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# THE CANADIAN PRACTITIONER

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## Original Communications.

### PRESIDENTIAL ADDRESS.

Delivered at the Annual Meeting of the Canadian Medical Association, at Ottawa, on the 12th September, 1888.

BY GEORGE ROSS, A.M., M.D.,

Professor of Clinical Medicine, McGill University, Montreal.

GENTLEMEN,—My first duty is to thank the members of the Canadian Medical Association for the great, and I may add, entirely unsought, honor of being called upon to serve as its President. Having been absent from last year's meeting, my election to this important position at that time was still more a source of surprise, but nevertheless of much gratification. If a simple loyalty to this Association, as one of the rank and file, and humble efforts to sustain it by regular attendance and an occasional contribution, entitle me to any recognition, I may fairly claim that much. To more than that I lay no claim, and I know it is only the indulgent good-will of my friends and fellow-members which has procured for me this great honor—one which I can assure them I duly appreciate, and I shall always endeavor to give them no reason to consider their kind confidence misplaced.

He whose duty it is to address officially an important meeting of this kind may well claim to be overwhelmed by an *embarrass de richesses*. No restriction is placed upon his choice of a subject, and the field is practically limitless. To

select is indeed difficult, and even when that difficulty has been overcome, there remains the still greater one of so presenting it as to be deserving of your attention. Following after so many eminent predecessors, it is, I can assure you, no false modesty, but a sense of genuine incapacity for the task which has been constantly present with me.

It may not be amiss, on an occasion like the present, to take a hasty survey of the general standing and prospects of the profession in the Dominion, and to consider whether it be progressing as it should. In a young country like this, progress is exceedingly rapid in almost every department of life—in trade and commerce and agriculture; in the building of cities and the opening of great lines of railway, extensive systems of telegraphy, and other public works on a commensurate scale; in the establishment of public schools and the foundation of universities; in the consolidation of the professions, and giving them their proper status; and a comparatively few years work changes which are rapid indeed in comparison with the more steady ways of older and more settled parts of the world. When we think that the Confederation, just like this Association of ours, is only even now of age—that up to that time we were but a few weak provinces, with diverse interests, and without any common bond—and that to-day, only twenty-one years later, we are a vigorous and lusty young nation, with territories extending across a whole continent, and touching on either side the two great oceans of

the world ; territories with a climate of the most varied and salubrious character, containing vast riches and unbounded possibilities for the present and for future generations ; territories which are rapidly increasing in population by natural increment and by the yearly addition of many thousands of settlers from other lands—when we consider all this, it well concerns us to ask, “What has been the record of the medical profession during this time?” It has been a time of wonderful activity in all the centres of learning : a time during which an almost entire revolution has been wrought in the science of medicine, and in the methods adopted for the teaching of the same : a time during which the keenest minds have been directed to the elucidation of innumerable problems in those sciences which form the basis of medical doctrine and practice—anatomy, physiology, biology and chemistry ; a time in which the whole practice of surgery has been changed, been based upon principles entirely new, but proved by the severest tests of experience to be founded upon unalterable laws—changes so great that the accomplished student of twenty years ago would find himself to-day committing the most egregious enormities and sinning perpetually against the first elements as now understood ; a time in which a generous rivalry has been kept up between the two great departments of medicine and surgery, and, great and startling as has been the progress in the latter, it is doubtful if the advances in the former have not been fully equal, or even greater. For, whilst Lister and his followers have abundantly proved to the world the enormous importance of what we now call “surgical cleanliness” (a truth till now never properly appreciated), Pasteur, Koch, and others, have been searching for the true cause and prevention of cholera, hydrophobia, and the other great scourges of mankind. Animalculæ life, and its bearing upon the diseases of man and animals, has assumed an importance heretofore undreamt of ; and the science of bacteriology has sprung at once into the forefront as an absorbing pursuit, already fruitful of wonderful results, and opening up a field for investigation of boundless extent, and affording endless scope for observation, thought and research !

A time in which preventive medicine has

begun to occupy the place to which its importance justly entitles it. Before this period, sanitary science was but in its infancy, sanitary laws were but little understood, and sanitary regulations seldom enforced. Now the questions of sanitary legislation attract the attention and occupy the minds of the highest statesmanship. The more civilized the country, the more widely is knowledge of public health matters disseminated, the more carefully are statistics collected, the greater the skill and talent enlisted to cope with the difficulties surrounding the sanitary legislator. In fact, there is now no better test of the intelligence and real civilization of a community than an estimation of the attention given to the enforcement of sanitary laws, and the degree of diffusion of sound sanitary knowledge.

A time in which the public have begun to appreciate the importance to themselves of having a constant supply of thoroughly educated young medical men—men learned in all the learning of the day—who, scattered throughout the land, may be ready to apply to them in their need all the resources of modern medicine. Wealthy laymen, acting upon this belief, have endowed hospitals and schools of medicine with funds sufficient to enable them to teach medicine as medicine should be taught. Bright examples of this are found in the great gifts to the Johns-Hopkins Hospital and University in Baltimore, and the munificent donations to the College of Physicians of New York. The same sentiment, doubtless, animated the generous donors of the endowment fund to McGill University, and the gentleman who has so much enhanced the teaching capability of the University of Toronto. Let us hope that these instances of far-seeing, public-spirited and open-hearted men, giving of their abundance for an object designed to be of service to the whole country, will not fail to direct many others to one way of doing much good in their generation.

It has been a time when the system of medical education has been undergoing a gradual change. The period opens with the old-fashioned medical school—a few professors, a large number of didactic lectures upon a few subjects—practical anatomy being the only branch taught in a truly demonstrative manner ; walking the hospitals beginning to be supplanted by some

clinical teaching. The transition stage is now — the professors are numerous, the didactic lectures are fewer, the subjects taught have multiplied many times, practical anatomy is thoroughly worked up, and the student is obliged to pass through several other laboratories and acquire a practical and personal acquaintance with the other branches of the curriculum. Old-fashioned walking the hospitals is a thing of the past, and instead, the greatest attention is paid to organizing systematic attendance upon the wards, systematic case-taking and systematic lecturing upon the cases by a special staff.

A time during which we have witnessed the development within the profession of a number of specialties. Specialism is an accomplished fact, and, on the whole, the profession has been the gainer by its establishment. The advantages of division of work, and devotion to one branch of practice, are great and obvious, and I believe counterbalance to a great extent the objections that are urged against specialism. Like many other systems, good in themselves, it is open to abuse, may readily be overdone, or may be cultivated by unworthy members.

Such are a few of the more striking changes which have been accomplished during the time that this Association has been slowly coming of age. At the time of its inauguration there was much enthusiasm, and all minds were full of the great possibilities for the future from the confederation of all the provinces. No narrow or provincial ideas were to be entertained, and all regulations concerning medical education and the practice of medicine, it was expected, would be assimilated for the whole Dominion. This Association started bravely forward on this basis, imbued with the idea that it had a great mission to fulfil. Committees were appointed, and elaborate reports prepared upon "The Best Means for General Education," upon "A Uniform System of Licenses," upon "Registration and Vital Statistics for the entire Dominion," and upon "A Code of Ethics for the whole Profession." During several years much labor was bestowed upon these subjects, and the greater share of time at the meetings was given to their discussion. It then, however, became apparent to the members that, in devoting their energies to working out schemes for medical

legislation, much valuable time was being absorbed, and the results produced were by no means commensurate therewith. The Act of Confederation, by taking away from the Federal authorities the governance of educational matters, left each province free to look after these in its own way. Thus, at the present time, we find a curious complexity of medical legislation in Canada, there being a great lack of uniformity amongst the provinces, in regard to matriculation, to curriculum, or to qualification for practice.

