cough, scurvy, and the sweating sickness.

In 1628, William Harvey, after having taught for about ten years the circulation of the blood in his lectures, published his doctrine to the world; it made rapid progress, and was universally adopted during the lifetime of its discoverer.

In 1661, Malpighi, by the aid of the microscope, showed the course of the globules of the blood in the smaller vessels. The true theory of respiration soon followed the discovery of circulation. The ancients taught that the minute bronchial tubes inosculated with the pulmonary veins, and that the air thus found its way into the heart. In 1661 Malpighi demonstrated the vesicular substance of the lungs, and about the same time Borelli and others showed the mechanism by which respiration is accomplished.

About this time, in Italy, we have Alfonso Borelli, a profound mathematician, publishing his work, "De Motu Animalium," in which he originates the "Iatro Mathematical School,"

where he wishes to reduce the actions of the living body to the laws which govern inert matter, the whole body being regarded as a machine, and the laws of mechanics, of hydrostatics and hydraulics rigidly applied to it. As an instance, Borelli calculated that the heart, at each contraction, overcame a weight of 180,000 lbs.

Booerhave, Professor of Medicine at Leyden, a man of great talent and immense learning, was an ardent follower of the mathematical school. Succeeding Booerhave, we have the great Haller, who has not inaptly been called the "father of modern physiology." He was the pupil of Booerhave, and imbibed from him his thirst for knowledge, his correct judgment, his undeviating candor, his unblemished integrity, and, in short, all the intellectual qualities of his great master. He wrote a work called the "Elements of Physiology," and thus gave the world the first practical work on that subject. Contemporary with Haller, we have Cullen, the eminent Scotch writer. Since the revival of letters, no one has risen to greater eminence during his lifetime, nor has left behind him a higher reputation than this celebrated individual. He employed the greater part of a long life in the study and teaching of medicine, principally in Edinburgh, which he contributed in no small degree to raise to the rank, which it long held, of the first medical school in Europe.

We will now briefly consider some of the great and brilliant advancements of the present century:

1. Preventive medicine or sanitary science, which, during the present century, has made great advances.

2. By increased attention paid to microscopy, the processes of repair, and that of inflammation, and other morbid processes have been investigated.

3. The discovery of new modes of detecting disease; for example, auscultation and percussion of the chest, discovered by Laemace; also that by Bright, of disease of the kidney, which bears his name; the application of the thermometer in fevers; the sphygmograph in arterial tensions; also electricity in determining various forms of paralysis; the ophthalmoscope in

diseases of the eye and brain; the laryngoscope in laryngeal affections; many other appliances of like nature I might name.

4. The discovery and application of anæsthetics, first publicly made known Oct. 16th, 1846. This discovery is one of the most brilliant in all the annals of medicine, working a mighty revolution in surgery; also serving as a valuable means of diagnosis. Well may the poor sufferer, racked and tortured with pain, call for heaven's choicest blessing upon the head of him who gave the world this boon.

5. The discovery and introduction of new and valuable remedies; also the new application of older remedies. Notably among these we find, the phosphates, hypophosphites, bromids, iodides, iodine, cod liver oil, coca and its alkaloid cocaine, eucalyptus and eucalyptol, cascara, chloral, aconite, jaborandi, salicylic acid, carbonic acid.

6. The effect of the various drugs upon the living organism has been most carefully and accurately observed through the increased attention paid to *comparative physiology*, coupled with experiments upon the lower animals.

7. Etiology and pathology of disease have been most carefully studied, so that drugs are applied to the alleviation and cure of disease in a more rational manner.

8. The many improvements and discoveries introduced for the treatment of disease, especially of a surgical character, viz.: (a) The antiseptic treatment of wounds and surgical operations, thus contributing, along with anæsthetics, largely to *conservative surgery*, by which many injured members of the body have been spared to the owner; (b) the hypodermic mode of administering medicine; (c) the use of electricity, especially the galvanic and interrupted currents; also the galvanic cautery.

In conclusion, allow me to quote the words of one of England's statesmen, as follows: "He considered that medicine during the present century had made great advances in the field of science, and if it continue at its present rate of progress, at the close of the century it will have far outstripped all other branches of science."

Dr. Aschenbach states that salol taken internally relieves his sciatica better than any other remedy.

Selected Communications.

DYSPNŒA IN LEUCŒMIA.

CLINIC BY PROFESSOR VON BAMBERGER,
Professor of Medicine in the Vienna University.

(Translated for the CANADIAN PRACTITIONER.)

Concluded from last issue.

We are aware, from chemical examinations which have been made of the blood in leucæmia, that there exist in it many substances which are abnormal, as acetic acid, lactic acid, leucin and various other substances, which are formed for the most part in the spleen. All these collect and increase in the blood, and it is very probable that one or other of them, or a combination of some of them, cause abnormal excitation of the respiratory centre in the brain. This would also explain, partially, how it is that the dyspnœa in leucæmia is not in all cases proportionate to the degree of increase of the colorless elements. It is possible that under certain circumstances these abnormal substances form and increase in the blood, but are again excreted by the kidneys and the skin, and such is their volatile nature, perhaps by the respiratory organs also. If then, in some cases, they accumulate in the blood and are not eliminated by the excretory organs, one can suppose that through the abnormal excitation they may lead to severe forms of dyspnœa.

Among other symptoms which are very frequent in leucæmia, sometimes occurring in the earlier stages, is the tendency to hemorrhages. Bleeding from the nose and gums and more rarely from the urinary and sexual organs occur, and in women profuse menstrual discharges. In some of our patients this tendency shows itself in the form of petechiæ in the skin, the formation of papules which develop into pustules, and around about these pustules small hemorrhages take place and appear in some places as small hemorrhagic sloughs. There exists besides a peculiar, hard, firm infiltration of the skin. This is very probably not so much an œdema as an exudation of fluid containing blood elements, because in certain places, as for instance around about the left knee joint, one often observes a greenish transparency, such as is seen in blood extravasation at a certain

depth. The œdema further stands in no relation to albuminuria and can not be explained in this way. We find this hydræmic œdema particularly when the blood has become impoverished of its solid constituents, the number of the red corpuscles having sunk to half, and the fluids in the circulation being in a proportionate degree increased lead on to serous transudation. It is remarkable also that there is no appreciable transudation into the serous cavities, neither into the peritoneal cavity, the pleuræ, nor the pericardium.

Further we learn from the history that the patient has repeatedly suffered in the beginning of his illness from fever. This is, indeed, a very frequent symptom in leucæmia, and remarkable inasmuch as it occurs without known cause. In most of the leucæmia cases which we have had opportunity of observing in later years, there were occasional increases of temperature to between 38° and somewhat over 39° C. The temperature does not as a rule go very high, but sometimes lasts for days at a time, and is repeated quite irregularly. What the origin of the fever is, is not with certainty known; probably the conditions are analogous to those which I have referred to as causing the dyspnœa, namely, an irritation of the heat-centre in the brain, produced by the abnormal change-products which have accumulated in the system.

With regard to the prognosis there is not much to be said, because we know that an advanced case of leucæmia is almost absolutely certain to terminate fatally. As for the etiology our patient is left in the same forlorn condition as in many other affections, now and then one can prove a connection with some preceding illness, relatively most certainly with expiring intermittent fever. Here and there cases occur in which, as a result of intermittent fever, an enlargement of the spleen remains behind, and develops a leucæmic degeneration of the blood. It is more frequent, however, that the splenic enlargement exists for years, or even decades, without producing any abnormal change in the condition of the blood. The connection which is said to exist between leucæmia and preceding typhus, puerperal processes and similar affections, is much less certain. Occasionally,

perhaps, one or another such affection has preceded the leucæmia, but it is so seldom, that one cannot prove anything from it. External circumstances also appear to have no influence. We find leucæmia in individuals in the best as well as in the worst conditions in life; the bodily constitution, also, appears to have just as little influence; for we not infrequently find leucæmic patients among strong, robust individuals. One can at least say that some connection is demonstrable in certain cases with intermittent fever; but with the other affections, as syphilis, typhus, etc., this is in a high degree doubtful. In our patients, then, we are unable to demonstrate absolutely any certain cause for the disease; it may have already existed a long time when the patient for the first time remarks that, without reason, he has palpitation and shortness of breath after any considerable bodily exertion, and attacks of fever without apparent cause. Other symptoms then gradually appear; his appearance becomes wretched, he suffers from weakness and is ill nourished. Pains in various parts appear and œdematous infiltration of the skin, especially about the knee-joint. Whether there is anything abnormal present in the joints is difficult to say; possibly an effusion has taken place into the knee joints; and then occur hæmorrhages and petechial formations in the skin. So far as is known there is no heredity.

The treatment of leucæmia must be entirely symptomatic. Although many remedies have been tried, a specific has not yet been found. In certain cases the early and continued administration of quinine has had good results. Mosler has described one or two cases in which the symptoms have disappeared after early treatment by quinine, but whether they were cases following intermittent fever I cannot just at this moment remember with certainty; but if the disease is developed and the enlargement of the spleen considerable, quinine may be given for months, and in large doses, without producing any change in the blood or in the spleen. As for other remedies, the iron preparations have been given on general principles, also the iodine preparations, the mineral waters of Halle and Kreuznach, etc.; the preparations of arsenic, counter-irritation, moxas, setons, and

so on, everything indeed that one can mention, with very little temporary symptomatic benefit. Extirpation of the spleen has been performed, but all the cases in which this has been attempted have died from profuse hæmorrhage. It is impossible to ligate all the small vessels; and owing to the great tendency in leucæmia to bleeding, death has usually resulted immediately from profuse hæmorrhage into the peritoneal cavity. This operation has now been completely given up, because it has absolutely nothing rational in its favor; for even if it were possible successfully to extirpate the spleen, nothing could be gained by it because the spleen is not the only place of origin of the white blood corpuscles and, therefore, the production of these latter would go on in spite of the removal of the spleen. The results of the operation have heretofore been so unfavorable as to preclude all thought of it. Our efforts therefore are restricted to relieving symptoms. We administer preparations of iron, and for the alleviation of the grave dyspnoea, as it is of purely nervous origin, we give those medicines which influence the nervous system: as morphia, opium, chloral hydrat, and such like. The diet should be regulated and an abundance of albuminous substances allowed.—*Wiener Medizin Zeitung.*

Selections.

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

GASTRIC SYPHILIS AND SYPHILITIC GASTRIC ULCER.

BY DR. L. GALLIARD.

Almost all the visceral localisations of syphilis have been carefully studied in these modern times. We are familiar with tertiary lesions of the throat, pharynx and rectum; even intestinal syphilis has been described, and yet nowhere do we find mention of the possibility of development of specific lesions in the stomach, which anomaly forcibly arrested the attention of Dr. Galliard, who undertook to investigate (*Archives Generales de Medicine*, Jan. 1885, p. 86) if the various records would not permit of the

conclusion that gastric lesions of syphilitic origin existed.

In the first group of facts he reports incontestable examples of gastropathies treated successfully by mercury and iodine, after having resisted all other medications; it is true that the cure having been complete, there was no autopsy, and, consequently, one could not come to an absolute conclusion; but do we not now make diagnoses of cerebral syphilis, relying solely upon the results obtained by the employment of specific treatment? In a second group of facts, the author places hypertrophies of the stomach and the ulcerations that Virchow, Leudet and Lancereaux regard as syphilitic. There are for him, as in the cases of Fauvel and Capozzi, which he cites, anatomical facts demonstrable that one can only entitle "Gastric Lesions in Syphilitics."

Among positive anatomical facts, Dr. Galliard mentions the only two cases of gummata of the stomach (to be credited to Klebs and to Cornil) that are known up to this date. He makes the remark that these gummata when healed, would leave cicatrices which would probably differ very little from those which remain from other gastric ulcers non-syphilitic in character; hence when we find them at an autopsy of subjects clearly syphilitic, can we say whether or no the lesions are specific. Finally, in autopsies of subjects affected with syphilis there have been found ulcers in a state of activity, in every way resembling simple round perforating ulcers. In these latter cases we can understand without difficulty, that one can hardly decide in a positive manner as to the clearly syphilitic nature of such a lesion. One can merely always ask oneself if syphilis has not determined the primitive initial erosion which would then develop in a manner quite special, owing to the particular conditions of the situation in which it occurred. In effect, as M. Galliard so aptly remarks, syphilis can create lesions which precede the simple ulcer, and among them must be specially noted gastric catarrh and syphilitic arteritis.

There are so many gastric lesions with symptoms of simple ulcers that resist appropriate diet and medication, that it would be a real progress if one could cause them to disappear

by specific treatment. The future will tell us how much truth lies in this view still rather theoretical. In every case the practitioner henceforth will be in the right to think of the possibility of syphilitic influences over the gastric mucous membrane, and to try the mixed treatment when he meets with obstinate symptoms in patients acknowledging syphilitic antecedents.—*Jour. de Med. de Paris, Archives Generales de Medicine.*

MICROBES OF PUS AND SEPTICÆMIA.—Doyen draws the following conclusions from the study of numerous cases of suppuration and septicæmia: The pus of acute abscesses always contains one of the four pyogenic microbes of Rosembach. These microbes may penetrate the tissues at the same time and produce suppuration, which may contain one or two species of microbes simultaneously. The penetration of the microbes into the tissues always precedes the appearance of the general and local phenomena. If an abscess is incised at the beginning before a true collection of pus has occurred, there is always found microbes in the blood, in the plastic lymph and in the section of the inflamed tissue where the initiated cells undergo proliferation. The centre of the focus becomes softened, the cells are brought in contact with the microbes and constitute globules of pus. The process is absolutely the same in cold abscesses. In febrile abscesses are found in addition the bacteria of putrefaction and others. The streptococcus and staphylococcus pyogenus are found in acute suppurations and septicæmia, these have been verified in sections and by cultures, and have been invariably found in the viscera in septicæmia, sometimes accompanied by other species, but always in smaller numbers. He finds that the liver and kidney especially thin in all these microbes, which if they be numerous and the liver or kidney diseased, are retained to the great danger of the organism. These notions extend to the entire range of infective diseases, and give a rational explanation to many clinical facts, and especially to the growth of open wounds in general conditions of wretchedness such as are all characterized by certain lesions of the liver and kidney.—*Revista Clinica.*

PERNICIOUS ANÆMIA.—G. Reyher has had thirteen cases of progressive pernicious anæmia recover. These were due to a special cause. There was no doubt about the diagnosis, repeated examinations of the patients revealed no lymphatic enlargements, no malignant neoplasms, nor acute nor chronic hæmorrhage, nor cardiac or pneumonic trouble, nor enlargement of liver or spleen, no sugar nor albumen in the urine, nor chronic abscesses, nor was the profession of the patients such as to account for their condition of anæmia. Yet all presented in a greater or less degree the clinical signs of progressive pernicious anæmia, such as the nervous symptoms, weakness in movement, apathy, tendency to vertigo, lipothymia, headache, etc. Alterations in the red corpuscles identical to those described by Sorensen. In all of these were noted the fact that the anæmia coincided with the presence of a bothriocephalus latus in the digestive canal, and that the recovery ensued after expulsion of the bothriocephalus.—*Giornale Inter.*

PENETRATING WOUND OF THE ABDOMEN WITHOUT SHOCK.—A remarkable case is reported in the *Lancet* (Dr. Grange) of a young ploughman in robust health, while walking through a field, was attacked by a bull, knocked down, and gored in the abdomen. The bull's attention was then directed to a couple of dogs, the only help at hand, and the man escaped over a hedge. He says that when he rose up his trousers were torn and bloody, and he saw his bowels hanging out, forming a large mass, which he caught in his hands. Supporting them in this way, he walked home, a distance of a quarter of a mile, and up-hill, before he could get any assistance. The intestine was cleansed and reduced, and the wound closed by sutures, a cold water dressing applied and opium freely administered. The patient made a good recovery.