It is to be hoped that, before long, some arrangement may be come to by which, at least, a Dominion Medical Register may be established at Ottawa, so that, on entry therein, it will be possible to practise medicine throughout the Dominion. It is, perhaps, possible that this can be effected without prejudice to the functions of the separate official bodies which now govern the medical affairs of the different provinces. In some such way alone can the existing anomalies be remedied, and the present undesirable confusion be removed.

Compare the general condition of the medical profession in Canada with that prior to the time we are speaking of, and, in so doing, look first for a moment at the condition, then and now, of the leading medical schools of this country. The number of students in attendance was often sufficiently large, perhaps nearly as large as even in some recent years. The curriculum was by no means short, for it covered four full years, but it was composed almost entirely of didactic lectures and some clinics upon general medicine and surgery. The course was not distinctly graded, but divided only into a primary and a final department. Now the staff of teachers presents a long array; the subjects are divided up so as to allow each one to devote his attention exclusively to a particular department. Many special departments have been added, and skilled teachers placed in charge. Above all, the importance of laboratory work is fully recognized, and in every year a full share of time and attention is exacted for practical work on the part of every student. Hospitals have been enlarged and extended, and the work divided and specialized. Carefully conducted clinics are the order of the day, and the ma-

terial, both internal and external, is fully utilized for teaching purposes. Summer sessions, some voluntary, some compulsory, have been established at nearly all the schools, and several months of the best kind of teaching is thus placed at the disposal of the student of to-day. The standard of examinations is high, as shown by the percentage of rejections, and by the excellent standing so generally attained by Canadian students both at the examinations of our local provincial boards and also abroad. Is it not certain that, with such marked advance in the facilities for sound medical education, the graduates of recent years must be correspondingly more competent and more thoroughly fitted for their important duties than those who preceded them?

In the general profession there have been many evidences of a better condition of things than formerly prevailed—of a greater interest in the scientific side of medicine, and a desire not to practise our art from a purely perfunctory or purely financial point of view. The best evidence of this is the formation of medical societies. These have sprung up on every side—provincial, county and local societies, and it is most encouraging to observe how actively and energetically many of these are maintained—good papers read, good discussions held, and a spirit of emulation evinced in correct observations, the thoughtful care of cases, and their systematic and accurate recording. The difficulties encountered in keeping up such societies are often great. Our population is still a mostly scattered one, and members have often to go long distances and sacrifice much time in order to attend; but the gain is worth it all. The best men of every town, and every country side, will always be found the keenest supporters of their own medical society. Our Canadian physicians, too, are beginning to write more than formerly—not, perhaps, even yet as much or as often as they should—but they maintain medical journals which are alive and active, and are a credit to their country and to their contributors. There are now in Canada no less than four English and two French monthly journals, all apparently prosperous. Nor are the contributions of Canadian writers confined to this country. Many of our prominent men

are frequent and valued contributors to, and correspondents of the best of, the American journals.

It may be said that, in drawing this comparison between the condition of the profession now and that when this Association began, I have presented an optimistic view, and one not altogether warranted by the facts, but I think not so. I believe that great as has been the progress of science in these years, great as has been the progress of the country in material prosperity, the medical profession may fairly claim that it has not lagged behind: that it has always had such leaders to frame its policy, and such earnest and devoted and able men in its schools as have kept it fully abreast of the busy and stirring times in which we live. Has this Association done its share in securing such a state of things? The programme it laid out for itself at the outset, as I have already shown, was very extensive: it was too extensive for any society to carry out. This was soon perceived: and from the time that the Association got away from the business of framing Bills which were never to be enacted, and discussing schemes which came to naught, and settled down to its legitimate work of fostering a scientific spirit in its members, encouraging them to produce good literary works, urging them to original observations, helping them to good understanding amongst themselves, assisting in the maintenance of a high standard of ethics, promoting sociability and good fellowship, then it succeeded; its meetings were instructive, useful in many ways, and thoroughly enjoyable. It has no feeling of rivalry toward any other society, and, I trust, none is felt by them toward it. Each has its own sphere of usefulness, and can accomplish its own good ends without detracting in any way from the necessity for a general reunion of this kind. This Province of Ontario has successfully organized an active and thoroughly admirable society, other of the Provinces have done the same; and it is only a source of regret to many of us from the old Province of Quebec that circumstances have not favored our following their excellent example.

This Association, I am convinced, has done much good, and will, I hope, continue to do much more in the years to come. For instance,

though failing to carry through such comprehensive measures as were at first contemplated, both in educational matters and in matters of state medicine, yet this Association has been again and again occupied in considering the important subject of general hygiene: and, at many of its meetings, the discussions which have taken place and the resolutions passed have aided very materially in promoting such legislation as has been secured bearing upon the public health. Indeed, it must needs be that expressions of opinion from this general meeting of the profession, representing all sections of the country, command the attention of those who control these matters. The need still existing for further exertions in this direction is emphasized by the lamentable apathy of the public in so many cases where the public health is in question. The etiology of typhoid fever may be said to be pretty thoroughly understood; but, even in the face of violent outbursts of that disease in some of our Canadian cities, what want of intelligence, and what unwillingness to be governed by competent medical opinion! What incapacity to realize the extent of injury done to the community, the cruel, unnecessary loss of life, with all the suffering attendant thereon.

A town near Montreal was recently thus affected to a most alarming extent, diarrhœa was almost universal, typhoid fever was very prevalent, and deaths were numerous. Many instances of both came to my personal knowledge. The visitation became notorious, and was much commented upon in the press. The facts were amply sufficient to show two things: 1st. That the water-supply was contaminated with sewage; 2nd. How the contamination was effected. Local health board there was none, and the disease for months continued its ravages to such an extent that the locality was shunned by every intelligent traveller, while the poor inhabitants suffered and died. It is a reflection upon the intelligence of the age that such a thing could be, and it is a reflection upon some of our sanitary organizations that no sufficient pressure was exerted to remedy the evil as soon as its causes was fairly determined. It is the duty of every member of this noble profession to render every assistance in his power towards the fur-

therance of all good and effective legislation bearing upon local and general sanitation, and to aid in the dissemination of sound literature upon hygienic subjects. Too many examples similar to the above might be quoted to show that we are yet very far from the position in which we should be in accordance with the advanced teachings of the present day.

One subject which, it will be observed, from the very foundation of the Association, commanded its attention and upon which much time and labor has been bestowed by individual members at different times, is that of a Dominion Registration Act. It would be futile, at the present day, to offer arguments to show the importance of accurate and reliable vital statistics. A good deal has been accomplished in this direction, here and there, by local efforts, and in some instances by provincial action, but we are very far indeed from the attainment of that comprehensive system which this Association decided at its early meetings to endeavor earnestly to obtain. It is, indeed, active members of this Association who have been largely instrumental in educating public opinion on the subject, and in pushing forward such measures of reform as have been reached, and it is to be hoped that the same members, with many others to assist them, will continue their laudable efforts until much better results are obtained.

The Association adopted a code of ethics, and a very good code it is. There is only one point to which I would allude in connection with the attitude of medical men towards each other, and that is with reference to cases of alleged malpractice. Nothing is more injurious to the best interests of the profession than the wretched lawsuits of this kind which are so lamentably common in certain sections of this country—only in certain sections, for, I am happy to say, that elsewhere they are of very rare occurrence, and in some favored localities are practically unknown. There can be only one explanation of this striking difference, viz., that such contentions are originated and fomented by unknown physicians, who adopt this means of harrassing and injuring a neighboring competitor. Every one knows that if medical men were true to each other, these unhappy disputes would hardly ever be begun. That if

rancor and ill-feeling were jealously guarded against, and only fair and reasonable opinions expressed, we should not be called upon to witness those painful exhibitions of a house divided against itself. This is a sore blot upon the boasted claims of the medical profession to engender feelings of mutual charity and goodwill. The main remedy for this consists in the cultivation of the true scientific spirit, in keeping up connection, with our medical society, in indulging our natural social tendencies, and preserving that natural pride which would cause us to desire to stand well with our fellows, especially those whose good opinion is worth having. I am sure it is the earnest wish of every member here present that the scandal of these malpractice suits may yearly become fewer in this Canada of ours, to the great advantage of the whole profession.

Again, Has this Association advanced in numbers and in influence as it should during the course of these years? As regards the first of these questions, it is not possible to give an answer in figures, for the reason that the method of recording our membership has been very loose; but, on looking at the minutes of the early meetings, it is seen that the attendance was large, and that the distant provinces were extremely well represented. As much cannot be said for the later meetings at which, though the actual number present has been good, yet the attendance from the maritime provinces is noticed as having greatly fallen off. It is also matter for regret that our French-Canadian *confrères*, many of whom were among the founders, and who came in large numbers to the early gatherings, have gradually ceased attending, till now, a very few only of the more literary-minded and enthusiastic of them unite with us in keeping up our National Association. It may be that the difficulty of using two languages has had something to do with this. I should like to see this difficulty overcome, and the Association strengthened by the hearty support of our brethren from the old Province of Quebec. It should be remembered that, at the International Congresses, three languages, French, German and English, were recognized, and a speaker could address the meeting in any of these.

A suggestion made in the Presidential address of last year deserves, I think, to be repeated, as no action was taken upon it, and it seems feasible and promises to be useful. It was proposed that a committee might be named to take into consideration a scheme arranging for a closer connection of some kind being brought about between this Association and the various provincial and local societies already in existence. Any suggestion which will add to our membership and increase the interest taken in our work is worthy of being carefully considered. Without having looked into the question, I am not prepared to say just how this can be accomplished; but, if the meeting think with me in the matter, it will be competent for it to take action in that direction.

Another task which it has been thought suitable for this Association to undertake, and which was fully laid before the meeting last held in this city, was to bring before the proper authorities the question of medical experts at coroners' inquests. I am not aware that anything was done, though the importance of it was strongly dwelt upon by the reader of the address. The value of such expert evidence would probably be admitted by any educated layman; but we medical men appreciate much more fully the difference between the opinion of the average practitioner and that of a thorough pathologist who is constantly making autopsies and conducting pathological investigations of various kinds: and when we think of the enormous interests so often hanging upon such opinions, we might well consider it a duty to seek some means for skilled evidence being furnished, when the object is to determine the cause of death in a doubtful case.

My predecessor in this chair offered, in his address, some timely advice to his *confrères* upon the necessity for allowing ourselves a due amount of recreation at reasonable intervals; and he drew a disheartening, but perfectly true, picture of the results of neglecting this important matter. In accordance with such sound doctrine, I last month rested from my labors, and spent twenty days in our great North-West. There is something particularly attractive to the eastern city man in seeing something of the open and free life of our great plains,

ranches, mountains, and western coast. Having myself derived much pleasure, profit and renewed health from this short tour in the Western Provinces, I would say to any of my medical friends who feel jaded or overworked, try the tonic effect of a combination of fresh lake breezes, balmy prairie winds, keen mountain air, and soft ozone draughts from the Pacific Ocean. The variety is charming, and whilst the body is being refreshed and renovated, the mind is being delighted with some of the finest scenery in the world. Upon the route, one spot in particular engages the attention and excites the interest of all medical visitors. I refer to the hot Sulphur Springs at Banff, which are only now becoming known, and are not nearly as well known as their merits entitle them to be. The springs, as every one is aware, are situated in the heart of the Rocky Mountains, and in one of the most picturesque parts of that wonderful region. The steaming water, clear as crystal, bursts forth in unlimited quantities high up on a grand mountain side, some 4,000 feet above the sea-level. It is highly sulphurous and its medicinal properties are of a high grade. Such springs are sufficiently rare, there being but two or three of any note even in the whole of the United States; and, most assuredly, none of these possess the additional attractions of this choice locality. Exquisite lofty mountains, affording a surrounding panorama of truly Alpine character, and a lovely valley containing a broad blue river, which has well been compared to the great Rhone of European fame. The natural attractions of Banff would alone suffice to draw multitudes of pleasure-seekers there, and, as the value of these natural waters becomes more appreciated, it is certain that more and more of our patients will be sent there every year. Apart even from those who would go to drink the waters, there is another class of invalids that I believe could be sent to this high region with the happiest results. The Davos-Platz in Switzerland has been gaining greatly in favor in England and elsewhere as a winter resort for cases of phthisis in an early stage, and for those who may be looked upon as disposed to tubercular disease on account of family tendencies or defective physique. This resort is high in the Alps and the winter is rather

severe with an abundance of snow, but there is plenty of sunlight. Necessarily, our information concerning the meteorology of Banff is yet extremely deficient, but, from all I could learn, the conditions are very similar to those which have been formed to operate so beneficially in the case of Davos-Platz and such like Alpine Sanitaria. As there is now an excellent hotel, with every comfort, there is no difficulty as regards accommodation. A proposition has actually been made by some members of this Association that our meeting next year should take place at the Banff Springs, an idea which has much to commend it, but will need to be carefully considered. The Nominating Committee will, as usual, take this matter up, and report upon it to the general meeting.

It is often asked, "What becomes of all the medical graduates?" Let any of you pass through that enormous extent of fertile country traversed by our trans-continental railroad, and observe the villages and towns springing up like magic from one end of it to the other, let him take note of the solid settlement of large acres, even away from the beaten track of the railway. Let him step off at any station and, more likely than not, he will meet some young *confrère* who is quietly located there, and is growing up with the healthy growth of the town or the country district. The important mines in various parts, the advancing railways, the great ranching posts, require the services of still more medical men; and, in connection with some of these are to be found positions of trust and value unsurpassed in the Dominion. In this way can be accounted for a large number of the graduates from the Eastern schools, and it is pleasant to find good opportunities thus opening out for Canadian doctors in their own country.

It is my melancholy duty to have to refer to the distinguished members of our Association who have been called away from amongst us during the past year. Of these, two from the roll of our former Presidents, viz., Dr. Marsden, of Quebec, and Dr. Botsford, of St. John, N.B., both original founders, regular attendants, and well worthy of high honor bestowed upon them. Dr. Marsden was a man of strong individuality and remarkable tenacity of purpose. Taking a lively interest in the affairs of this Association,



his opinion and assistance were much valued on account of his long experience and intimate acquaintance with all matters pertaining to the medical profession. His outspoken expressions and his example of unswerving loyalty to the best interests of the profession, made him a prominent figure at many meetings. An old man of keen intellect, and without garrulity, full of anecdotes concerning a now fast-fading generation, Dr. Marsden will long be missed by those who had the good fortune to be intimate with him. Every one will remember the massive form and fine head of our late friend, Dr. Le Baron Botsford. One of our founders, and imbued with a lively faith in the possibilities for good of this Association, he was always one of the genuine workers, and was eager to assist in all good works. His greatest delight was to participate in discussions destined to promote correct views about, and legislation upon, Public Health and State Medicine. A very noble, whole-souled gentleman, whose best thoughts and much of whose time were devoted to the good of his fellow-man. Dr. Henry Howard, that kindly and gentle physician, retiring, thoughtful, and given to abstruse metaphysical inquiries, the best years of whose life were given to the study of mental disease and to the care of the mentally afflicted. He it was who had the manliness to condemn the flagrant abuses in some of our public institutions, and, at the risk of his official position, to call upon a timid government to correct them. For this alone, if for nothing else, his country owes him memory a debt of gratitude. Amongst others, I may mention Dr. Richard Zimmerman, for some time an official of the Association, and one of its warmest friends. Dr. John H. McCollum, Dr. W. N. Woodill, and Dr. Brouse, worthy gentlemen all, who worthily served their generation, each in his separate sphere, and reflected credit upon the high calling of the physician.