GOUTY URETHRITIS—Gouty urethritis is not recognised by all authors. Dr. Turbure publishes in his thesis a new observation, which appears to be indisputable, and studies in this subject has characteristics which should be assigned to this form of the disease. The

urethral discharge of gouty origin appears suddenly, is abundant and thick from the first. The color and the nature of the discharge present the characters of the acute stage; the pus is greenish-yellow, then it gradually disappears, diminishing gradually in quantity and consistence. The functional symptoms which accompany this discharge are almost negative. We notice a complete absence of inflammatory reaction; neither redness nor swelling of the meatus; no pain in micturition; no burning sensations in the canal; nothing, in a word, which would indicate a classic blenorragia. There are, however, cases where the pain appears to have been rather acute. The prognosis is generally favorable, as it disappears under general treatment.—*Jour. de Med et de Chirurg.-Pratique.*

ANTIPYRIN IN NEURALGIA.—We have used antipyrin in four cases of neuralgic pain, in accordance with Germain See's recommendation. In one case of supra-orbital neuralgia instant relief followed the administration of two-grain doses, in hot water, every two hours. In a case of hemicrania, the seat of most intense pain being in the left temple, the same result ensued. In a recent case of lumbago the relief was sufficient to enable the patient to go out on the second day. But in a severe case of inter-costo-humeral neuralgia, with functional irregularity of the heart, the drug failed, even when increased to five grains.—*Medical Times.*

NOVEL TREATMENT FOR PERFORATION OF THE TYMPANUM—(L. Polo).—The author has invented an original method for the cure of perforations of the tympanum. It consists in an ingenious application of the method of repair by grafting. A portion of the lining membrane of an egg shell (perfectly fresh) is detached, and spread carefully over the opening it is proposed to close up, taking care to apply to the membrane the side of the graft that was in contact with the white of the egg.—*Journal de Med. de Paris.*

METHOD FOR RECOVERING SUBSTANCES SWALLOWED.—In a case of swallowing artificial teeth, the author gave his patient four large

slices of bread, followed by four large spoonfuls of thick flour pap, after which an emetic was administered. The teeth were expelled, enveloped in the thick matters vomited.—*Journal de Med. de Paris.*

A CONTRIBUTION TO THE TREATMENT OF FRACTURES OF THE PATELLA AND OLECRANON BY BONY SUTURE (STANKIEWICZ).—A man, aged 31, fell down stairs and broke his patella. After seventeen weeks he could walk with difficulty, and with the aid of a stick; he fell again, and now he was unable to use the limb. The joint was much swollen, and the skin over it thick and immovable. Patellar fragments an inch and a quarter distant. Knee joint opened longitudinally, blood clots removed, and the edges of the fracture covered with fibrous tissue sawn off. The fragments, however, could not be approximated. Tendon of quadriceps cut, the joint capsule separated, ligamentum patellæ cut, fragments sutured with silver wire, joint washed out with perchloride solution and drained. Recovery uncomplicated; fragments firmly united; no ankylosis. Patient walked well without a stick after three months. A somewhat similar case in which the olecranon had been fractured a month before also operated upon, and a good result obtained. The author therefore recommends bony suture, but not in recent cases.—*Centralblatt für Chir.—Medical Chronicle.*

Therapeutical Notes.

GALL STONES.—Pears should especially be forbidden in the diet of biliary lithiasis, as they contain a fatty substance similar to cholesterol.

PRURITUS VULVÆ:—

R. Pulv. lycopodii ʒi.
Subnitrate of bismuth ʒv.

Englemann recommends vinegar in spray or brush, as an antiseptic in diphtheria. It is not irritating, and more reliable than a five per cent. solution of carbolic acid.

PHYMOSIS.—Poncet concludes that phimosis is the cause of 90 per cent. of all cases of incontinence of urine in boys, and recommends circumcision as the remedy before all others.

ECZEMA OF THE EYELIDS.—

R. Acid acetic crystal . . . 0.20 centigr.
Cherry laurel water . . . 20 grammes.
Glycerine 5 "

℞. Apply daily.—*L'Union Medicale.*

OINTMENT FOR ACUTE ECZEMA.—

R. Citric acid 1 gramme
Cherry laurel water 4 "
Oil of birch 15 drops
Cold Cream 40 grammes

℞. Apply three times a day, dusting with starch powder in the intervals.—*L'Union Med.*

CHRONIC GONORRHOEA.—Ledetch recommends against the chronic form of gonorrhœa:

R. Bisulphate of quinine gr. xv.
Glycerine ʒi.
Aq. destill ʒii.

℞. Inject at first three times, then twice, and finally once, daily.

SWEATING OF EXTREMITIES AND AXILLÆ.—

R. Naphthol 5 parts
Glycerine 10 "
Starch 100 "

After this application dust with the following:

Powdered naphthol 2 parts
℞. " starch 100 "

AFTER PAINS.—Quinine in combination with opium is the best treatment for after pains, in case this suffering is caused by excessive irritability of the uterus. For irritability of the bladder, and frequent and painful micturition, the fluid extract of gelseminum is said to be almost a specific.

In diseases of the respiratory organs with frequent and exhausting cough without expectoration, or where expectoration is very difficult, Dr. Stockquart, of Brussels, recommends highly the chlorhydrate of apomorphine in doses of 3 or 4 milligrammes in 24 hours.—*L'Union Medicale.*

Dr. G. Jovissene avows that he always succeeds in aborting furuncles by inunctions of lanolin 10 grammes, red oxide of mercury 10 centigrammes. To be rubbed in for three or four minutes once a day for small furuncles, several times a day for larger ones.

CHAFING OF INFANTS.—M. Lorenz declares the following to act like magic in chafing :

R. Ammonia sulph. ichthyocolici gr. iii.

Unguent paraffini ʒv.

Cumarini gr. viii-xv.

Apply with the fore-finger after bathing and drying the child.

PHAGEDENIC CHANCRE (Rolet).—

R. Lemon juice 6 grammes.

Sydenham's laudanum 3 "

Solution subacetate of lead 4 "

Distilled water 20 "

Pledgets of lint are soaked in this lotion and applied to the ulcerations.—*L'Union Medicale*.

LAXATIVE STOMACHIC.—

R. Ext. fl. cascara 20 grammes.

Tr. mucis vomicae 2 "

Cherry laurel water 15 "

Distilled water 100 "

Syrup simpl 15 "

M. Three or four coffee spoonfuls daily.

—*L'Union Medicale*.

METHYLCHLOROFORM AS AN ANÆSTHETIC

(Dubois & Roux).—From experiments on dogs, the authors consider methylchloroform as an anæsthetic superior to chloroform; its action is slower, but the sleep obtained is calm, and the awakening followed by no trouble. Moreover, methylchloroform has not the suffocating smell of chloroform.—*Progres Medical*.

CHRONIC STRYCHNIA POISONING—(Chouppe)

—Mr. Chouppe concludes from experiments and observations that strychnine is a medicine to which the system does not become accustomed, and that, consequently, the doses can only be increased with great care; otherwise, a dose which may have been innocuous the day before, may unexpectedly produce the most grave symptoms.

LOTION FOR GINGIVITIS IN PREGNANCY.—

R. Chloral hydrat 5 grammes.

Spirits of Cochlearia 5 "

Dissolve.

Remove the tartar from the teeth, and apply the lotion every day, or every other day, to the

borders of the inflamed gums, by means of a sponge-holder and cotton batting or small piece of sponge.—*L'Union Medicale*.

GREEN HELLEBORE ROOT IN HEART DISEASE (Tschistowitsch).—Observations on eleven cardiac cases. The aqueous extract and infusion of the root caused in six cases in the dose of 15 drops of a one per cent. solution every two hours, slowing of the pulse, increase of force in the pulsations, increased urinary secretion, and a prompt disappearance of the symptoms of non-compensation.—*Bulletin Gen. de Therap.*

Bernbeck recommends for insect bites the immediate application of either of the following solutions:—

R.—Collodii elast 150 grains.

Acid. salicyl 15 "

S.—To apply with a brush.

R.—Coll. elast 150 grains.

Hydrarg. perchlor ʒ "

S.—To apply with a brush.

—*Therap. M.—Med. Chron.*

Verneuil draws attention to the fact that occasionally bleeding from the nose is dependent on diseases of the liver (when the usual causes are absent). Such hemorrhage, which always recurs notwithstanding all local treatment, is best stopped by application of a large vesicating plaster on the region of the liver. Verneuil has lately used this treatment successfully in three cases in his practice.—*Therapeutische Monatshefte—Medical Chronicle*.

ATROPINE IN PTYALISM (Dr. Otto Hebosi).—

Atropine according to the author is very efficacious in ptyalism, especially when of neurotic origin. In one case of alcoholic dementia, the patient secreted as much as a litre of saliva in 24 hours; another case of epileptic mania secreted at least an equal amount. In both cases the ptyalism ceased after the administration for several days of atropine, in doses of from $\frac{3}{4}$ to 1 milligramme. Care must be taken to have the solution fresh.—*Journal de Méd. de Paris (Paris Medical)*.

Prof. Luton, of Rheims, concludes that a cure of tuberculosis can always be effected by phosphate of copper, which, however, must be in the nascent state and soluble in an alkaline body. He thinks he has found a specific in the following formula :

R. Neutral acetate of copper . . 0.15 gr.
 Crystallized phos. of soda . . 0.75 "
 Glycerine and pow'd licorice q.s.
 ℞ Ft. pil.

TURPENTINE IN INTESTINAL AFFLICTIONS OF CHILDREN—Brown considers the essence of turpentine to be a drug which is eminently soothing to the irritated and inflamed mucous membrane of the intestines. It is not only antiseptic and disinfectant, but tends to heal ulcerated surfaces. He found it to be of very much benefit in the pain accompanying diarrhoea and constipation, and also in the emaciation accompanying the enteritis so commonly found in children brought up on the bottle. He uses it in doses of two drops for a child one year old.

FROST-BITES—(E. Besnier).—First bathe the swollen parts in a decoction of walnut leaves ; wipe ; rub with camphorated alcohol, and cover with the following powder :

R. Salicylate of bismuth 10 gr.
 Starch 90 gr.
 ℞. For the itching at night, rub with this solution :

R. Glycerine. }
 Rosewater. } āā 50 grammes.
 Tannin 10 centigr'mes.
 Applying the bismuth powder afterwards.

When there is ulceration, the frost-bites are wrapped in walnut leaves, softened by soaking in water.—*Progrès Medical.*

TREATMENT OF MALIGNANT TUMOURS BY ARSENIC (Dr. Koebel).—The author has obtained by the arsenical treatment 17 cures (in a period of six months) and 14 ameliorations in 59 cases of malignant lymphoma of a duration of from one to ten years, and which were situated in the neck. He obtained no results in epithelial cancer. The treatment should be followed for two months at least for the effects

to commence to appear. It consists : I. In the injection of 10 to 40 drops, twice a day, of one of the following liquids :

(1) Fowler's solution }
 Tincture of malate of iron } āā 5 drops.
 (2) Fowler's solution 1 gr.
 Tincture of malate of iron . . 4 gr.

II. In parenchymatous injections of Fowler's solution, made concurrently with the internal treatment. The author commenced by one division of Pravaz syringe, and increased gradually to five ; he stopped when the first symptoms of poisoning appeared. In 13 cases there occurred abscesses at the point of injection ; in two there occurred necrosis and elimination of the tumour.—*Journal de Méd. de Paris.*

INJECTIONS OF FOWLER'S SOLUTION IN LEUKÆMIC ENLARGEMENTS OF THE SPLEEN (Mosler).—Mosler has published another case of cure by the above method. This treatment is contra-indicated in hæmorrhagic patients. It should only be practised when the spleen is hard and perhaps easily reached by the Pravaz needle through the abdominal parieties. The author recommends before commencing the injections, a general preparatory treatment, intended to reduce the splenic engorgement, and which should be continued during the period of injections. In his case the preparatory treatment consisted in the administration of the following pills :

R. Piperine 5 grammes
 Essential oil of eucalyptus
 leaves 10 "
 Chloride of potassium 2 "
 White wax 2 "
 Magnesia 6 "

℞ ft. 200 pills. Dose 10 to 15 two or three times a day. For a period of three weeks, injections every two days of one syringe-ful. To deaden the pain a bladder of ice was applied over the puncture for two hours after the injection.—*Journal de Méd. de Paris (Paris Medical.)*

Spencer Wells places the economical value of the increased population due to sanitary work in the last fifty years at £300,000,000.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

SPECIAL NOTICE.

New Subscribers, and all who pay arrears and subscription for 1888 before the first of January, will receive, in addition to THE CANADIAN PRACTITIONER, a Standard Physician's Visiting List.

TORONTO, DECEMBER, 1887.

OUR JOURNAL.

THE CANADIAN PRACTITIONER completes in this issue the twelfth year of its existence. Its editors have experienced the various vicissitudes of those who march along that royal road to wealth, viz., medical journalism. The wealth which we have accumulated has not made us exclusive, or cold, or proud. On the contrary, we are still willing to work in the interests of those we love—our patrons who “pay up and look pleasant.”

Those people who say there is a great deal of money in our business, may know all about the matter, and we will therefore accept their wise conclusions. It so happens, however, that for a number of years we found it more easy to put the money in than to get it out. This condition of affairs is not satisfactory in all respects, and it gives us a good deal of pleasure to state that it has some time since ceased to exist. The PRACTITIONER is now prosperous and although we may object to anything like invidious comparisons, the circumstances of the case compel us to record our conviction that it is to-day the most prosperous medical journal in Canada. The crucial test of the prosperity of any periodical lies in the legitimate circulation among *bona fide* subscribers. From this view of the subject, it gives us considerable satisfaction to say that the increase in our circulation during the last three years, has been unprecedented in Canadian medical journalism.

The old truism, that “nothing succeeds like success,” is well exemplified in the history of the PRACTITIONER. Our success gives us greater responsibilities, but at the same time

gives us a decided stimulus to put forth still greater exertions in the future to earn the confidence of our subscribers. As in the past, we will continue in the future to strive to represent the interests of the profession in our prosperous Dominion. We will cordially support the Medical Council in its laudable endeavors to advance the interests of medicine in Ontario. We will, at the same time, do all we can to assist the new Medical Faculty of the University of Toronto in its efforts to co-operate with the Ontario Council in raising the standard of medical education. We will also support the other worthy medical colleges of the Dominion who are doing good work in our common cause.

We have made arrangements to make our series of journals in the thirteenth volume still more attractive. We will appear in a new dress, with new type, bought especially for us. We will present a number of papers on special subjects, including a series, carefully prepared, on electro-therapeutics. We will always consider carefully the claims of our correspondents. To them we beg to say, make your communications as concise as possible. Our space is limited, and we frequently have to abridge. We dislike to do so, but are often compelled by the exigencies of the situation, and sometimes have to refuse altogether.

As our advertisers have done so much to ensure our success, we must, in justice, continue to give them the best possible terms. In consideration of the fact that we are now the best Canadian advertising medium, we have seen fit to increase slightly our rates, but they are still lower than they should be. Our greatly increased circulation enables us to give better value than we have ever done before; and, as advertisers are not influenced by sentiment, we simply ask them to accept the stern logic of facts, and place their advertisements where they are likely to receive the largest profit on their investments.

We have to express our gratitude to our patrons for their kind and loyal support; without it we could not exist; with it we are encouraged to go on, and put forth still greater efforts to please them. In issuing the last number of our Journal for 1887, we are reminded of the fact that another year is approaching its

conclusion ; and, in view of the festive occasions connected therewith, we have great pleasure in wishing for all our readers

A MERRY CHRISTMAS AND A HAPPY
NEW YEAR.

TORONTO UNIVERSITY MEDICAL COLLEGE.

The Toronto *World*, which has ever been recognized as the students' friend and a zealous supporter of higher education, in a recent issue spoke as follows : " At University College the new medical scheme is working well, and the chief complaint the students have seems to be the inconvenience of going from the college over to the hospital. This will no doubt be remedied soon by the erection of some new medical buildings ; rumor has it that Moss Hall, known to the graduates of years gone by as the Old Medical School, is to be reconstructed and turned once more to its former use. But what a change from former times when the old Taddle flowed silently down the ravine under the little wooden bridge, and gurgled onwards through the slimy frogpools that nestled in the bed of Sleepy Hollow ! Then the medical student was wild and barbarous, his midnight shouts offended the sensitive ears of passers by, and occasionally he overstepped the bounds of decency by impaling a 'body' on some fence post. To-day, alas ! he will be surrounded by the Y. M. C. A. building, the Divinity School, and the School of Science, and instead of the noisy shouts of old, he will walk along hand in hand with the divinity student discussing the merits of 'frogology' or the attributes of 'prehistoric man.' " We have reason to know the rumor referred to is not exactly correct, as far as Moss Hall is concerned ; but, at the same time, it is quite likely, as the *World* suggests, that much will be done in the near future to make all the facilities for the students as convenient as possible for them in all respects.

We are pleased to learn that, notwithstanding the slight inconvenience arising from the distance between University College and the General Hospital, the students are, without exception, well satisfied with present arrangements. At the same time it is very satisfactory

to know that special efforts are being made by those interested in this new Medical Faculty to advance with the times, and offer still greater facilities to those engaged in the study of medicine.

ALLEGED MALPRACTICE CASE.

An action for malpractice was brought against Dr. N. D. Richards, a worthy and successful practitioner, of Warkworth, Ont., by Mr. Conlin, of Campbellford, early in November at the Northumberland Assizes, in Cobourg. The same case was tried last year, and resulted in a nonsuit. On appeal a new trial was ordered.

It appeared in the evidence that Mr. Conlin received a fracture of the lower part of the leg, affecting the ankle joint, July 1st, 1885, when Dr. Richards was called in to treat the case. Temporary dressings were applied, and the patient was made as comfortable as possible for the night ; but shortly after the application of the dressings he was removed to the residence of his uncle, four miles distant. The doctor was faithful in attendance, and changed the dressings when necessary. He received the advice and assistance of Dr. McRae, one of the oldest and best physicians of East Northumberland.

At the trial many doctors, including Drs. W. T. Aikins and J. H. Richardson, of Toronto, gave evidence in favor of the defendant, Dr. Richards. The Judge also charged strongly in his favor ; but notwithstanding these facts, the jury disagreed, and the case is therefore still unsettled.

Dr. Richards has been put to the trouble and expense of two trials, and even if he wins in the end, it is a question if he can recover his costs. Under the circumstances we might possibly be guilty of a "contempt of court" if we discussed the merits of the case at the present time, and as we already entertain a very supreme contempt of court as far as trial by jury, that fossilized bulwark of English liberty, is concerned in such cases, we have no desire to add to our sins in this respect.

In this case, as well as in all others of a similar description, we hope that justice may

be done without any poetical tumble of "the heavens," or any other serious catastrophe. In a general way, we may say, we think that any surgeon, who is proved guilty of gross ignorance or carelessness, should be punished; but as the law at present stands, any worthy and careful practitioner may be subjected to an expensive trial by an irresponsible patient, who is not asked to give any security for expenses; and, when the doctor wins the case, he may either whistle or sing psalm tunes for his costs without the slightest prospects of collecting them. When the case goes to a jury the defendant is left at the mercy of a body of men who have about as much knowledge of the intricacies of difficult medical and surgical cases as the average public school-boy has of Sanscrit.

THE REMOVAL OF SUPERFLUOUS HAIR BY ELECTROLYSIS.

Those who had the pleasure of hearing Dr. Fox at the last meeting of the Ontario Medical Association, will remember the able description he gave of this new and successful operation. The presence of superfluous hair on a young lady's face is a matter of greater moment than one might at first consider it to be. When the patient notices this deformity she attempts to remove it by pulling out the hairs. She is disappointed by their re-appearing stronger and thicker than ever. She then uses a depilatory, which she finds will only remove the hairs temporarily, and which in time produces a decided roughness of the skin. She then applies to a physician, who may make light of the difficulty, and say that there is no permanent cure. The latter assertion would have been true ten or twelve years ago, but is now incorrect.

There is no doubt that these hairs can be permanently removed without leaving any noticeable scars. The operation, too, can be done by any physician who has a delicate sense of touch and a steady hand. Of course, like all other manipulative proceedings, greater dexterity is acquired by practice. A twelve cell battery, a needle holder, and some fine Swiss needles, are all that are required for the operation. The pain to the patient is very

trivial, in most cases not nearly so unpleasant as is produced by the dentist in the filing of teeth. The needle should be carefully introduced into the hair follicle. When this is done successfully no pain or bleeding is experienced. After a little practice one can tell at once when the needle enters this follicle.

It is a misfortune that such a successful operation should be so little known to the profession generally. Patients often regret the use they have made of depilatories, and wish that they had been informed of some successful means of cure.

It must be remembered that with the best skill, from ten to twenty per cent. of the hairs will return, and will require a second operation. It is also a fact that in many cases new hairs are constantly growing, and will sometimes continue to grow for a year or so after the old ones have been removed. In many cases the galvanic current seems to have the effect of preventing the appearance of new hairs.

Another, and more serious, aspect of this subject is the mental distress into which such patients fall, when their many attempts to destroy superfluous hair fail. Some become almost insane. It is also noticeable that after the permanent removal of the hair, their mental and physical condition is decidedly improved.

AN HOSPITAL SUNDAY FOR TORONTO.

Dr. J. George Hodgins, of Toronto, has written an excellent paper on this subject of an Hospital Sunday for this city, which he read before the members of the Ministerial Association of Toronto, October 24th. The Doctor stated that such an institution had existed in England for nearly thirty years. The "Hospital Sunday" was first organized in Birmingham, and after its successful inauguration there, the system was soon extended to Manchester, Liverpool, Leeds, Newcastle, Chester, and many other large towns in England. In 1873 it was taken up in London, when a number of representatives, chiefly clerical, held a meeting under the presidency of the Lord Mayor, with a view to adopting the scheme. The Lord Mayor at that meeting

spoke as follows: "I believe that the establishment of Hospital Sunday in London would be a great benefit in deepening, strengthening and uniting religious feeling throughout the whole of the metropolis—for on that day all congregations would feel that they were assisting in promoting a great Christian object. It would, I think, be glorious to know that on one Sunday in the year, the worshippers in every temple throughout the metropolis came to the altar, before which they were accustomed to worship, and tender a mite—each according to his means—in the promotion of one common object." The results in London were very satisfactory, as shown by the amounts collected. In 1873 the amount collected was \$138 500; in 1887, this year, \$205,000. This latter sum was distributed amongst 108 hospitals and fifty dispensaries, being an average of \$1,300 each.

Dr. Hodgins, after enumerating these and other facts in connection with the movement in England, goes on to say, that there is no reason why the objects and contributions of an Hospital Sunday in Toronto, if it be established, should not embrace the whole field of our charities. He thinks this would enlist the sympathies of the entire community, and give a number of reasons to show the advantages of such a concentrated effort towards the relief of suffering, sorrow and misery.

We are heartily in sympathy with the worthy and distinguished author of this paper in his views on this important question. No city on this continent with a population equal to that of Toronto has done more, or as much, in a systematic way to relieve the wants of those in sickness or distress. There is unfortunately much yet to be done, as every physician or observing and kind-hearted citizen well knows. We hope the paper of Dr. Hodgins will receive the attention it richly deserves.

A tumor of the spinal cord was shown at a recent meeting of the London Pathological Society (*Lancet*) of about the size of a large olive, composed almost wholly of fat. It occurred in a young woman whose femur was fractured accidentally.

THE NEWER ANTIPYRETICS.

The current medical literature for many months past has contained numerous communications, reports of cases, and discussions regarding the efficacy of the more recently discovered antifebric drugs in pyretic cases. The following summation has been made from Edes' work on therapeutics just issued.* *Salol* is said to cause no gastric disturbance and less ringing in the ears than salicylate of sodium, and to be equally effectual as an antipyretic in rheumatism and other diseases. *Thallin* is an undoubted antipyretic of moderate and short lived efficiency, with drawbacks in the way of chills and profuse sweating. *Koirine* is readily soluble in water; has been used in various febrile diseases, where it lowers the temperature for a short time. It has often produced gastric disturbance, and sometimes alarming collapse. There is no good reason to suppose that it favorably modifies the course of the diseases in which it has been used. *Chinoline*, a derivative from coal tar—the tartrate has been used as an antipyretic. *Trimethylamine* is an irritant to mucous membranes, and gives rise to local irritation when given by the stomach. In medicinal doses it causes a fall of temperature and pulse without much action on the secretions. *Antifebrin* does not affect the healthy temperature, but when given in a case of pyrexia the temperature begins to fall, and attains a maximum depression in about four hours. This action may be occasionally attended by chills, collapse, and the cyanosis sometimes noticed after other antipyretics. Sweating is observed. There seems to be some depressing effect upon the heart. *Antipyrrine* is easily tolerated by the stomach, especially when taken with wine or aromatics. Full doses of this drug produce a fall of temperature, lasting five to eight hours, the minimum being at from three to five hours. It seems to be attended with fewer unpleasant results than many other antipyretics. In phthisis, if the fever is permanently high, it either does not act or produces a rapid fall of temperature, with sweating, vomiting, and collapse; with the re-

* Text-book of Therapeutics and Materia Medica, by R. F. Edes, A.B., M.D. Lea Bros. & Co., Publishers, Philadelphia.

mittent type of hectic, small doses will keep down the temperature without unpleasant effects. In scarlet fever and diphtheria it should be used with caution, for fear of a depressing effect upon the heart. It has been used with good results for the relief of headache and neuralgia, and is slightly hypnotic. It is said to be very effectual in relieving the pain of dysmenorrhœa. On the other hand, it does not modify the course of typhoid fever, and does not control intermittent.

A NEW HOSPITAL FOR TORONTO.

The Toronto daily papers, on November 21st, announced the important fact that a new hospital will shortly be erected in the city. The Hon. John Macdonald has inaugurated the scheme, and commenced the subscription list with the handsome donation of \$40,000. It is expected that \$150,000 will be raised for the building alone, while the trustees of the University of Toronto will give the ground required. The hospital, when completed, will probably be placed under the management of the General Hospital Trust.

The Toronto General Hospital has received several additions in recent years through the liberality of private citizens, and now contains more than 300 beds. Under the new *regime*, we will have a very complete hospital system, with about 450 beds, including those in the present group of buildings and the new western branch hospital. Recent indications show conclusively that they will all be required, and the benefits thus accruing to the public, in the interests of suffering humanity, cannot be over estimated.

Looking at it from the standpoint of higher medical education, the increased facilities which will be afforded to medical students for receiving clinical instruction, will prove invaluable to the rapidly increasing classes who obtain their training in this city.

We gladly unite with the general public in expressing our appreciation of the generosity of the distinguished senator who has founded this new charity. Our heart felt wish is that he may live long to observe the good results which must of necessity follow his worthy act. We

are pleased to see the trustees of Toronto University in active sympathy with the scheme. The site so promptly given, will be one of the finest in Canada. We are also glad to hear of the active co-operation of many generous citizens, who have promised assistance. As Toronto grows at a marvellous rate in numbers, wealth and learning, she may well be congratulated on the character of her citizens, who spend large portions of their means for the benefit of their fellow creatures "in sickness and distress."

THE CROWN PRINCE'S MALADY.

According to the most reliable information which has been received, there seems very little room for doubt that the disease from which the German Crown Prince is suffering is cancerous. All the surgeons who have been in consultation seem quite agreed on this important point. The fact, however, that there has been no return of the growth in the situation from which it was removed last summer by Sir Morell Mackenzie, tends to prove that the growth, in the beginning at least, was not malignant. This view was further supported by the opinion of Prof. Virchow, who made the microscopic examination. The new growth which has appeared is situated half an inch below and in front of the former one. The œdema which was lately present, and which gave rise to much difficulty, has entirely passed away, but Mackenzie thinks it not unlikely to return in a chronic form. The patient is probably not in a worse condition to undergo excision of the larynx now than he was when the preparations were made for the operation in the summer, and in the meantime he has enjoyed comparative health, for which Sir Morell is to be thanked. His expectation of life is however extremely unfavorable; under the best care and, including tracheotomy in emergency, the outside limit cannot be beyond four years, and in case of laryngectomy it is of course very uncertain.

Lectures on bacteriology are delivered four times a week by Prof. Crookshank at King's College, London; they are intended for practitioners, students and medical health officers.

HILL OREST CONVALESCENT HOME.

Among the charitable institutions established in this city during the last few years, none have been more required than the Convalescent Home, erected last year on Wells' Hill, to the north of the city. The hospital patient, compelled to leave that crowded institution ere convalescence is thoroughly established, and the middle-class patient, unable to add to his medical bill, the expense of a brief change of air—to say nothing of the physician in each case—owe grateful thanks to the lady who so generously recognized and supplied their need. Here, within a few minutes' drive from the centre of the city, the necessary rest, fresh air, nourishing food, and comfortable quarters, can be obtained at the trifling cost of 40 cents a day. The building is large and commodious, and commands one of the finest views in the city. There are several rooms provided for better class patients, at a small addition to the expense. Thirty patients can be accommodated at a time, their stay being limited to fourteen days, this period being extended if necessary.