You have, gentlemen, many and important subjects to engage your attention. I trust that this Ottawa meeting, this coming-of-age meeting, may long be remembered as one at which some good scientific work was done, and something accomplished towards forwarding the general interests of the profession, promoting its dignity,

and elevating it in the estimation of the public.

In closing, I should like to say that it is always a great pleasure at these meetings to receive some of our *confrères* from across the line. As members of a sister Association, we give them a hearty welcome, and are glad to have them participate in all our proceedings. Without prejudice to the political leanings of any one, I am sure I express the views of all, when I say that in international visiting and in scientific discussion, all we desire is the most absolute "unrestricted reciprocity," and I am equally certain, from what I know of the hospitable character that our American cousins are correspondingly pleased when we "retaliate" by joining the meetings of the American Medical Association.

#### LAPAROTOMY FOR THE RELIEF OF ACUTE INTESTINAL OBSTRUCTION.

BY L. McFARLANE, M.D.,

Professor of Clinical Surgery, Toronto University;  
Surgeon Toronto General Hospital.

(Read at Meeting of Ontario Medical Association, Toronto,  
June, 1888).

At the suggestion of our esteemed President, I bring before you to-day the histories of three cases of acute intestinal obstruction, with some remarks on the treatment. The treatment of acute bowel obstruction, as practised up till a very recent date, has been very unsatisfactory as well as unscientific. This I cannot better illustrate than by giving a history of the treatment adopted in two cases, one of which was related to me by the medical gentleman in charge, and the other given by Frank W. Rockwell, M.D., in a recent number of the *Annals of Surgery*.

The case related to me was as follows: I was called to see Mr. M., and found him suffering from an oblique inguinal hernia, which I tried to reduce by taxis, and succeeded in returning a portion of the mass, but was unable to get it all back. Two other medical men were called in consultation, and after repeated trials by taxis and large enemata of water, as

well as inversion of the patient, we failed to reduce the hernia. An operation was then proposed, but the friends would not consent till the opinion of a fourth medical man, "who had quite a reputation in the neighborhood," was obtained. On his arrival another attempt by taxis was made, which, again failing, he suggested insufflation, as the patient was too weak for a surgical operation. This was also attended with a like unsatisfactory result. It was now proposed that a jar, exhausted of air, should be used over the abdomen: and, after repeated trials, the bowel slipped back. But on examining the patient he was found pulseless, and, to all appearance, dead. However, after a time he rallied. It now became a problem how to get the bowels moved, and after repeated doses of purgative medicine and enemata of water had failed, electricity was applied, by passing an iron bolt up the rectum, and placing one pole of the battery against it, and the other over the abdomen. The result of this was that the bowels moved, and in the motion was found several inches of gangrenous gut. In spite of all this, the patient lived, and, as far as I know, is still alive.

The other example of the treatment adopted in such cases is that given by Frank W. Rockwell, M.D., in the *Annals of Surgery*. It is the report of a case presented to the London Clinical Society in 1879. Here the essentials of treatment consisted of daily enemata, hot fomentations, turpentine, croton and castor oil, the passage of rectal tubes, inversion of the patient, and shaking her while in this position, kneading and manipulating the abdomen, galvanism, puncture of the bowels with a trocar, the internal use of extract of aloes, and a combination of enemata and kneading; and when the patient, with a meekness and endurance characteristic of her sex, obligingly lingered along until the fifty-ninth day, it is calmly announced that her death was sudden and unexpected. He further says, that in the discussion which ensued no marked protest was made against the mode of treatment. It is almost incredible that only nine years ago, in the great centre of surgical science, that such a paper could be read without any marked protest being offered against it.

However, when we consider that the same

line of treatment is still adopted and recommended by some surgeons, we can no longer be surprised that no marked protest was offered in this case. I do not intend to occupy your time in discussing the various means practised for the relief of acute intestinal obstruction, such as metallic mercury, electricity, massage, enemata, insufflation, puncture, etc. The difficulty in locating the obstruction and arriving at a clear diagnosis of its cause, will make the thoughtful surgeon hesitate before adopting any of the means above mentioned, with the obscure light he has of its pathology.

It appears to me that the only rational and scientific mode of relieving acute bowel obstruction is by operation. In this age of antiseptic surgery, when the abdominal cavity is opened for exploratory purposes, as well as for the removal of the uterus and its appendages, the kidney, etc., with very satisfactory results, and without the fear and dread of peritonitis, septicæmia and pyæmia, which we formerly had, I am convinced that in laparotomy we have a safer and more certain method of relieving the obstruction than any before recommended or practised, if the operation is performed with strict antiseptic precautions, and the obstruction not allowed to remain too long before an attempt is made to relieve it.

A brief description of the steps of the operation, and some of the difficulties to be met with, may not be out of place in this connection. The room should be rendered as aseptic as possible. If in the hospital, the walls, floors and ceilings should be washed with a sublimate solution. The sponges and instruments should be carefully prepared, and the hands of the surgeon, as well as his assistants, thoroughly washed in an antiseptic solution. The surgeon should see that he has all the instruments at his command, for any emergency that may arise. The room should be kept at a temperature of at least 80° Far. The patient's heart, lungs and kidneys should be carefully examined, in order to determine the anæsthetic to be given. It is not sufficient to examine the urine chemically, but microscopically, as I will be able to show by one of my cases. The patient is next placed on the operating table, and the abdomen well washed with soap and water, and then sponged over with

spirits of turpentine, and finally with a sublimate solution of one in a thousand. Several towels should be wrung out of the latter solution and spread over the patient, so that any of the instruments laid down may be on an aseptic surface. The median incision, for various reasons, is the best, and should be several inches in length, in order to give the operator every facility for finding the seat of the obstruction. In making the incision, the same care should be taken to arrest all hemorrhage before opening the peritoneal cavity as is taken in ovariectomy. In opening the peritoneal cavity the surgeon should carefully guard against wounding the distended bowel which presses forward against the abdominal wall. When the opening is made, the difficulties of the operation commence. I will mention three: First, retaining the distended bowels within the cavity; second, finding the seat of obstruction; and, third, the best method of dealing with it in certain cases when found.

If possible, the bowels should be kept within the cavity by means of broad sponges, wrung out of a warm antiseptic solution, or flannel dealt with in a like manner. It is recommended by some surgeons to puncture the distended bowels with capillary needles, or a small trocar, before the cavity is opened. I must confess that I do not look upon any system of puncture with favor, and would prefer allowing the bowels to escape, and protect them with warm aseptic sponges or flannel. No doubt the length of time the bowels remain outside the body adds very much to the gravity of the operation, but not more so, I believe, than any system of puncture will do. The second difficulty is to find the seat of obstruction. The operator should first pass his hand into the cavity and examine all the hernial openings, to satisfy himself that they are free. Having done this, I know of no better means of locating the obstruction than that recommended by Mr. Treaves, viz., to pass the hand to the right iliac region, and find and examine the cæcum. If found undistended, it is pretty sure proof that the obstruction is not in the line of the colon, but in some part of the small intestines. You then follow the undistended small intestine from the cæcum till you arrive at the obstruction.