The whole establishment is under the charge of a lady superintendent, assisted by a trained English nurse and several servants; patients retaining their own medical advisers during their stay at the Home if they so desire.

The building was erected at a cost of \$10,000, the gift of Miss Evans, an English lady, upon a lot donated for the purpose by Mr. Wm. Gooderham—but the institution looks for its support to the generosity of the citizens, and the weekly payments of those who seek its hospitable shelter.

A HOSPITAL FOR COLLINGWOOD.

Another opportunity is afforded those who are of good heart and rich in worldly goods of giving assistance towards the establishment of an hospital where one is greatly needed. The following appeared recently in a leading daily: "A most laudable project is on foot at the prosperous town of Collingwood. A 'Marine and General Hospital is about to be established.' An Act of Incorporation was obtained at the last session of the Dominion Par-

liament giving authority to carry on this important work. Subscriptions and land have been obtained, and an early commencement of the work is anticipated. Further assistance, however, is urgently needed, and the trustees under the charter are making an appeal to the benevolent for aid in this truly charitable and important work. Nearly \$1000 is in hand, and a lady generously offers to give another \$1000 as soon as \$2000 shall have been raised. \$50 entitles the donor to life membership. Subscriptions will be thankfully received by Mr. H. B. Macdonell, Secretary; Mr. W. B. Hamilton, President, or the Bank of Toronto, Collingwood.

NOTES.

Congenital atrophy of the heart is confined almost entirely to the female sex.

Next month several very valuable original communications will be published in this Journal.

A dispensary, to be known as the Western Free Dispensary, is to be started on College Street.

Prof. Granger Stewart has been gazetted Deputy-Lieutenant for the city and county of Edinburgh.

Messrs. Lea Bros. & Co., of Philadelphia, are about to issue a new edition of Gray's Anatomy, with colored plates.

It is announced that Dr. Kraus, the noted editor of the *Wiener Medizinische Zeitung*, is dead. He was in his sixtieth year.

The Emperor of Austria has conferred upon M. Pasteur the decoration of the order of the Iron Crown, with the title of Baron.

We shall be glad to receive from our friends everywhere current medical news of general interest. When sending newspapers mark the items.

A COMPREHENSIVE PERIODICAL.—*The Medical Waif* is a practical monthly medical journal devoted to diseases of children, women, rectum and anus.

A young French military surgeon was recently accidentally burned to death in a disciplinary cell, having been incarcerated for some military offence.

AN OLD TURK.—Dimitros Antippa, born 1772, died last month at Constantinople. He was in Paris during the Reign of the Terror, and was a personal friend of Robespierre.

Dr. Grenville E. Moffet reports three cases, all soldiers, to whom syphilis was communicated by tattooing, the needles having been previously used on others affected with syphilis.

M. Duclos considers that in true chlorosis, no matter the number and site of the cardiac murmurs, the basic murmur is never absent and is most often systolic.

Dujardin Beaumetz says that of antipyrin it may be affirmed that it is an absolute peer of salicylic acid in the treatment of acute rheumatism, and without possessing the disadvantages of the latter.

We understand that the Faculty of the Medical Department of the Western University, are again considering the advisability of erecting a new building, owing to the increase in the number of students.

Dr. Laplace, of New Orleans, having experimented in Koch's Laboratory, arrives at the conclusion that the action of corrosive sublimate is greatly enhanced by the addition of tartaric acid.

Strange to say, there is one disease which, on examination made to determine whether or not it is dependent on bacteria, fails to show itself capable of being produced by these micro-organisms—it is dysentery.

OUR CLUBBING RATES.—Special arrangements have been made with the publishers of some of the leading medical periodicals to supply them at reduced rates to the subscribers

of the PRACTITIONER, and we have also arranged to have sample copies of that leading English medical weekly, *The Medical Press and Circular*, sent to our friends.

STENO CARPINE.—In connection with his article in our last issue, Prof. Reeve writes: "It is instructive, though not edifying, to learn on good authority, that gleditschine is a compound of cocaine and atropine, and therefore a bogus substance. It will be a pity, in more senses than one, should crucial tests now being made, prove that the thorny locust is innocent of any anæsthetic virtues. One could surmise the motive of the fraud were the habit of the tree confined, say, to Patagonia or the flanks of the Himalayas."

Dr. Canniff, the Medical Health Officer of Toronto, has issued the following circular to the profession in the city:—The Local Board of Health has provided for the special and exclusive use of a vehicle to convey persons affected with infectious and contagious diseases to the Hospital. You are therefore requested, when you desire to have removed a patient with such a disease, to apply to the Medical Health Officer. Of course, the city only pays for the carriage when the person is unable to do so, and a satisfactory certificate to that effect is supplied.

Dr. Harold N. Moyer reports in the *Medical Standard* an interesting case, where hemicrania associated with glycosuria was successfully treated by antipyrin. A pregnant young woman, who had engaged me to attend her during her confinement, consulted me for a profuse leucorrhœa. An examination of the urine revealed some sugar, which a few days later increased to a considerable amount. It was at the height of this "glycosuric storm" that she developed a most violent hemicrania. The pain was intense, and the suffering of the patient past endurance. Antipyrin was prescribed, in tea-grain doses, every two hours. With the first dose the pain subsided; a single powder relieved all distress on two subsequent occasions. When the glycosuria subsided, the hemicrania also disappeared.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, Oct. 20th.

Dr. Nevitt read a paper on

COMPLICATIONS IN PARTURITION.

In the discussion which followed

Dr. Carson deprecated the use of the forceps in difficult labors, unless in the presence of a second physician.

Dr. Atherton believed that faultily-formed pelves, and mal-positions of the placental site, were among the most frequent causes of breech presentations, the occipito-posterior position, etc., as the child would naturally settle down into the position most easily attainable when the time for delivery arrived. The sharp pains present in cases of short cord were chiefly due to the kicking and pushing of the child's feet against the abdominal parietes. A bowl, wrapped in a towel, and applied to the uterus, concave surface downwards, was effectual in controlling a relaxing uterus.

Dr. Ferguson related a case in which the cord, a short one, was twisted around the child's neck. The infant died suddenly at the end of twenty-four hours, during which it had uttered continuously a whiny cry. The *post mortem* revealed an extravasation on the anterior aspect of the medulla. He thought that the prominence in the inguinal region, mentioned in the paper as present in occipito posterior positions, was caused by the pressure of the chin against the abdominal walls.

Dr. Graham wondered if early death of the child might not sometimes be a result of traction exerted on the abdomen by a short cord.

Dr. Nevitt, in replying, stated that Cazeau laid stress upon the following points as diagnostic of short cord:

1. The peculiar intensity of the pains.
2. Their brevity and abrupt termination.
3. The recession of the head after each pain.
4. A saucer shaped depression in the fundus uteri, due, like the preceding, to traction by the cord, and perceptible by palpation.

STATED MEETING, Oct. 27th.

PATHOLOGICAL SPECIMENS.

Dr. McPhedran showed, among others, a well marked specimen of senile *fragilitas ossium*, in the sternum of a man aged seventy.

Dr. W. H. B. Aikins showed several specimens, among others, there being one of *ulcerative dysentery*, taken from a Russian Jewess, who had recently come from Europe, and died two days after arriving here in the Toronto General Hospital. The large intestine from the ileo-cæcal valve to the anus, was extensively ulcerated, and the walls greatly thickened.

Typhoid perforation of the ileum, eight inches from the valve. The disease was in the eighth week, when perforation occurred, followed by severe septic peritonitis.

Rupture of the small intestine, resulting from the kick of a horse. The patient was admitted into the hospital under the care of Dr. Grasett, when in a collapsed condition, from which he never rallied, but died thirteen hours after receiving the injury.

Dr. Aikins requested an expression of opinion from the Society, regarding the advisability of a resection of the bowel in the last named cases, and remarked that in Germany a case was reported, where resection had been made for a typhoid perforation; the patient, however, died four hours after the operation.

Dr. Ferguson advocated the use of argent nitr. injections, gr. 15-20, in 2-5 pints of water. In cases of ulcerative dysentery. Permanent cure had been effected in eleven cases treated thus, salivation resulting in but one.

Dr. McPhedran said that rectal ulcer was a rare affection in this country, those who suffered therefrom coming usually from a warmer climate. Strong injections of argent. nitr. would cause a coagulation of the albumin, and so the absorption of the drug in poisonous quantities would be prevented. He had observed that perforation in typhoid occurred, as a rule, in comparatively mild cases, owing to some indiscretion on the part of the patient or his friends. Resection of the intestine in these cases was inadvisable, and success improbable, owing to the fact that ulceration was advancing in other patches.

Dr. Bethune had used injections of copper sulph. with great success in cases of rectal ulcer.

STATED MEETING, Nov. 3rd.

RAPID HEART ACTION.

Dr. Graham reported a case of remarkably rapid pulse, lasting for days, independent of any discoverable cause. A painter, aged 60, in perfect health, while at work became dizzy suddenly, and fell insensible to the ground; was not sent to the hospital for a week; when he entered, and for four days after, the pulsations numbered from 160 to 180 in the minute. This was the first attack of the kind. Rest and digitalis in two weeks' time gradually slowed the pulse to normal. A series of similar cases were reported in "Brain" a short time ago by Dr. Bristowe. In one case, when the pulsations numbered 240, death did not result till after several attacks. In some cases the *post mortem* had revealed no lesions.

Dr. Atherton reported a similar case of rapid pulse—200 in the minute—lasting for two days, in a patient convalescing from an abdominal operation, recovery ensued.

ANTIPYRINE AS A SUBSTITUTE FOR MORPHIA.

Dr. R. A. Reeve drew the attention of the Society to the use of this drug in cases where an anodyne required to be administered for any length of time. Moderate doses might be given for weeks without constitutional disturbance, and as effectively as morphia. He had used it in iritis, supra-orbital neuralgia, etc. It might be administered in capsule, in doses of gr. 10, repeated in two hours if no relief resulted.

Drs. Nevitt, Graham, Machell, Cuthbertson, and Spence testified to the powers of the drug as an anodyne, and also as an antipyretic in pneumonia and typhoid.

BICORNATE UTERUS.

Dr. Simpson reported a case of bicornate uterus. The woman had been confined of five children, three being with instruments. The malformation was not discovered till after the last labor.

ELECTRO THERAPEUTICS.

Dr. Rosebrugh read a paper upon the above subject, which appears on page 386.

ROSACEA.

Dr. Graham reported cases of rosacea in which he had applied electricity with gratifying results.

STATED MEETING, Nov. 10th.

Dr. Machell showed the dwarfed body of a fetus delivered at about the eighth month. The head was slightly enlarged, and all the limbs shortened to less than one-half their normal size; the bones being twisted and bent. The liquor amnii had been much in excess, and the placenta flattened and adherent. The previous children had all been large and healthy.

INFANTILE PARALYSIS.

Dr. Atherton presented for diagnosis a case of Dr. Nevitt's. A child, two years old, with paresis and atrophy of the muscles of the right shoulder. The child seemed well enough until a few days ago, when the paresis was noticed. There were no convulsions.

Drs. Atherton and McPhedran considered the case one of infantile paralysis.

Dr. Bethune believed it might be the result of injury to the shoulder; the lesion lay in a stretching or wounding of the nerves—the result of some injury to the shoulder from lifting.

Dr. G. A. Peters presented a specimen of

HEPATIC ABSCESS,

resulting from a scirrhus cancer. Nine months ago sharp pains were felt in the epigastric region. These were accompanied by symptoms of disturbed digestion, but at no time was there any vomiting. Recently Dr. H. H. Wright, who was in attendance, found a swelling in the left hypochondriac region extending also into the epigastric region. Death occurred from acute peritonitis. A partial *post mortem* was made twelve hours after death. On raising abdominal wall, a small opening, from which purulent fluid flowed, was found communicating with an abscess which occupied the position of the left lobe of liver. The left lobe of the liver was entirely broken down. At the upper

and back part of the pyloric end of the stomach was a small opening from the stomach into the abscess cavity. The pylorus was surrounded by a hard cancerous mass, but the opening into the duodenum was quite patent. The neoplasm involved the body of the pancreas. The head, anterior part of the body and tail, however, were quite free from change. The microscope showed a typical scirrhus carcinoma.

ULCERATIVE ENDO-CARDITIS.

Dr. W. H. B. Aikins then showed the heart and the temperature chart from a recent case under the care of Dr. Graham. There were extensive vegetations on the mitral and aortic valves, and also on the aorta one inch and a half above the valves. Ulcerative patches were clearly seen when the specimen was fresh. The temperature was of a typhoid character, varying as much as seven degrees in the twenty four hours. The remissions, however, occurred always in the evening.

INCISED INTESTINE.

The intestine from a man recently stabbed was then presented. The blade, $8\frac{1}{2}$ inches long, had entered the sciatic notch, penetrated to the opposite iliac crest, and pierced the intestine seven times. No resection was attempted.

Dr. Aikins also showed a preparation of the threads and rods of anthrax with a Leitz microscope.

D. J. GIBB WISHART, M.D.,
Secretary.

RESOLUTIONS PASSED BY THE PROVINCIAL BOARD OF HEALTH AT ITS MEETINGS, NOV. 1st & 2nd, 1887.

(Kindly furnished by the Secretary, Dr. BRYCE.)

After minutes of last meeting were read and confirmed, Dr. Bryce, the Secretary, presented many communications for the consideration of the Board.

Dr. Macdonald read the report *re* the examination of the St. George Pond nuisance. Its adoption was moved by Dr. MacDonald, seconded by Dr. Cassidy.—Carried.

Dr. Bryce read a report *re* diphtheria and typhoid, which was received on motion of Dr. Bryce, seconded by Dr. Covernton, as the re-

port of the Committee on Epidemics.—Carried.

Moved by Dr. Covernton, and seconded by Dr. Macdonald:—"That Dr. Cassidy be appointed associate delegate with Dr. Oldright, to represent the Provincial Board of Health of Ontario, at the thirteenth session of the American Public Health Association, convened at Memphis, Tennessee, for Nov. 8th, of present year."—Carried.

Moved by Dr. Yeomans, seconded by Dr. Cassidy:—"That the Secretary and Dr. Macdonald, members of the Committee on Sewerage, be instructed to make, with the sanction of the Minister, an investigation into the case of the Niagara Falls muddy run nuisance, and report to the Board."—Carried.

Dr. Bryce read the report of the delegates to the International Conference at Washington. The report was adopted on motion of Dr. Bryce, seconded by Dr. Covernton.