As Mr. Treaves says, it is not always certain

that you will find the cæcum in the region indicated, as it may, from congenital causes, inflammatory adhesions, or involvement in the obstruction, be so misplaced as to obscure the search. However, as a rule, the lines laid down are the best to follow.

The third difficulty, viz., how to deal with the bowel when found gangrenous. It now becomes a question between the formation of an artificial anus and enterectomy or colectomy. In certain cases, where the obstruction is high up in the small intestine, there is no other alternative but enterectomy, as enterotomy would necessarily be followed by marasmus and death. However, each case must be dealt with on its own merits.

#### REPORT OF CASES.

CASE I. S. V. P.; aged, 57; occupation, carpenter; admitted to hospital on the 21st of December; family history good.

*Previous history.*—Had inflammation of the bowels when a boy: has been feeling unwell all the previous summer. Nothing more definite could be elicited.

*History of present attack.*—Last Friday, Dec. 16th, after eating an unusually hearty meal, went to work, and in about a couple of hours was taken with severe pain in the abdomen and vomiting. The pain appeared to be general over the abdomen. He went to bed and suffered in this way, more or less, till Sunday, 18th, when a medical man was called, who administered morphia to control the pain, and ordered an enema, which was not given until Tuesday, owing to the fact that the patient had no one to wait upon him. It did not succeed in bringing anything away. He was brought to the hospital on Wednesday morning.

*Condition on admission.*—Anxious expression of countenance; abdomen distended with flatus; pulse very frequent and feeble; temperature sub-normal, 96°; extremities cold; persistent vomiting of stercoraceous matter; urine examined chemically by Drs. A. B. McCallum and Acheson, results negative—no microscopic examination made.

*Treatment.*—He was placed under Dr. Graham, the medical man of the week, who ordered large enemata to be given and subcutaneous injection of ether and brandy.

The following morning a consultation of the staff was called, when it was decided to operate. The abdomen, on examination, showed the presence of a tumor in the right inguinal region, about the size of a small almond—other portions of the abdomen free from any localized hardness. The operation was performed by Dr. McFarlane. An incision was made in the median line, about four inches in length. The hand introduced into the cavity and a search made for the seat of obstruction, which was found at the point indicated by the small tumor, viz., internal abdominal ring. On making an examination of the intestine, a portion about eight inches in length above the ileo-cæcal valve was contracted and the walls thickened.

The peritoneum was deprived of its smooth, glistening appearance, and its surface showed slight oozing of blood, evidently the result of localized inflammation due to the obstruction. The abdominal wound was closed by six silk sutures. The temperature of the patient after operation, 96°; extremities, cold; pulse, 130. He was placed in bed and hot rubber bags applied to the extremities and body, and subcutaneous injection of ether and brandy given. He soon rallied, his temperature gradually went up to normal, and he had several motions from the bowels during the afternoon and night. No further vomiting took place.

Friday morning, 10 a.m.—Temperature, 98°; pulse, 100, frequent and small; urine very scanty. The assistant introduced the catheter and drew off half an ounce. 4 p.m.—Patient delirious, complete suppression of urine. The delirium increased, and death took place rather suddenly on Saturday morning.

*Autopsy.* December 24th. by Dr. W. H. B. Aikins.—General appearance: apparent age 50; body somewhat emaciated, rigor mortis absent. Recent linear incision four inches long in the line of the linea-alba, below umbilicus, closed with six silk sutures. Chest: lungs normal, heart large, fatty, right side dilated, slight hypertrophy of left ventricle—contained fluid blood. Abdomen: Lips of abdominal wound somewhat infiltrated, peritoneal surfaces united by primary intention. Small intestines all more or less congested, especially the ileum, which was contracted at a point about seven or eight

inches above the ileo-cæcal valve. Right internal abdominal ring was patent, and contained a small portion of the great omentum which had contracted recent adhesions. This point was evidently the seat of the obstruction. Kidneys: the capsules adherent, the right kidney showed old cicatricial contraction on the surface, while both were small, the typical contracted granular form of Bright. There was no evidence to show that the operation *per se* had been the cause of death, which was due to chronic Bright's disease, associated with a dilated right heart, and probably hastened by the ether administered during the operation.

CASE II. W. H., aged 27; occupation, dry goods clerk: family history good.

*History of present attack.*—January 17th, went to business in his usual good health and attended to customers till twelve noon, when he left for luncheon and returned about one p.m., when he felt a desire to go to the closet, and while there was seized with violent pains in the bowels and, as he expressed it, a deathly feeling of sickness and *nausea*. He went into a drug store adjoining his place of business, and got three or four pellets of  $\frac{1}{4}$  grain of morphine each, two of which he took at the time, and a third in about an hour after. The medicine relieved the pain for about two hours, when it again began to return. He arrived at my office at 4 o'clock, and on examination of the abdomen I found it very much distended with flatus, but could not distinguish any localized hardness or tumor. Believing it to be colic, I administered  $\frac{1}{4}$  grain of morphine subcutaneously and sent him home, telling him to take a large enema of water with oil and turpentine, and to report to me if he was not relieved.

I heard nothing from him till 3 o'clock the following morning, when I was sent for, and found him suffering intense pain, and vomiting freely, not even a teaspoonful of water would remain on the stomach. The vomit was *stercoraceous*. I then expressed to him my fears that he was suffering from obstruction of the bowels, and advised an operation as early as possible. He readily consented, saying that death itself was preferable to the state of misery in which he was. I arranged for the operation at 10

o'clock. He was put under chloroform at 10.30. An incision was made in the median line of the abdomen below the umbilicus, about four inches in length. The hand was introduced into the cavity and a search made for the *cæcum*, which was readily found and was undistended. The hand was then carried along the undistended ileum for about twelve inches, when it met with a distended portion, and just below the distention could be felt a firm twist in the gut, this was drawn forward to the abdominal opening and relieved, and immediately after flatus could be felt passing down through it. The abdominal wound was then closed by deep and superficial sutures and dressed antiseptically. The bowels moved twice during the following night. The subsequent history was most favorable, the temperature never rising above 99°. The stitches were removed on the eighth day after operation.

CASE III. For the notes of this case I am indebted to my friend Dr. Jehu Ogden. Was called to see Miss M. on the morning of the 16th June: found her suffering from some pain arising from a small tumor on the front and inner side of the thigh, just below poupart's ligament. Pain was not severe. On inquiry found patient had worn a truss for some years. On the previous evening after retiring to her room had taken it off, and finding that she had forgotten something down-stairs she descended to the lower flat of the house, when she almost immediately experienced stinging pains in the seat of the rupture, which continued until I saw her next morning. I detected what I believed to be strangulated hernia. And after explaining the nature of the difficulty, I attempted reduction by taxis, but failed. A second attempt was made under chloroform, which was also unsuccessful. An ice bag was then applied for a few hours, and a third time the taxis was tried without success. I then asked for a consultation; and two other medical men saw her with me, one of whom, on account of there being no urgent symptoms, and no impulse on coughing, advised delay. Saw her again the same night—symptoms about the same. Next morning the symptoms were more urgent. I then asked for assistance, with a view of relief by operation.

Drs. W. W. Ogden and Hay were called, and advised immediate operation. The operation was performed about 11 a.m. on the morning of the 18th. On opening the sack the bowel was found gangrenous. This portion, about six inches in length of the ileum was removed, and the ends of the healthy bowels brought together, by means of a number of fine silk sutures, after the manner of Lambert. The femoral opening was enlarged, so that the bowel was returned without any undue pressure. A good deal of inflammatory action followed, and the patient died on the morning of the third day after the operation. No *post-mortem* could be obtained.

*Remarks.*—In the first case. I think it clearly shown by the *post-mortem* that the condition of the kidneys and heart were the direct cause of death, and that the administration of the ether hastened the end. Although the urine had been examined chemically with negative results, the patient was still suffering from advanced kidney disease, showing the necessity of a microscopical examination in order to make a true diagnosis.

The chief point of interest in the second case is the early stage at which stercoraceous vomiting took place, viz., about fifteen hours after the obstruction.

In the third case, it is of interest to note the brief period (only thirty-six hours) elapsing between the incarceration and the complete death of the strangulated gut, and the entire absence of what are generally looked for as urgent symptoms calling for immediate operation.

26 Gerrard Street East.

Michigan State Medical Society officers for 1888-9: President, Dr. S. S. French; 1st Vice-President, Dr. C. H. Lewis; 2nd Vice-President, Dr. E. B. Ward; 3rd Vice-President, Dr. S. Belknap; Secretary, Dr. George Duffield; Treasurer, Dr. H. B. Hemenway.

The Winnipeg General Hospital authorities are negotiating for the building of an ambulance, exactly like the one given by the Accident Assurance Company to this city.

## THE DUTY OF THE MEDICAL PROFESSION UNDER THE PUBLIC HEALTH ACT OF ONTARIO.

BY WM. CANNIFF, M.D.,

Medical Health Officer of Toronto.

(Prepared to be read before Canadian Medical Association,  
Ottawa, August, 1888.)

In order that a Medical Health Officer may effectually do the work pertaining to his office in connection with contagious and infectious diseases, it is most necessary that he shall have the co-operation of his confreres in general practice. There should be no conflict between the two. I do not think that preventive medicine can in any way affect the practitioner whose work it is principally to cure disease; but who at the same time is in honor bound, when called upon to treat a case of infectious disease, to give such advice and instruction as will tend to prevent the spread of the disease, especially to other members of the afflicted family, to administer to the safety of which he has been called in. I am one of those, and it is not the first time I have publicly said so, who believe that a medical attendant should be engaged by the year to look after the health of individuals and families, and thereby to a great extent prevent sickness, and often preserve the life of the breadwinner. It is somewhat on the principle: In time of peace prepare for war; with the result that war does not come. In order to have this principle carried into effective practice it is necessary to have the co-operation of the public. But the public does not see the necessity of such a step, and I must say where the physician is called in only when life is supposed to be in danger, he can hardly be blamed for not voluntarily giving advice for which he may not even be thanked. If, however, he be consulted, he should make the same charge that he would if consulted for the ailments of the family. The fact is, however, that most physicians, with the philanthropy characteristic of the profession, do give advice, do often prevent a contagious disease from spreading, without receiving any return, even in thanks. The public require to be educated on this point. If public sentiment would sustain the view that the physician should be remunerated for any advice he may give,

apart from the patient under his care, physicians could be required without any excuse to co-operate with the Medical Health Officer. The question as to how the public is to be educated up to the requisite point is an important one. While each physician should at all times, try to inculcate the advantage of preventing over curing disease, I must say that I think those engaged, especially in sanitary work, should feel it their duty to make every effort to educate the public; and boards of health, especially the Provincial Board, should circulate such literature as will tend to that end.

But we have to look at the question from another standpoint. So far my remarks are applicable to all parts of this Dominion. But now I propose to consider the obligation laid upon the profession by the Public Health Act for Ontario. I will quote from the "Consolidated Public Health Laws," secs. 80 and 82:

"Whenever any physician knows that any person whom he is called upon to visit is infected with small-pox, scarlet fever, diphtheria, typhoid fever, or cholera, such physician shall within twenty-four hours give notice thereof to the local board of health, or medical health officer of the municipality in which such diseased person is;" and again, "Except the attending physician or clergyman, no person affected with small-pox, scarlet fever, diphtheria, or cholera, and no person having access to any person with any of said diseases shall mingle with the general public until such sanitary precautions as may be prescribed by the local board or attending physician shall have been complied with."

Now the Medical Health Officer should not infringe upon the duties of the attending physician, and as for myself I have always aimed to give no cause of offence; and so far as I know, I have not failed. Yet the Medical Health officer is required to see that proper means are adopted to prevent the spread of the disease. Section 85 reads as follows:

"Persons recovering from any of the said diseases—small-pox, diphtheria, scarlet fever, etc.—and nurses who have been in attendance on any person suffering from any such disease, shall not leave the premises till they have received from the attending physician, or medical health officer, a certificate that in his opinion they have

taken such precautions as to their persons, clothing and all other things which they propose bringing from the premises, as are necessary to insure the immunity from infection of other persons with whom they may come in in contact, nor shall any such person expose him or herself in any public place, shop, street, inn, or public conveyance, without having first adopted such precautions."

Now, I have to confess that steps have not been taken to carry out this demand, and for two reasons: First, to do so would hardly fail to be a source of annoyance to the attending physician. Second, it would require an inspector to give his whole attention in watching such cases. To have the law in this respect carried out, the attending physician would have to give warning, and subsequently the certificate, to do which, I must confess, would tax his patience. It seems to me, that in order to have the public observe this law, means should be taken by the Provincial Board to educate the public upon the matter." Section 86 reads as follows:

"All persons named in section 85 shall be required to adopt for the disinfection and disposal of excreta, and for the disinfection of utensils, bedding, clothing, and other things which have been exposed to infection, such measures as have been, or may hereafter be, advised by the Provincial Board of Health or by the medical health officer, or such as may have been recommended by the attending physician as equally efficacious."

The question is, Who shall give instruction to the convalescent and the attending nurse. Should the medical health officer, uninvited, enter the house and give instruction. I think the attending physician would have just reason to complain, and moreover the Medical Health Officer might order the use of one kind of disinfectant and the physician might prefer another kind, which he considered "equally efficacious." It will thus be seen that the carrying out of the law on this point is not without difficulty. It seems to me that this important duty should be laid upon the attending physician exclusively, and for attending to it he should be remunerated either by the private person or the State. I will pass over sections 87, 88, 89, 92 and 93,

and other sections, merely remarking that if their requirements are to be met, the public will have to be educated on the matter.

The attending physician is also required equally with the medical health officer to furnish a certificate to enable any child from a house in which an infectious disease has existed to attend school. Now this is for the protection of the public: and why the physician should be required to do this without recompense is not, to me, quite plain.

Rules 1, 2 and 3 of clause 17, the By-law of which relates to the reporting by physicians of infectious diseases, and defines the duties of the medical health officer, with regard to forms to be supplied to physicians for the purpose. Rule 1 says that blank forms for reporting the disease, and also for reporting the result, shall be supplied to the physicians. I may say, that though at first I did supply forms for reporting the result. I have discontinued it, as only a limited number of physicians complied with the law. I do not know what may be the practice in other places: but in Toronto, at my request, the Local Board of Health gave directions to place a postage stamp on the form before sending it to physicians.