Dr. Cassidy referred at some length to the fact that Dr. DeWolfe, of Chicago, and others, have found clothing from infected parts in Italy, which had passed ocean ports uninspected. He thought that local attention should be drawn to the matter. It was then moved by Dr. Cassidy, seconded by Dr. MacDonald:—"That, in view of the disclosures made by Dr. DeWolfe, Medical Health Officer of Chicago, about clothing from Palermo having been introduced into Chicago, thus exposing the people of that and other cities to the danger of infection, this Board would draw the attention of Medical Health Officers in Ontario to the fact, and desire them to take the necessary steps to prevent similar dangers to those within the field of their own jurisdiction."—Carried.

Moved by Dr. Yeomans, seconded by Dr. Covernton:—"That the Provincial Board of Health, now assembled, desires to draw the attention of the American Public Health Association to the rumors circulated through newspapers to the effect that cases of cholera have been reported in the New York Official Bulletin as measles; and, also, that articles of clothing packed in Palermo, and exposed to cholera infection, have been distributed at various points in the country without having been subjected to disinfection at New York. In view of the fact that such reports create

uneasiness and apprehensions of danger in the public mind, this Board requests the Provincial delegates to bring the matter to the notice of the meeting of the American Public Health Association at Memphis, on the 8th inst., in order that enquiries be instituted and the accuracy of said reports ascertained."—Carried.

Moved by Dr. MacDonald, seconded by Dr. Cassidy:—"That the Report of the Committee on Epidemics be received and adopted, and that the Committee be instructed to draw up a form of regulations, to be forwarded to municipalities, in relation to milk supply and milk inspection, with recommendations for the adoption of those regulations."—Carried.

Moved by Dr. Cassidy, seconded by Dr. MacDonald:—"That the account of Dr. W. H. B. Aikins' work done for the Board be approved."—Carried.

Dr. Oldright appeared before the Board and thanked it for its kindness in appointing him its delegate to Memphis. The chairman stated that the opinion was unanimous that none could more worthily represent the Province at the Association.

THE CHATHAM MEDICAL AND SURGICAL SOCIETY.

At the regular meeting held on Friday evening, Nov. 4th, Dr. Hall read a paper on

MULTIPLE NEURITIS,

in which he cited two cases, one of which is here given:

Mrs. R., aged 24; married; no children; nervous temperament; gave a history of two or three months' ill-health and weak back, was taken suddenly and simultaneously with pain in the calf of right leg, and in the region of the bladder on Feb. 3rd last. The leg pain was boring, crawling, tingling and disagreeable; urination frequent; the urine milky, with the several symptoms of cystitis. Feb. 4th. Pain, numbness, tingling and formication in knee and ankle, with inability to flex the limb or to pass water, and the limb became very painful to touch. Temperature 100°, pulse 120. Feb. 5th. Pain commenced in the other leg; the right leg was more hyperæsthetic and paralyzed, even with ankle drop; cannot bear to have it touched,

even by the clothing, complaining bitterly of cold feet, although hot bricks were kept constantly to the feet.

For twelve days she was unable to pass urine, and the catheter had to be resorted to three times a day, and the bladder washed out each time with carbolyzed water. The paralysis of the lower limbs after the first six days was complete, up to March 15th. The pain was not so severe after the first ten days. During this time the temperature ranged from 99° to 102°, after which it became normal.

The treatment in the beginning was directed chiefly to the bladder and bowels and the relief of pain. Dover powder when necessary—sol. cit. magnesia. citrate of potash, linseed tea and quinine. About March 15th, tingling, crawling, lancinating pain again started in the limbs, which was soon followed by a subsidence of the pain and the return of power to the limbs.

March 28th. After an almost complete paralysis of 48 days, the patient is moving around her room, and gradually regaining her strength. The after treatment consisted of salicylate of quinine and elix. strychnia. The tendon reflexes were not tested. On account of the great hyperæsthesia, irritability, and dislike on the part of the patient to be poulticed, the skin reflexes were not disturbed. On examination of the lower extremities, April 6th, I found the muscles of the right leg soft and flabby, both above and below the knee, and the right calf measures $\frac{3}{4}$ inch less than the left, and she complains of weakness in this limb. Could the disease in this case have resulted from the inflamed and diseased bladder? It is given by some authors as a cause of simple neuritis, but it is very positively stated by authorities on this subject that the automatic acts contracted by the sphincters are not interfered with.

C. R. CHARTERIS, M.D., Sec.

Correspondence.

LETTER FROM PHILADELPHIA.

[We take pleasure in publishing the following letter, sent to one of the Editors by Dr. Sweetnam, of Toronto, and expect each month to be favored with a letter while he is at the foreign seats of medical education:]

I have already exceeded the month allotted the Quaker City in the programme of my gynecological trip, and am reluctantly packing away in my now overfilled Saratoga, the nucleus of another collection of books and instruments.

As the result of an introduction by Dr. Osler—who, I am told on all sides, is winning "golden opinions" from his professional brethren here, and who is followed even to Philadelphia, by many Canadians who are seeking special medical advice—I received a hearty reception from the active gynecologists, Drs. Goodell, Kelley, and Price, and they have been untiring in their efforts to make this portion of my trip both profitable and pleasant.

Dr. Goodell is a man of about fifty-eight years of age, say five feet ten inches in height, broad shouldered, and stout in proportion; he has a good Anglo-Saxon face, and were it not that Father Time has claimed a large part of the hair from the top of his head, he would readily pass for a much younger man than he is; he is a good linguist, a strong writer and a capital teacher; as an operator he is both neat and thorough, and when at work impresses one with the feeling that even if the abdominal aorta were inadvertently opened, he would simply ask quietly for a ligature, and show no evidence of embarrassment or surprise.

Without attempting anything like a description of the operations seen, I am going to give you a few points which it occurred to me might be of interest to you.

ABDOMINAL SURGERY.

In all laparotomies the old time Mackintosh, with its elliptical opening has disappeared, in its stead Kelley uses his pad, recently described in Munde's *Obstetrical Journal*, and of which I shall shortly send you the blocks; it is a circular piece of rubber sheeting, bounded by an inflated rubber ring; at one point the ring is wanting, and here the sheeting is prolonged to the length of several feet, for the purpose of conveying the overflow—water or blood, from the wound—to a vessel placed beneath the table. I have seen this, as well as the pad intended for perineal work, used repeatedly, and certainly they are a source of great comfort to both patient and operator.

Goodell and Price rely upon turning the patient upon her side, or a careful use of sponges, to prevent flooding of the table.

The operation, whatever it may be, is done through the smallest opening, compatible with safety to its edges, the intestines are subjected to as little exposure and handling as possible, and even where the abdominal incision is a very large one, as in the removal of large solid tumors, the intestines are kept out of sight, within the abdominal cavity, well covered by large, warm sponges; this, I think, is a very important point in the prevention of shock and collapse in these cases.

Fully curved needles are used to secure bleeding points, and are especially convenient when these are situated deep in the pelvis, being the favorite ligature for this purpose. Care must be exercised to avoid the ureters. In one case which I saw, the ovary, from extensive adhesions, had been removed with great difficulty. The bleeding points were numerous and deeply seated. In securing one of these, a ureter was pierced by the needle, and a portion of it included in the ligature; a urinary fistula resulted, discharging by the drainage tube. On the third day, however, the ligature softened and gave way, and the urine returned to its proper channel. Had the ligature been a silk one, nephrectomy would probably have been called for.

Where irrigation appears to be indicated, it is done either by passing a long tube attached to a Davidson's syringe to the bottom of a Douglas' pouch, and pumping in a gallon or more of warm water: or, the edges of the wound are held up, and several quarts of warm water being poured in. The bowels are moved above by means of the hand, and the water is carefully drained off, or the washing may be repeated. Distilled water is invariably used in all intra-abdominal work. No antiseptics, if we exclude iodoform from the list, are introduced into the abdominal cavity. During the month, Kelley opened the abdomen in two cases of chronic peritonitis, introduced thirty grains of iodoform, and having emptied the cavity of all ascetic fluid, closed the wound. Both cases did well.

Where there is a deposit of much fat in the

abdominal wall, three or even four tiers of imbedded continuous suture catgut are employed. There appears to be considerable uncertainty as to how the catgut shall be prepared. The complaints are, that the chromicized gut deteriorates rapidly when kept on hand; and that juniper gut frequently irritates the tissues. Chromicized gut certainly has this advantage, that it softens slowly, and may ordinarily be counted upon; for from ten to twelve days by this time the newly formed cicatrix has had an opportunity to harden, and the widening of the cicatrix so frequently seen after an early removal of the sutures, is largely avoided. If interested in the preparation of this gut, look up my paper upon "Bismuth subiodide in the Treatment of Wounds," which appeared in *The Practitioner* of April of this year, and there you will find described a method of preparation, which, if the raw gut be good, gives a very satisfactory article.

Many claim that the juniper gut irritates because the oil of juniper has not been thoroughly washed out, and it has been suggested that the gut should, after it has been taken from the oil, be immersed for some hours in sulphuric ether before it is placed in the absolute alcohol; but as irritants, in the absence of bacteria, have no business to produce pus, we must conclude that the gut is not always properly sterilized.

The wound, when it is closed, is covered with a liberal pad of sterilized absorbent cotton, and sometimes receives a coat of iodoformed or sublimated collodion.

The neatest bandage I have seen, is split into three tails at either end, for say six inches, these are lapped alternately from the top; when no drainage is required one pin is all that is needed, if a drainage tube is employed it comes out between the two lower tails. Sometimes a wider bandage is used, and four tails instead of three are made; in that case the lowest tail on each side is brought up between the thighs and pinned upon itself, encircling the limb completely, and effectually preventing the upward displacement of the bandage.

On the appearance of any septic symptoms, salines, citrate or sulphate of magnesia are given pretty freely, and apparently with good

results. In the absence of kidney or bronchial trouble, ether is used in preference to chloroform.

Last Sabbath I saw at church a young married woman, eighteen years old, who has undergone three abdominal sections for double pyo-salpinx; hers was a desperate case, the dilated tubes and ovaries were terribly adherent, but now all has been removed; she looked almost robust, certainly as well as the average woman present; her husband—a medical student—told me of it coming down the aisle, he appeared quite proud of her record.

Goodell has fallen quite in love with his uterine dilator, in speaking to the students at his clinic a few days ago, he said: "Gentlemen, wherever you settle, whether at a cross road or in a busy city, you will find women who monthly suffer the very tortures of labor, and who can be relieved by a proper use of this instrument;" and after using the instrument for several years, I certainly feel justified in corroborating Dr. Goodell's statement as to the value of the instrument in properly selected cases.

While the instrument is in position and fully extended, he fills the uterus and vagina with a five per cent. solution of carbolic acid, and since adopting this antiseptic precaution, has dilated upwards of three hundred cases without an alarming symptom. I am convinced that from three quarters to a full hour may, or rather ought to be spent, in dilating the uterus to the full extent of the instrument, although fifteen minutes is all that is allowed by some experienced operators; but if the blades are separated slowly, and the instrument frequently relaxed and withdrawn, to be replaced in a slightly different position, and screwed up a little further, you secure a much better dilation, and are much less likely to produce a laceration of the cervix than if less care were exercised.

I have been fortunate enough to see a large amount of good work, for lacerations of the cervix and perineum, also for prolapse of bladder, uterus and rectum, a good hysterectomy; would also like to speak of some interesting cases in which palpation and catheterization of the ureters was practised, but defer it till writing from New York.

LESLIE M. SWEETNAM.

PHILADELPHIA, NOV. 12th, 1887.


MEDICAL STUDENTS TEMPERANCE ASSOCIATION.

To the Editor of the CANADIAN PRACTITIONER.

DEAR SIRS,—Among the many changes which have marked the course and progress of medicine during the last half century, perhaps none have affected more deeply the welfare of medical men themselves, as well as their influence over the general public, than that great social change pertaining to the use of alcoholic beverages. Those practitioners who attended college some thirty years ago, often refer to the fact that the excessive use of strong liquor was alarmingly common among the students of their day. A surgeon, now practising in this city, has been heard to say that out of his graduating class of twelve, but three now are living, all the rest having died from the abuse of alcohol. Such statements as this, we are glad to know, can be made by no student graduating in this decade; and we are safe in predicting that never more will such a sad state of things be possible.

This revolution in social habits was marked and sealed, so far as our city colleges are concerned, by the establishment in November, 1886, of a Temperance League of the Medical Students of Toronto. Some of the Professors worked zealously to place the League on a sure and firm footing; and, under the wise and careful guidance of the first Honorary President, Dr. George Wright, the work was earnestly carried on, so that in February of this year the Secretary was able to announce a membership of 165. All of these pledged themselves to total abstinence, with the exception of *one*, who had taken the "Anti-Treating" pledge. It may here be stated that the League at its inception adopted the plan found to work so well in similar Associations both in England and on this continent—that of admitting to membership not only those who are willing to totally abstain, but also those who promise to refrain from "treating" and from drinking immoderately and in public places. The first meeting of the current academic year was held on Saturday, October 29th, and a new staff of officers elected, with Dr. Powell, as Honorary President.

W. HARLEY SMITH.

 See our new heading on Cover.

Book Notices.

Some Observations upon Pelvic Cellulitis. By V. O. HARDEN, M.D., Atlanta, Ga. Reprint.

A Year's Work in Abdominal Surgery. By WM. GARDNER, M.D. Montreal: Canada Medical and Surgical Journal. Reprint.

Suprapubic Lithotomy A historical sketch. By CHARLES W. DULLES, M.D., Philadelphia. Reprint.

To What Extent Can We Classify Vesical Calculi for Operation? With a report of cases and remarks on the different methods employed. By A. VANDEWEER, M.D., of Albany, N.Y. Reprint.

Text Book of Therapeutics and Materia Medica, intended for the use of Students and Practitioners. By ROBERT T. EDES, B.A., M.D., Professor of Materia Medica, and Jackson Professor of Clinical Medicine in Harvard University. Philadelphia: Lea Bros. & Co., 1887.

The following works will be issued during December by the New York Publishers, Leonard & Co. 141 Broadway:

Diseases of Women. A work based upon the practical experience and teachings of the following eminent Gynecologists: Drs. Thos. Munde, Hunter, Lusk, McLane, Skene, Garrigues, Barker, Emmet, etc. 436 pages. Cloth, \$1 50.

Diseases of Infancy and Childhood, with over 400 Formulæ and Prescriptions. By Drs. Jacobi, Hammond, Flint, Loomis, Janeway, Bulkley, Agnew, etc. 300 pages. Cloth \$1.

Diseases of Heart and Lungs, with over 350 Formulæ and Prescriptions. By Drs. Draper, Delafield, Leaming, J. Lewis Smith, Loomis, Clark, Janeway, etc. 204 pages. Cloth, \$1.25.

The *Archives of Gynecology*, New York, has just closed another successful year, having furnished its readers with the *resumé* of no less than 584 articles. The publishers do not send sample copies, but announce that any subscriber may return the first number and cancel the order. Subscription, \$3. Payment is not asked till end of year. LEONARD & Co., Publishers, 141 Broadway, New York.

Physician's Combined Prescription Day-Book is the name of a blank-book gotten up by Mr. W. P. McLaren, druggist, Watford. The book is intended to answer the place of a day-book and prescription book, where physicians keep copies of their prescriptions or wish to preserve notes of special cases, and is most useful where physicians do their own dispensing. The books are post size, 500 and 1000 pages, good paper and strongly bound. Price \$3.00 and \$6.00.

N. W. Ayer & Son's *American Newspaper Annual* contains a list of all newspapers of the United States and Canada, also a list of all Press and Editorial Associations of the United States and Canada, with their offices. It gives the population of every state, territory, county and county-seat, of all the large cities and towns, and of almost every place in which a newspaper is published. Price \$3; carriage paid. Philadelphia: N. W. Ayer & Son.

Organic Materia Medica. A Manual. By JOHN M. MAISCH, Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third edition, with 257 illustrations. Philadelphia: Lee Brothers & Co., 1887.

This is the third edition of a very popular book. It is essentially a book of reference for pharmacists, and is largely used by pharmaceutical and medical students. The descriptions of the drugs are clear and complete, and the enumeration of their chemical constituents is a useful feature. The general plan of the work is the same as before, but it has been enlarged by the addition of drugs which have recently secured the favor of the profession.

The Principles of Theoretical Chemistry, with Special Reference to the Constitution of Chemical Compounds. By IRA REMSEN, Professor of Chemistry in the Johns-Hopkins' University. Third edition. Enlarged and thoroughly revised. Philadelphia: Lea Bros. & Co., 1887.

This is a good advance over the last edition, and shows that the author is determined to keep his excellent work abreast of the times. There has been a general revision of the whole work, the chapter on Valency being entirely re-written and enlarged. The principal additions are: An introductory chapter and chap-

ters devoted to the subjects of chemical affinity, constitution of chemical compounds, and the relation between the constitution and properties of compounds. These subjects are treated briefly, but sufficient is given to give the student a good idea of these important subjects.

The Illustrated London News. American Edition.

For the issue of November 12th The Illustrated London News (American Edition) furnish their many readers, in connection with a wide variety of reading, the following timely illustrations: A very spirited picture of the unemployed in London, entitled "The Police and the Mob;" three pictures upon the State of Ireland; one of How Some of the London Poor Spend the Night, and another of the Poor Helping the Poor, as well as the meeting of the unemployed in London. There are also sketches from the Burlesque of "The Sultan of Mocha," at the Strand Theatre, and one page devoted to the Sultan of Morocco, while the opposite page presents G. L. Seymour's drawing of "A Favorite Slave." Besides these attractions there is a double-page picture of Buffalo Hunting in North America. The price remains as usual at ten cents for the complete number. See our club rates. Office of publication, Potter Building, New York.

A Reference Handbook of the Medical Sciences, Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. Edited by ALBERT H. BUCK, M.D., New York City. Volume V. New York City: William Wood & Co., 56 Lafayette Place, 1887.

The fifth volume of this excellent work has come to hand, and is in no way inferior to the high standard of its predecessors. It comprises all terms ranging from those commencing with Mil to hose in Pot. The article on "Muscles" and "Muscular Tissue," is very comprehensive and instructive, and is illustrated with numerous wood-cuts of the gross and microscopical structure. The same may be said of the article on "Nerve" and "Nerve Tissue." Optometry receives much attention. Three large test plates in black and white, and one large colored plate, greatly increase the value of the article.

The "ovaries," "ovariotomy," and the "ovum," are also well described; the operation of ovariectomy, and also Tait's operation, are given in full. Plate No. XXVI. is taken from Delafield's Pathological Anatomy, and exhibits a transverse section of a bronchiola with surrounding lung tissue in a state of acute inflammation, and with the description is particularly interesting. Fifty engraved illustrations representing the various points of interest about as many different kinds of "Poisonous Insects," show, apart from the instruction they afford about the insects, how detailed is the treatment of each subject. A treatise on Pott's disease closes the volume.

Treatise on Human Physiology, for the use of Students and Practitioners of Medicine. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, etc., e'c. Philadelphia: Lea Brothers & Co., 1887.

In this treatise we have another added to the many excellent text-books on this subject now before the profession. As the author claims in his preface, the work is evidently "based upon comparative and pathological anatomy, clinical medicine, physics and chemistry, as well as upon experimental research." While not aiming to treat exhaustively of histology, the author has given enough to enable the student to pursue intelligently the study of the physiological questions, which it is the main purpose of the work to teach. Methods of research receive a large share of attention, and numerous cuts assist greatly in elucidating the description of the somewhat complicated apparatus of a modern physiological laboratory. The use made of comparative anatomy and physiology is a particularly pleasing feature of the book, and will render it valuable, not only to medical but to veterinary students. The thorough manner in which the whole question of food—its proximate principles, use, quantity and quality—is taken up will be of incalculable benefit to the student in these days, when the question of hygiene and diet in the treatment of disease is receiving so much attention from clinicians. Dr. Chapman's work adequately represents the existing state

of physiology and its methods of research, and we can confidently recommend it.

Sprains, their Consequences and Treatment. By C. W. MANSELL MOULLIN, M.A., M.D., Oxon; F.R.C.S., Eng. London: H. K. Lewis, 1887.

This is a good book! Its writer has something to say, and is able to say it in clear idiomatic English. Regarding the importance of his subject even doctors cannot differ. How often has the diagnosis "only a simple sprain" been followed by neglect in treatment and by disaster? That injuries of this class may lead to persistent lameness, to the destruction of joints, and to amputation, many of us have had reason to know. Our author's belief is, that "Half the crippled limbs and stiffened joints that are met with every day, date their starting point from the occurrence of some apparently trivial accident of this description." It was to give emphasis to this point, that useless limbs may result from simple sprains, that Sayre wrote his essay with the quaint title "Sprained Ankle, or the Misfortune of Not Breaking your Leg." It may be taken for granted, then, that the writing of a monograph upon lesions of this nature is quite justifiable. In the work before us, the pathology of these injuries is clearly stated, the factors in causing recovery to be so often imperfect are investigated, and the directions for treatment are in the main judicious and helpful. To one reader of the work it has seemed that too little value is placed on perfect immobilization by a plastic dressing in the early—not the earliest—stages. We cordially commend this volume to the consideration of those who have had, have now, or may have to treat sprains which hang fire in getting well. The publisher's part is well done, paper, press work and binding being alike creditable.

Surgery: its Theory and Practice. By WM. JOHNSON WALSHAM, F.R.C.S. Philadelphia: P. Blakiston, Son & Co., 1887. Toronto: J. A. Carveth & Co.

This book, as its preface states, was written at the request of the publisher for the use of students just entering upon practical work in the wards, and before they have had time to study the larger surgical text-books.

It is a clear and concise set of notes, resembling Keetley's "Index to Surgery" in all but an alphabetical arrangement. Like the Index it is, so far as it goes, largely in accord with the best teaching of the day. Its scope, however, is such that, if read at all, it should be read only as a review work, or, in other and plainer words, as a "cram." So used "by a senior student shortly before he goes up for his final examination, and after he has carefully studied a complete text-book of surgery," it is capable of doing good service. If read, however, to the exclusion of such works as those of Erichsen, Bryant or Agnew, it may do infinite harm, causing its reader to rest content with knowing something about its subject instead of honestly knowing it as it is now known.

Dr. Walsham is an excellent teacher, and has had much experience in preparing students for examination. He has tried to hit the line between a mere outline and a reliable text-book, and has fairly succeeded; but it is not from books like this, devoting half a page to the methods and the materials of modern wound treatment, or an equal space to the treatment by weight and pulley extension of fractures of the femoral shaft, that surgery can even theoretically be learned.

A large number of illustrations appear for the first time in this volume, those in particular from specimens in the museum of St. Bartholomew's Hospital being clearly drawn and instructive.

The publisher's part is with this, as with the other books of the series to which it belongs, well and tastefully done.

A System of Gynecology by American Authors. Edited by MATTHEW MANN, A.M., M.D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. I. Illustrated with 3 colored plates and 201 engravings on wood. Philadelphia: Lea Bros. & Co.

The American School of Gynecologists is generally recognized as second to none in the world. Their treatment has passed through many phases within the last decade, and they have frequently shown an inclination to pay too much attention to local mechanical treatment rather than constitutional. The passing craze

for a time produced its worst fruits in the United States. Various operative procedures have been carried to an extreme by enthusiastic votaries. Notwithstanding various errors of judgment, some of which have been long since recognized, all must admit that American gynecologists have done much to advance this branch of our profession to its present position.

It is a foregone conclusion that when the Leas, of Philadelphia, undertake to publish a good work, it is certain to be a success. The best of American authors have been selected to write for the system on different subjects in gynecology. It is hoped that this judicious division of labor will result in a work which will thoroughly and correctly represent American methods and opinions. In the first volume we have the following: Historical Sketch of American Gynecology, by Jenks; The Development of the Female Genitals, by Garriques; The Anatomy of the Pelvic Organs, by Coe; Malformations of the Female Genitals, by Garriques; Gynecological Diagnosis, by Grandin; General Considerations of Gynecological Surgery, by Dudley; General Therapeutics, by Skene; Electricity in Gynecology, by Rockwell; Menstruation and its Disorders, by Wylie; Sterility, by Reeves Jackson; Diseases of the Vulva, by Mann; Inflammatory Affections of the Uterus, by Palmer; Subinvolution of the Vagina and Uterus, by Reamy; Periuterine Inflammation, by Mann; Pelvic Hæmatocele and Hæmatoma, by Van de Warker.

The American Journal of Psychology, Vol. I, No. I. Edited by G. STANLEY HALL, Professor of Psychology and Pedagogics in Johns-Hopkins' University. Baltimore: N. Murray, Publisher. Issued quarterly, \$3 a year.

A few years ago the physician—even he who makes a specialty of mental and nervous diseases—could have safely disregarded a journal of psychology, for psychologists used to confine themselves to the introspective method, and to speculations on the results thereof, which hardly came within the sphere of practical medicine. Since Wundt, however, began the series of researches on psycho-physics, which have made Leipzig famous as a centre of the new

psychology, the physician, and especially the alienist and neurologist, may find contributions of the utmost moment to him in purely psychological journals. Professor Stanley Hall, of Johns-Hopkins, is the most advanced representative on the continent of this school of psychology, and the new journal which is to be issued under his superintendence is, therefore, worthy of the attention of our readers. Apart from an extensive review of current psychological literature (in which morbid psychology receives due attention) and several original articles of more interest to the specialist, this number contains an eminently practical essay on the variations of the knee-jerk in health, and the causes thereof. The author, Dr. W. P. Lombard, details a most complete series of accurate experiments, which result showing that the knee-jerk is increased and diminished by whatever increases or diminishes the activity of the central nervous system as a whole. Thus, fatigue, hunger, enervating weather and sleep decrease, while the opposite conditions increase, the average jerk. It was known that the jerk could be reinforced by voluntary movements, such as clenching the hands or the jaws. Dr. Lombard shows that strong emotions also reinforce the jerk. It is obvious, then, that practitioners should take these points into consideration in employing the amount of jerk diagnostically. The average movement in upwards of two thousand trials, with a hammer falling upon the ligamentum patellæ through at arc of 40° , was 40 min., but the movements actually varied between 0 and 180 min. under the different conditions detailed. Diurnal variations showed the highest movement after breakfast, the lowest at night, while meals invariably increased the amount. We trust that this journal, which has made such a successful debut, has a bright future in store for it.

Personal.

Dr. Yeomans, of Mount Forest, is now on a visit to New York.

Dr. Montague was re-elected for Haldimand by a majority of nineteen votes.

Dr. Duncan, of Victoria, has been appointed surgeon to "C" Battery.

Sir William Gull is reported to be improving in health.

Dr. J. G. Mennie, of the township of Garafraxa, has been appointed associate coroner in and for the county of Wellington.

Dr. Sutherland, of Winnipeg, has been appointed resident physician to the Manitoba penitentiary at Stony Mountain.

The election of Dr. Mallory, M.P. for East Northumberland, was declared void on the admission of bribery by an agent.

We are informed that Dr. Kerr, of Winnipeg, purposes leaving that city to settle in Washington.

Dr. Workman has shown his interest in the Woman's Medical College by a donation to its funds.

The following Canadians received their L.R.C.P. & S. Edin. and L.F.P. & S. Glasgow: Drs. D. Mitchell, J. D. Thorburn, E. Clouse, and A. Thomson.

Dr. Krauss has resigned his position on the staff of the Woman's Medical College. Dr. Wishart was appointed lecturer on Therapeutics, and Dr. G. B. Smith on Materia Medica.

Dr. Codd, surgeon to the Mounted Infantry School, Fort Osborne, has been appointed President of the Military Medical Board for the investigation of claims arising from wounds received and sickness contracted while on service during the late rebellion.

Dr. Willard, of Burlington, Vermont, has opened a nervine establishment, where the Wier-Mitchell rest treatment is made use of. The doctor solicits correspondence, and will be pleased to send his circulars to any making application for them.

Miscellaneous.

A weather-beaten tramp, being asked what was the matter with his coat, replied: Insomnia. It hasn't had a nap in ten years.

CABLEGRAM.—London, Oct. 25th.—W. R. Warner & Co., Philadelphia, received highest award from American Exhibition in London for superiority of their sugar-coated pills and effervescent salts.

BOVININE—This preparation is a raw food extract of beef and mutton, free from drugs, minerals, acids, or any artificial aid to digestion. This solution gives the blood spectrum very strongly and contains so much albumen (34.70 per cent.) as to become almost solid with dilute nitric acid. Of course, it is an exceedingly powerful and easily digestible form of food. Among other applications, the use of bovine as an enema will strike every one.

Wm. Oldright, M.A., M.D., in speaking of bovine, says: "I have used it with excellent results in cases of vomiting and purging with prostration in young children."

A NEW DISEASE NOT OF BACTERIAL ORIGIN.—Governor Taylor, of Tennessee, recently told of a colored gentleman who preached a sermon on the text:—"And the multitudes came to Him, and He healed them of divers diseases." Said he:—"My dying congregation, this is a terrible text. Di ease is in the world. The smallpox slays its hundreds, the cholera its thousands, and the yellow fever its tens of thousands, but, in the language of the text, if you take the divers, you are gone. These earthly doctors can cure the smallpox, cholera, and yellow fever if they get there in time, but nobody but the good Lord can cure the divers."

THE ACHROMATIC MICROSCOPE.—The following is taken from our worthy exchange, *The Microscope*, which by the way is gaining rapidly in popularity. "Oliver Wendell Holmes in an address to the Harvard Medical School, referring to the achromatic microscope, illustrated the power of the instrument strikingly by saying, while a scrap of human skin was under the glass, that the fragment thus magnified represented an individual just one mile in height. He would ten times overtop the loftiest of the pyramids, and twenty times the tallest of our steeples. He could take our State House up as we would lift a paving-stone, and fling it into the waters beyond Boston lighthouse, cleaning out that place of the people by a summary process quicker than the prætorian bands of Domitian or Commodus would have cleaned out a Roman Senate chamber that dared to have an opinion of its own."