The law requires that the physician shall report cases within twenty-four hours after recognizing the character of the disease, and it is most necessary that this should be done to enable the medical health officer to protect the public. The law directs that a placard shall be affixed to the house in which the disease exists; this, however, has not been done in Toronto, except in cases of small-pox, although I recommended it. The Local Board of Health strongly objected to this procedure, as the citizens generally were opposed to having their houses placarded. I was requested to endeavor by other means to accomplish the object aimed at by placarding. The course which I have pursued is as follows: When a notice of a case of infectious disease is received, an inspector at once visits the place. If the notice has come from some other source than a physician, the report is verified. The inspector then notifies the immediate neighbors of the existence of the disease, and warns them of the danger. He also informs the nearest corner grocer or butcher,

with the request that he will tell his customers. By this means the neighborhood is soon made acquainted with the matter, and the infected house is in a great measure quarantined. The inspector reports to the medical health officer the facts relating to the attack of the disease; how long it has existed; the position and size of the room occupied by the patient; the degree of isolation; and if a protective sheet, kept wet with a disinfectant, is placed over the doorway. In all this there is no interference with the physician attending, except urging the necessity of isolation, and disinfection may be considered to be such. The inspector keeps a watch of the case to the extent of seeing if the patient dies, and if so, to secure a private funeral. After the patient's death, or after recovery, he is to see that the room is properly disinfected; but the kind of disinfectant is selected by the attending physician. In case the family are unable to pay for the disinfection, it is done by the inspector. At once after his first visit, having learned what school is attended by children from the infected house, he gives notice to the school, and they are not allowed to attend until a certificate from the physician says it may be done without danger to the school. The inspector, moreover, ascertains if there is in the house any book from the public library, and if so, it is carried to the medical health officer to be destroyed, and the Public Library Board is notified. This is done in accordance with a resolution of the Public Library Board. I have thus minutely described the course pursued by the Medical Health Department in Toronto in cases of contagious and infectious diseases, to show that there is a good reason why physicians should report such cases, and to do it promptly. The law requires that the report shall be made within twenty-four hours, but it should be done as soon as possible. If there is any benefit to the public in the action taken by the Medical Health Department, it is obvious that knowledge of a case cannot be had too soon. Even ten minutes may afford an opportunity for the disease to be communicated to others. My medical brethren of Toronto will, I trust, pardon me when I say that prompt reporting is not always practised; in fact, sometimes the report has come in after the patient had recovered, and I regret to say, sometimes they

have not been reported at all, until the inspector called for it—which he has too often had to do. Now, I do not wish to cast blame upon any one. I have already remarked that it is a tax upon the time of the physician, yet if he would carry blanks in his case, it would take but a minute to fill one out. Although the remissness of physicians in reporting cases very much handicaps the medical health officer, I think it is due to myself to say that I have been very considerate and lenient in my action toward those who were delinquents. During the four years of existence of the Public Health Laws, only three persons have been in court for violating the Public Health Act, and I may say they swore they had duly posted the reports in question. Although the law is explicit on the point, and is printed on the forms supplied to physicians, there has been practised toward delinquent doctors the greatest forbearance. We have several ways of hearing of cases of infectious diseases when not reported by the doctors, and too frequently such cases have indirectly become known. For a long time, when this occurred, an inspector called upon the physician to remind him of his neglect; and obtain a regular report. He was also asked to be good enough in the future to promptly report such cases. I think this leniency on the part of the medical health officer was, as a general thing appreciated, and as a result, the number of unreported cases is now very small. But I regret to say there are still a few who forget, or ignore their duty, and according to law I have received instructions from the Local Board of Health in future to have an information laid against all who fail to report.

The object of this paper is to bring the matter under the consideration of the profession, to show the importance of prompt attention to the requirements of the law, and to show the steps taken in Toronto to render the physician's reports beneficial to the public. At the same time, with the hope that this Association will afford some suggestions and advice which will be of service to the medical health officer.

To preserve instruments from rusting immerse for a few minutes in a saturated solution of potassium carbonate.



## A REPORT OF SOME CASES OF IRREGULAR AND RAPID ACTION OF THE HEART.

BY J. ELLIOTT GRAHAM, M.D., TORONTO,

Professor of Clinical Medicine and Dermatology, etc., etc., University of Toronto.

(Read at Meeting of Canadian Medical Association, Ottawa, August, 1888.)

It is one of the most difficult problems in medical diagnosis to correctly decide as to the presence or absence of organic disease in some of the so-called functional affections of the heart. Such questions, however, very often arise for solution, and the making of an accurate diagnosis is of great importance, both to the patient and physician. I have, therefore, presumed to bring before the notice of this Association the histories of two or three cases of much interest. They cannot be called rare cases, but rather extremes of a class which is rather frequently seen. My object in reading this paper is to elicit discussion, and thus obtain information upon some points which were obscure to me.

CASE I. D. B., aged 62, painter, was admitted into Toronto General Hospital Oct. 5, 1887. Patient suffered from pleurisy in the left side about thirty-six years ago. He has been otherwise quite healthy.

*Present illness.*—About four weeks ago, while going up stairs, patient was suddenly seized with a severe pain in the epigastrium. The pain was intermittent in character. At the same time the heart was noticed to beat rapidly. He states that from the first his pulse ranged over 180 per minute. He found that he was unable to go up stairs owing to shortness of breath. He has suffered from the epigastric pain from shortness of breath, and occasionally slight dizziness. The abdomen was somewhat distended. Since the first attack he has continued to complain of the same symptoms.

*Present condition.*—Patient is a rather fleshy man. When first seen, he was partially sitting up in bed; his countenance was pale and anxious, and the least exertion produced dyspnoea. His respirations were twenty in the minute when he was perfectly at rest. No abnormal sounds could be found over the lungs. The respiratory murmur was everywhere distinct.

He had a slight dry, hacking cough. Temperature was subnormal. It ranged from 97.6 to 98.6.

His pulse, when he was perfectly quiet, was 164 in the minute. It was irregular, intermittent and weak. It could, however, be easily and correctly counted. The beats increased to 180 and over when he exerted himself.

On careful examination of the heart no murmurs could be heard. The sounds were weak, but had no other abnormal quality.

There were no signs of aneurism present. There did not appear to be any marked enlargement of the heart. It is possible that, owing to the man's age, his left lung may have overlapped the heart, thus producing a smaller area. There were, however, no marked signs of emphysema.

*Digestive system.*—Appetite poor. Tongue flabby and slightly coated. Bowels regular.

The urine was scanty and high-colored; specific gravity 1027. It was very acid in reaction. No albumen and no sugar.

The patient was ordered to lie very quietly in bed. His diet consisted of the most easily digested and nourishing food. He was given a mixture containing ammonia and digitalis. Fifteen minims of the tincture of digitalis were given in each dose. He was afterwards given tonics with the digitalis.

The patient remained in the Hospital about four weeks. His improvement was steady and progressive, so that during the last week he could walk about. His pulse increased in strength, and came down to about 80 in the minute. His color returned, and he left the Hospital apparently quite well. He has since been at work, and, when last heard from, was in his usual health.

While the patient was in the Hospital, every effort was made to find out if possible the cause for such extreme rapidity and weakness of the heart. Physical examination revealed nothing, except it might be considered that the weak heart sounds indicated thinness and want of strength in the heart walls.

The causes of the palpitation must have been of a temporary character. This would exclude a long list of conditions which are frequently set down as cause of rapidity of the heart's action, such as valvular lesion, dilatation, etc.

The question arises, could the patient have

suffered in the first place from heart strain, which produced a temporary weakening of the heart muscle? So far as could be ascertained, the patient had not exerted himself more than usual when the attack first came on.

**CASE II.** W. B., aged 44, carpenter, called on me in the latter part of July last. He presented a strong, healthy appearance. His countenance exhibited no signs of distress, and I was much surprised when I felt his pulse. The pulse was very weak, irregular and extremely rapid. I counted about 160 beats per minute. I recommended him to go into the Hospital, where he came under the care of my colleague, Dr. McPhedran. The following notes are taken from the Hospital case book:

Patient's family history does not show any peculiarity, except that his mother died of heart trouble in some form.

*Previous history.*—An abscess appeared on right arm, near the shoulder, when he was ten years of age. He had typhoid fever thirteen years ago.

*Present illness.*—About the 8th of May last he took a severe cold while working at his trade out of doors. He continued at work until May 24. He suffered for the first week from what the doctor called low fever; this was followed by pneumonia. He then commenced to suffer from palpitation of the heart and difficulty of breathing, especially upon exertion. These symptoms continued until his admission into the Hospital.