DOCTORS' FEES.—The Paris correspondent says of the *N. Y. Medical Journal*:—"Can a physician raise his fees without giving notice to his patients? In one of the law courts here this question has been answered in the negative. A physician had attended a lady in her confinement some five years ago, and charged twenty dollars as his fee. Afterwards he was called upon to attend the same lady in confinement, and this time he charged forty dollars. The lady refused to pay, and suit was brought to recover. The doctor claimed that his standing and skill had much improved, and that he was warranted in charging more for his time. The defendant replied that she had expected to pay what she had paid before. The decision of the court was that there was always a sort of implied agreement between doctor and patient on the basis of previous charges, and that this convention fixed the subsequent rates; consequently, as the doctor could not allege any special difficulties or unusual loss of time in the case, and had not given his patient notice of his intention to raise his fees, he must lose the case and pay costs, the court awarding him only his former fees."

Births, Marriages, and Deaths.

BIRTHS.

BURNHAM—On November 15th, 1887, at 180 John Street, Toronto, the wife of Dr. G. Herbert Burnham, of a son.

MARRIAGES.

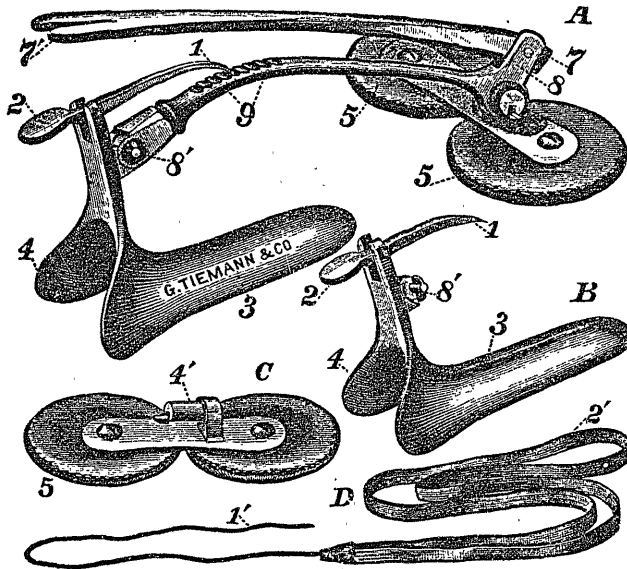
OLVER—SISSON—On Wednesday, November 2nd, at Church of St. Barnabas, Medicine Hat, North-West Territory, by Rev. Walter G. Lyon, Albert Olver, M.D., of Medicine Hat, to Elizabeth Mauvillain, youngest daughter of Edmond Johnston Sisson, Esq., Belleville, Ont.

DUNBAR—WINSTANLEY—On Thursday, the 3rd of November 1887, at the residence of the bride's father, near Goshen, Tulare County, California, Edward G. B. Dunbar, second son of J. A. Dunbar, Esq., M.D., Inspector-General of Hospitals H. M. Bengal army, retired, to Edith, fourth daughter of Dr. O. S. Winstanley, late of Toronto, Canada.

DEATHS.

TREW—At his residence, New Westminster, B.C., on the 28th October, Charles Newland Trew, M.D., aged 49 years, second son of the late Assistant Commissary-General Trew.

EHRRICH'S SELF-RETAINING SPECULUM.—Any self-retaining speculum which will do the work of a Sims' speculum, even *fairly* well, is certainly a very desirable instrument, even though its use may be somewhat limited. I have had opportunity and have taken occasion to use nearly every kind of these instruments which are for sale, and I have found none that served me so well as an Ehrich, or some modification of the Ehrich self-retaining speculum. It is well known that Dr. A. H. Hunter and Dr. B. F. Dawson, of this city, each have made decided improvements in this instrument, and I presume other improvements have been suggested by gynæcologists in other parts of the country. I have found, however, that there were some changes which could be made which would in a great measure remedy the defects which have always been present in the original, and in the several improvements which have from time to time been recommended. And that the general profession may know of a really useful self-retaining instrument, I venture to describe the Ehrich speculum as improved and used by myself.



1. In Fig. A, the arm, 8-8', which is the short arm of the lever, is one inch shorter than is found in the original instruments, and therefore the perineum is retracted with greater ease, and when it is remembered the patient is to make the traction which is to accomplish this purpose, it is seen to be quite an advantage.

2. The distance of the blade, 3, in Fig. A, from the short arm, 8-8', is one-third of an inch more than in the original instrument. We thus avoid the danger which was always present in the old speculum, of unduly compressing the tissue around the coccyx and perineum.

3. The attachment, in Fig. A, of a short arm, 8-8', to the blade, 3, at 8', is similar to the attachment of disjuncting scissors. And

thus the blade can be removed instantaneously from the arm, 8-8', and washed, without wetting the other parts of the speculum.

4. The ratchet, 1-2', in Fig. A, is easily and quickly manipulated. The end at two is arranged to be lifted by the thumb, to retract still more the perineum.

5. The fulcrum pieces, 5-5', in Fig. A, are of metal covered with soft buckskin. They do not easily slide or slip on the integument of the parts around the sacrum, and of course they do not chill the patient.

6. The long arm of the lever, 7-7', in Fig. A, is made strong, and stands, when in use, at nearly a right angle to the short arm, 8-8'. At the end, 7', a wedge-shaped slit is made for catching firmly the tape or leather string, Fig. D, 1'-2', which is held by the patient.

7. Two different-sized blades are made and sold with this instrument, and others can be easily made to suit the fancy of the owner.—*Dr. Hanks in "Medical Record."*

TENACULUM, WITH STEEL SHANK: SO CONSTRUCTED AS TO INDICATE THE DIRECTION OF THE POINT.—Dr. Hanks exhibited an improved tenaculum that was of the ordinary shape and size, but differed from other instruments of the kind in this respect. The steel shank was so constructed that the steel extended along the back of the handle, on the side opposite to the point or hook. When the latter was buried in the tissues, the direction in which it pointed would always be indicated by the metal back, as in the case of Simpson's sound, so that the hook could be disengaged immediately.—*American Journal of Obstetrics.* Manufactured by George Tiemann & Co., 107 Park Row, New York.



INDEX.

- ANTIPYRINE in Pregnancy, Contra-indicated, 326.
Abdominal Wound, 397.
Address at Ninth International Medical Congress, 352.
After-coming Head, Extraction of, 12.
Antiseptic, Iodol, The New, 13.
Application, Local in Vaginitis, 16.
American Women, Post-partum Troubles in, 16.
Abdomen, Rules for Explorative Incision of, 21.
Alcohol in Acute Disease, Indications for, 47.
Accouchement during Hypnotic Sleep, 47.
Antipyretics, 404.
Anæmia, 397.
Abortifacient, the Curette as an, 49.
Advice to Young Doctors, 51.
Antiseptic Substances, Combination of, 52.
Antipyretics, Pyrexia and, 55.
Antipyrin and Nux Vomica, 56.
Aspirator Needle, Case of Sudden Death from Introduction of, 71.
Antifebrin, 74.
Anæsthetics in Obstetrics, 76.
Abortions, Iodide of Potash in Habitual, 78.
Angina Pectoris, Treatment of by Cocaine, 81.
Asthma, Therapeutics of, 83.
Abdominal Surgery in Liverpool, 87.
Ambulance, a New Hospital, 88.
Antipyrin, Rash produced by, 146.
Arthritis Deformans, Successfully Treated with Arsenic, 175.
Adonis Vernalis in Heart Disease, 179.
Antipyrin, Comparative Action of, 214, 397.
Alcohol, Influence of, on Digestion, 246.
Anthrax Epidemic at Guelf, 278.
Alcoholism, Subcutaneous Injection of Ammonia in Acute, 283.
Antisepticism, 284.
American Physicians, 285.
Ambulance Association, The St. Andrew's, 293.
Astragalus, Excision of, 305.
Aseptic Midwifery, Some Practical Points in, 313.
Abdominal Surgery, A Year's Work in, 316.
Albuminuria of Pregnancy, 319.
Antipyrine, 320, 325.
Anal Fissure and Hemorrhoids, Treatment of by Gradual Dilatation, 322.
BRAIN SURGERY, Some Modifications in, 17.
Boston Hospitals, Treatment of Rheumatism in, 18.
Bright's Disease, Eggs in Dietary of, 20.
Book Notices, 30, 62, 96, 127, 161, 194, 259, 301, 341, 377, 414.
Bacteriological Investigation, Clinical Importance of, 66.
Bath, Therapeutic Uses of Hot, 48.
Brain Injury in Forceps Delivery, 48.
Boils, An Epidemic of, 49.
Beri-beri, 51.
Bacillus Tubercle, 54.
British Gynæcological Society, 88.
Bacillus of Syphilis, 89.
Barrett, Michael, M.D., 94.
Biology in Medical Education, 99.
Rismuth, Subiodide of, in Treatment of Wounds, 101.
Bacillus of Typhoid Fever, 104.
Biliousness, 116.
Bladder, Local Treatment of, 143.
Baldness, Hats as a Cause of, 148.
Bismuth Subiodide, Preparation of, 172.
Billroth and the French, 247.
Bathurst and Rideau Medical Association, 254.
Bacillus of Typhoid in Water, 292.
British Medical Association, Annual Meeting of, 293.
Beware of S. M. Miller, M.D.
Billroth's Opening Lecture, 372.
Births, 380, 419.
CHOLERA INFANTUM, Treatment of, in Bellevue Hospital, 242.
Corrosive Sublimate in Intra-Uterine Irrigation, 245.
Constipation, Chronic, 247.
Council Examiners, 251.
Cardiac Pathology, A Physiological Basis for Improved, 282.
Chorea, Cardiac Relation of, 359.
Central Localization, 384.
Convalescent Home, 406.
Collingwood Hospital, 406.
Cirrhosis, Hepatic, in Children, 362.
Clinical Instruction in Toronto General Hospital, 374.
Comedones, Treatment of, 377.
Contagiousness of Scarlet Fever, 8.
Calomel as a Diuretic, 10.

- Cord, Umbilical, 14.
 Cervix, Treatment of Recent Lacerations of, 17.
 Cancer of Womb, 19.
 Chatham Medical and Surgical Society, 26, 93, 125, 411.
 Correspondence, 29, 127, 193, 300, 377, 411, 414.
 Cervical Cellulitis and Abscess, 36.
 Cocaine Intoxication, 44.
 Cold Abscesses and Phthisis, Iodoform in, 45.
 Chancre, Hard, of the Vagina, 49.
 Cholera, 50.
 Cocaine in Acute Pharyngitis, 52.
 Cholera Epidemic in Buda-Pesth, Statistics of, 56.
 Cyst, Congenital of Left Groin, Operation, Recovery, 65.
 Cascara Sagrada, Influence of, on Digestive Secretions, 73.
 Cancer of Stomach, Diagnosis of, 79.
 Cervical Catarrh, Different Methods of Treating, 80.
 Cocaine, Treatment of Angina Pectoris by, 81.
 Calomel as a Diuretic in Heart Disease, 81, 176.
 Cocaine in Herpes Zoster, 84.
 Council Examinations, 83.
 Cocaine in Labor, 90.
 Complex Labor, Clinical Lecture on case of, 103.
 Cocaine Dosage, and Cocaine Addiction, 106, 138.
 Cocaine in Pertussis, 118.
 Constipation, Hints on Treatment of Chronic, 121.
 Carbon Monoxide, 133.
 Cutaneous Disease, A Troublesome, 144.
 Carcinoma, Colloid of Stomach, 145.
 Cauterization of Elbow-joint, 147.
 Constipation, Unusual, 182.
 Clinical Examinations and the Medical Council, 184.
 Cutaneous Punch, 213.
 Coffee to Disguise Odor of Iodoform, 216.
 Crown Prince of Germany, Illness of, 220, 405.
- DIPHTHERIA**, Clinical Study of Fifty-three Cases of, 3.
 Diuretic, Calomel as a, 10.
 Drugs, Value of Combining, 18.
 Dietary of Bright's Disease, Eggs in, 20.
 Death, a New Sign of, 21.
 Diet Table for Diabetes, 45.
 Diabetes, Diet Table for, 45.
 Disinfection, Intra-uterine, 78.
 Diphtheria, Treatment of, 80.
 Diabetes, Action of Opium and Belladonna associated in Case of Acute, 146.
 Diabetes, Martineau's Remedy for, 177.
 Disinfection, Prophylactic Measures of, to be used in Infectious Diseases, 179.
 Dysentery Treatment of, 181.
 Dyspnoea, Pyridin in, 247.
 Dying, Sensations of the, 247.
 Dominion Medical Association, 250, 290, 294.
 Dominion Medical Association, President's Address, 263.
 Disinfectant, a Good, 286.
- Delirium, Grave, 331.
 Dyspnoea in Leukæmia, 364.
- EXTRACTION** of After-coming Head, 12.
 Eggs in Dietary of Bright's Disease, 20.
 Explorative Incision of Abdomen, Rules for, 21.
 Epilepsy, Is it curable? 20.
 Epidemic of Paronychia, 21.
 Electrolysis, Treatment of Strictures by, 40.
 Erysipelas and Inflammation, Relation between, 43.
 Epidemic, An, of boils, 49.
 Eels, Plague of, in London, 51.
 Excision of Knee, 76.
 Emmenagogue, Guaiacum as an, 81.
 Extra-uterine Pregnancy, Termination and Treatment of, 82.
 Electro-plating of Corpses, 118.
 Electrolysis, 403.
 Electro-Therapeutics, 386.
 Eruptive Fevers, Duration of Eruption in, 119.
 Ethoxycaine, 148.
 Education Department, Examinations of Toronto University, and the, 153.
 Eucalyptol Injections in Phthisis, 181.
 Endocarditis, Malignant, 186.
 Empyema, The Pathological Condition and Behavior of Fluid in, 275.
 Ether Inhaler, An Improved, 283.
 Erysipelas, New Treatment for, 367.
- FIBROIDS**, Treatment of Uterine, 12.
 Fraud, Perhaps He is a, 47.
 Forceps Delivery, Brain Injury in, 48.
 Fracture of Skull, Case of Compound, 66.
 Frontal Sinuses, Inflammation of, 131.
 Foreign Body in Oesophagus, Removal of, 239.
 Flies, Spread of Disease by, 333.
 Fallopian Tubes, Disease of, 333.
 Fracture of Larynx, Case of, 355.
- GLYCOSURIA**, Syzygium Jambolanum in, 11.
 Gynæcology, Too Much, a Cause of Post Partum Trouble in American Women, 16.
 Gastrostomy for Malignant Stricture of Oesophagus, 33.
 Gonococci, 77.
 Gonorrhoeal Orchitis or Epididymitis, Salicylate of Soda in, 78.
 Guaiacum as an Emmenagogue, 81.
 Gonorrhoea, New Treatment of, 84.
 Gynæcological Society, British, 88.
 Guy's Hospital, Poverty of, 90.
 Gastric Ulcer, 117.
 Gonorrhoea, 122.
 Gaol and the Insane, 127.
 Gaseous Enemata for Pulmonary Tuberculosis, 140, 220.
 Gaseous Enemata, Administration of, 142.
 Gonorrhoea, The Treatment of, 187.
 Gavage of the New-born, 214.

INDEX.

Gag, Modification of O'Dwyers, 245.

Gangrene, Case of Senile, 230.

Grant, Sir James, 373.

HEMORRHAGE, Post-partum, 20.

Hypnotic Sleep, Accouchement during, 47.

Hot Bath, Therapeutic Uses of, 48.

Hæmoglobinuria, 56, 186.

Huron Medical Association, 59, 157.

Hay's Method of Treatment of Serous Effusions, 79.

Hospital Sunday, 403.

Herpes Zoster, Cocaine in, 84.

Hyperidrosis, Pedum, 84.

Hospital Notes, 126.

Hycocine in Kidney Disease, 147.

Hamilton Medical and Surgical Society, 157.

Homœopathy, Dr. Lauder Brunton and, 179.

Hiccough Due to Needles in Stomach, 180.

Hygiene, Report of Committee on, 317.

Hiedelburg Students, Dr. Senn on, 325.

Hospital for Sick Children, 372.

INTUBATION OF LARYNX, 1.

Iodol, The New Antiseptic, 13.

Inflammation and Erysipelas, Relation between, 43.

Iodoform in Cold Abscess and Phthisis, 45.

Insanity, Self-abuse in Relation to, 75.

Iodide of Potash in Habitual Abortions, 78.

Intra-uterine Disinfection, 78.

Iodol, Use of, in Laryngeal Phthisis, 81.

Insanity, Moral, 118.

International Medical Congress, 123.

Iodoform in Treatment of Gonorrhœa, 177.

Income, Average, for Family Doctor, 181.

Ice or Hot Water in Uterine Hemorrhage, 182.

Indian Female, Chest Movements of, 215.

Irrigation, Corrosive Sublimate in Intra-uterine, 245.

Isolation and Placarding, 250.

International Medical Congress, 252, 292.

Itching of Vulva, 286.

International Medical Congress, The President's Reception of Members of the, 331.

KNOT, Staffordshire, 50.

"Kataphoresis," Treatment of Superficial Neuralgias by, 244.

LARYNX, Intubation of, 1.

Lacerations of Cervix, Treatment of Recent, 17.

Lieutenant-Governor and Medical Students, 23.

Leukæmia, 24.

Laryngological Journal, a new, 89.

Life Insurance Companies, Medical Profession and, 121.

Locomotor Ataxia, 134.

Liver with Two Gall Bladders, 148.

Lawson Tait at Home, 211.

Leech, A New Artificial, 213.

Lawson Tait at British Medical Association, 324.

Leukæmia, Dyspnœa in, 334.

Listerian Lecture, Meig's, 367.

Larger Fees, 367.

Lactic Acid in Chronic Purulent Inflammation of Middle Ear, 369.

Lafayette Mixture, 369.

MEDICAL DEGREES in United States, 332.

Medical Faculty of University of Toronto, Opening Address at Inauguration of new, 343.

Medical Schools, Our, 372.

Medical Library Association of Ontario, 373.

Medical Schools in Toronto, 22.

Medical Students, The Lieutenant-Governor and, 23.

Meeting of Council, Special, 23.

Medico-Chirurgical Society of Montreal, 27, 58, 92, 157, 256.

Miscellaneous, 31, 64, 98, 196, 302, 342, 380. 418.

Meatus Urinarius, Division of, 55.

Medical Profession in Upper Canada, Statistics of, 56.

Mid-Atlantic Air, Purity of, 77.

Medical Council Building, 89.

Moral Insanity, 118.

Medical Profession and Life Insurance Companies, 121.

Medical Associations in Canada, 122.

Medical Profession in Provincial Legislature, 153.

Medical Examinations, Results of, 154.

Medicines, When is the Proper Time to Give? 178.

Medical Council, the Recent Examinations of, 187.

" Council of British Columbia, 187.

" Examinations, 188.

" Council Examinations, 193.

" Council, 220.

" Faculty of University of Toronto, 249, 292, 320, 370.

" School, The Newest, 249.

" Association, Dominion, 250, 290, 294.

" Defence Union, 258.

Microbe of Cancer, 286.

Medical Congress, International, 292, 252.

" College, Woman's, Toronto, 293, 373.

" Association, Annual Meeting of British, 293.

Milk Casein, as an Emulsifying Agent, 321.

Melancholy, The Anatomy of, 322.

Meningitis, Diagnosis of Acute, 324.

Medical Ethics, 326.

Microbe and Suppuration, 326.

Marriages, 380.

Microbes of Pus, 396.

Medicine, Progress of, 390.

Malpractice, 402.

NUX VOMICA, Antipyrin and, 56.

Naphthaline, Use of, 78.

Nephritis, Treatment of, 113.

Notes, Editorial, 189, 252, 335, 374, 406.

Neurotic, Diet for, 215.

Neuralgias, Treatment of Superficial by "Kataphoresis, 244.

Nitrous Oxide Gas, Ill Effects Produced by, 246.

Nitro-Glycerine, Indications for Use of, 285.

Needle from Heart, Removal of, 323.

Ninth International Medical Congress.

- OZÆNA, Oil of Turpentine in Scrofulous, 21.
 Obituary, 31, 94, 95, 195, 230, 380.
 Œdema of Lungs, Treatment of, 70.
 Overwork, 117.
 Ontario Medical Association, 122, 153, 185, 219, 222.
 Operations, Dr. Martin's, 149.
 Ontario Medical Act, 151.
 Ontario Medical Council, Meeting of, 217.
 Ontario Medical Library Association, 219, 251.
 O'Dwyer's Gag, Modification of, 245.
 Œdema of Larynx, Treatment for, 282.
 Occipito-Posterior Positions, Treatment of, 303.
 Ophthalmic Memoranda, 357.
- PNEUMOTOMY, 10.
 Post Partum Troubles in American Women, 16.
 Philadelphia Doctors, Severe on, 19.
 Pasteur's Last Report of Work, 19.
 Post Partum Hemorrhage, 20.
 Paronychia, Epidemic of, 21.
 Personals, 31, 97, 129, 164, 196, 230, 262, 302, 342, 380, 418.
 Phthisis and Cold Abscesses, Iodoform in, 45.
 Pharyngitis, Cocaine in Acute, 52.
 Pyrexia and Antipyretics, 55.
 Pasteur, 56.
 Peliosis Rheumatica, 68.
 Puerperal Diseases, General Treatment of, 77.
 Phthisis, Iodol in Laryngeal, 81.
 " Medication of, 84.
 Pulmonary Tuberculosis, Treatment of by Injection of Sulphuretted Hydrogen into Bowel, 150, 220.
 Provincial Legislature, Medical Profession in, 153.
 Photographing the Retinal Image Impressed on the Living Fundus Oculi, 165.
 Practice, Cases in, 173.
 Phosphaturia, 197.
 Pelvic Hematocele, 205.
 Pregnancy, Typhoid Fever Complicating, 238.
 Pathological Notes, 238.
 Prostatotomy (Case in Practice), 240.
 Perforation of Bowel, 241.
 Pyridin in Dyspnoea, 247.
 Placarding, Isolation and, 250.
 Provincial Board of Health, 251, 298, 410.
 Phenyle, Little's Soluble, 259.
 Pedicle Clamp, Eastman's, 286.
 Profession, The, of Ontario, 293.
 Psoriasis, Treatment of, 330.
 Papaine in Syphilitic Ulcers of Tongue, 369.
 Peptones, Value of, 384.
 Patella, Fractures of, 398.
- QUACKS, a Prince of, 368.
- RHEUMATISM, Treatment of, in Boston Hospitals, 18.
 Rheumatism, Treatment of, 50.
 Rupture of Uterus, Treatment of Threatened, by Manipulation and Posture, 73.
- Rheumatism, Treatment of, in Hospital of University of Pennsylvania, 82.
 Round Ligaments, Operation of Shortening, 83.
 Rough on Rats, 149.
 Rectum, Stricture of, 276.
 Rhinoscleroma, 279.
 Reminiscences of an Old Physician, 284.
 Robinson, Dr. R. A., Address at International Congress, 334.
- STROPHANTHUS, Action of, 366.
 Secrecy, Professional, 368.
 Surgery, Another Tribute to British, 369.
 Sanger Operation, Simplification of Techniques of, 7.
 Scarlet Fever, Contagiousness of, 8.
 Syzygium Jambolanum in Glycosuria, 11.
 Stricture of Œsophagus, Gastrostomy for Malignant, 33.
 Strictures, Treatment of, by Electrolysis, 40.
 Staffordshire Knot, 50.
 Syphilis, Treatment of, 50.
 Sanitary Matters in Ontario, Retrospect of, 54.
 Statistics of Cholera Epidemic in Buda-Pesth, 56.
 Statistics of Medical Profession in Upper Canada, 56.
 Spurious Venereal Diseases, 74.
 Self-Abuse in its Relation to Insanity, 75.
 Salicylate of Sodium in Gonorrhœal Orchitis or Epididymitis, 78.
 Serous Effusions, Hay's Method of Treatment of, 79.
 Salicylate of Lithium in Rheumatism, 116, 148.
 Students' Fees, the New University Scheme and, 123.
 Sciatica, 149.
 Sialorrhœa of Pregnancy, 149.
 Sexual Starvation, 150.
 Subscapular Nerves, Care of, in Removing Glands from Axilla, 182.
 Salol, 187.
 Surgery, Discussion on, 202.
 Scabies, Treatment of, Clinic, 209.
 Salol in Sciatica, 216.
 Syphilis, Relation of Aseptic and Antiseptic Method to Treatment of Lesions of, 234.
 Skin Diseases, Surgical Treatment of Certain, 242.
 Spinal Cord, Successful Removal of Tumor from, 243.
 Spermatorrhœa, 246.
 Sensations of the Dying, 247.
 Stricture of Rectum, 276.
 Sewer Gas Poison, Cases of, 286.
 Salicin in Scarlet Fever, 323.
 Scarlet Fever, Salicin in, 323.
 Suppuration, Microbes and, 326.
 Syphilis, Gastric, 395.
 Swallowed Substances, 397.
- TÆNIA, Simple and Effectual Treatment of, 9.
 Turpentine, Oil of, in Scrofulous Ozæna, 21.
 Toronto, Medical Schools in, 22.
 Toronto Medical Society, 24, 57, 90, 124, 155, 190, 253, 375, 398, 408.
 Therapeutic Notes, 53, 85, 119, 149, 183, 217, 247, 287, 327.

INDEX.

- Tubercle Bacillus, 54.
 Tracheotomy, Treatment of Obstruction of Trachea and Bronchi after, 72.
 Toronto General Hospital, 90.
 Tubercle Bacilli, Some Experiments with, 116.
 Toronto University Medical College, 120, 402.
 Tuberculosis, Gaseous Enemata for Cure of Pulmonary, 140.
 Tornwaldz Disease, 148.
 Typhoid Fever, Complicating Pregnancy, 238.
 Tumor from Spinal Cord, Successful Removal of, 243.
 Temperance Drinks, Analysis of, 244.
 Typhoid Bacilli in Blood, 326.
 Tracheotomy in Diphtheritic Croup, Experience with, 348.
 Tuberculosis of Larynx, 381.
 Tympanum, Perforation of, 397.
- UTERINE FIBROIDS, Treatment of, 12, 168.
 Umbilical Cord, 14.
 Urine, Examination of, 41.
 University, A New, in London, England, 89.
 Upper Canada College, 123.
 University of Toronto, 152.
 University of Toronto, Examinations of, and the Education Department, 153.
 Uterine Hemorrhage, Ice or Hot Water in, 182.
- Uremic, A Clinical Lecture on the Symptoms Commonly Called, 231.
 Uterine Tent Forceps (with cut), 246.
 Urinary Overflow, Obstructed, 269.
 Uterine Appendages, Removal of, 307.
 University College Convocation, 373.
 Urethritis, Gouty, 397.
- VAGINITIS, Local Applications in, 16.
 Volkman's Dressing, 47.
 Venereal Diseases, Spurious, 74.
 Venous Murmurs, Pathological Significance of, 286.
 Vulva, Itching of, 286.
 Vacation, The Summer, 291.
- WARTS, 11.
 What Others Say of Us, 15.
 Water, Therapeutic Uses of, 13.
 Womb, Cancer of, 19.
 Worry, 117.
 Whooping Cough, 147.
 Wounds, Rest in Treatment of, 208.
 Woman's Medical College, Toronto, 293, 373.
 Winnipeg General Hospital, 332.
 Washington International Medical Congress, 339.
 Woman's Hospital, Toronto, 371.
 Wells, Sir Spencer, in Vienna, 371.

CONTRIBUTORS TO VOL. XII.

- | | |
|-------------------------------------------|--------------------------------------------|
| A. B. ATHERTON, M.D., L.R.C.P. & S. Edin. | ALAN MACDOUGALL, M.C. Soc., C.E., F.R.S.E. |
| W. H. B. AIKINS, M.D., L.R.C.P. Lond. | A. A. MACDONALD, M.D. |
| H. ARNGT, M.D. | A. F. McKENZIE, M.B. |
| A. T. CARSON, M.D. | S. S. MURRAY, M.D. |
| J. C. CAMERON, M.D. | R. L. McDONNELL, M.D. |
| J. J. CASSIDY, M.D. | G. R. McDONAGH, M.D. |
| J. CAMPBELL, M.D. | T. WESLEY MILLS, M.A., M.D. |
| THOS. R. DUPUIS, M.D. | ARCH. E. MALLOCH, M.D. |
| F. R. ECCLES, M.D. | A. B. McCALLUM, M.A. |
| JOHN FERGUSON, B.A., M.B. | R. B. NEVITT, M.D. |
| GEORGE HENRY FOX, M.D. | L. L. PALMER, M.D. |
| WILLIAM GARDNER, M.D. | R. H. W. POWELL, M.D. |
| ARPAD E. GERSTER, M.D. | J. A. PALMER, M.D. |
| A. GROVES, M.D. | R. A. REEVE, M.D. |
| J. E. GRAHAM, M.D. | A. M. ROSEBRUGH, M.D. |
| F. LeM. GRASSETT, F.R.C.S., M.B. Edin. | A. R. ROBINSON, M.D. |
| T. K. HOLMES, M.D. | L. M. SWEETNAM, M.D. |
| EDMUND E. KING, M.D. | F. W. STRANGE, M.B. |
| J. RANNIE LOGAN, M.D. | J. ALGERNON TEMPLE, M.D. |
| A. McPHEDRAN, M.B. | PROF. R. RAMSAY WRIGHT, M.A. |
| J. B. MATTISON, M.D. | A. H. WRIGHT, M.B., M.R.C.S. Eng. |