*Present condition.*—The skin presents a normal appearance. There is slight pitting over the sternum. Respiration normal—18 per minute when he is lying down, 24 when he is sitting up. Appetite good. Tongue flabby and slightly coated. His pulse ranges from 150 to 160—sometimes it is almost impossible to count it, and is very irregular and weak. One can only count the contractions of the ventricle by listening over the heart. The radial arteries are hard and cord-like. They roll under the finger.

*Heart.*—The apex beat is heard loudest an inch to the left of a perpendicular line drawn through the left nipple. The area of cardiac dulness is much increased. A diffused and slightly heaving pulsation is seen in the præcordial area,

also slightly over the whole front and sides of chest, perceptible to the hand as well as to the eye. Marked pulsation in the jugular vein. No murmur of any kind could be heard.

The liver is enlarged, dulness extending one inch below the margin of the ribs in the mammary line and in the median line to half way between the ensiform cartilage and the umbilicus. The lungs are quite normal. No râles heard anywhere over the chest. Patient was ordered to remain in bed, a light nourishing diet was given and the following mixture prescribed: Tincture digitalis ʒss, tincture belladonna ℥iv. spts. acets. sulph. co. ℥xv. To be given four times a day.

Under this treatment a very marked improvement took place. The pulsation over the chest and in the jugular was lessened, so that in about two weeks it had almost disappeared. The pericardial dulness also became less. The heart sounds became slower and more regular. The pulse, which previously had ranged between 150 and 180, was now reduced to about 80 in the minute.

The diagnosis in this case was rather difficult to make. It was thought at first, that mitral stenosis was present; the subsequent history, however, would show that if mitral stenosis was present, it was not the main factor in the disease. It is very evident that there was a very great dilation of the heart, and a tricuspid regurgitation as a result of its dilatation.

It is, however, doubtful if the dilatation was the sole cause of the extremely rapid action. One would think, if such had been the case, the patient would not have had so much ease in walking.

There are three or four points in connection with these cases to which I wish to draw the attention of members of this Association:—

1. Enlargement of the heart frequently occurs without the presence of valvular lesions or of Bright's disease. It may, then, arise from several causes. I wish here to speak of two of these: (1) Over-exertion of the organ, and (2) congestion of the portal system, the result of sedentary habits and excess of food. The fact that the heart can become enlarged by over-exertion has been clearly shown by Dr. DeCosta and Dr. Frantzel. In such cases there previously

existed a hereditary or acquired weakness of the heart muscles.

The frequent occurrence of heart lesion in soldiers in the English army, has been attributed to the "setting up" drill, a very severe course of physical exertion which recruits have to undergo during the first six months after they enter the army. In my own experience the most frequent cause of heart enlargement, other than valvular lesions, or Bright's disease, is a combination of the two already given, viz.: over-exertion in persons who, as a rule, live a sedentary life, and eat an excessive amount of food. Such cases are occasionally met with in some lacrosse players whose daily occupation is of a sedentary character. Unless care be exercised at the commencement of the season, when the whole muscular system is in a flabby, toneless condition, there is great danger of heart enlargement in lacrosse, foot-ball or other violent games. For the same reason it is an exceedingly dangerous proceeding for men over the ages of forty or forty-five to occasionally engage in a game of base-ball, foot-ball, etc. Such pastimes as the "Fat Man's Race," the "Fat Man's Base Ball Game," should be strictly prohibited. The same condition is also found in wealthy farmers, who a great part of the year do very little work, but who, in the harvest time, perhaps, lead their men in the work requiring the most severe exertion.

The second point I wish to mention is the great usefulness of digitalis in such cases. Few drugs produce such a direct and beneficial effect. It will be noticed that in both cases recorded the tincture of digitalis was given in large doses at first, and that its administration in small doses was continued for some weeks. In the very excellent paper by Dr. Stewart, read last year at the meeting in Hamilton, mention was made of the beneficial effect of large doses for a certain time, and that when the urine, which is first increased in quantity, shows decided diminution, the administration of the drug should be suspended. He did not refer to the tonic effect of small doses when given for some weeks and months.

The late Dr. Fagge, in his recent work on medicine, states as follows: "Digitalis may even further act with advantage: for if its effect

be to preserve the quiet action of the heart and give it tone, its long continued use may produce a permanently tonic state in a heart which had been previously weak. Therefore, besides its immediate use as a sedative to the heart, it acts as a tonic when long continued." This tonic action of the continued doses of from five to ten ℥. of tincture of digitalis has been frequently observed by me. Of the more recently discovered heart remedies, convullaria and strophantus, I can only say, that so far as my observation goes, they are in every way inferior to digitalis. It would be of interest to hear the views of members of this Association on that point.

A third point in connection with these cases is the extreme rapidity of pulse. Both of these patients were able to walk about when the pulse ranged from 160 to 180 per minute. The latter patient was able to walk a considerable distance, and, singular to say, did not present any appearance of distress in his countenance.

In the July number of *Brain*, 1887, there appears an exceedingly interesting paper by Dr. Bristowe, on "Recurrent Palpitation of Extreme Rapidity in Persons otherwise apparently healthy." He reported nine cases in whom the pulse ranged, either continually or during paroxysms, between 180 and 300 beats in the minute. In one case the pulse averaged 144 in the minute. The patient assured the doctor that two weeks previously he ran three miles in twenty minutes without suffering. This seems almost incredible, but Dr. Bristowe's excellent reputation forbids one doubting the recorded fact. Another patient, whose pulse frequently arose above 120, went to Switzerland and took walks of three or four miles without great difficulty. *Post-mortems* were made on several of these cases. In a small number, decided organic disease was found, while in the majority, a slight hypertrophy, probably the result of such rapid action, was all that could be discovered. Now, in such cases, what is the mechanism of the heart's action. There would appear to be some pathological start, either temporary or passive, on account of which the heart had lost its balance wheel, if I might be allowed to use that expression, or, in other words, the inhibitory power was either overcome or destroyed.

I shall conclude by referring to the prognosis in these cases. Of the nine cases reported by Dr. Bristowe, only three were living at the time he wrote his paper. The other six died in from eight to sixteen years after the first symptoms were discovered. On this point, Dr. Bristowe states as follows: "Speaking generally of these cases of recurrent palpitation, I should be inclined to say that the prognosis is fairly hopeful for those persons who are able to lead quiet lives; who avoid mental or bodily excitement and overwork; who protect themselves from catarrhal and other disorders, which are likely to interfere, directly or indirectly, with the equilibrium of their circulatory organs, and who nurse themselves with care during their attacks of palpitation."

Of the two cases recorded in this paper, the first one resembles more closely those cited by Dr. Bristowe. In the second case there was evidently very great organic change in the walls of the heart, a condition which renders the prognosis very grave.

66 Gerrard Street East.

### Selections.

#### PARAPHENACETIN.

The aromatic series of carbon compounds seems destined to supply us with a very large number of drugs, useful in treatment. We are already familiar with antipyrin (dimethyl-oxychinidin), and antifebrin (acetanilide). The latest discovery is that of phenacetin, or para-acetphenetidin, a body closely allied to antifebrin. This body was first prepared by Dr. O. Hinsberg, of Elberfeld, who, in conjunction with Professor Kast, subjected it to physiological research. The results of this research have led Dr. Koller, of Vienna, to make an extensive use of it clinically for its antipyretic properties. The results of his experiments are embodied in a small pamphlet, from which the following facts are taken: Phenacetin is inodorous, tasteless, very slightly soluble in acid chyle or pancreatic extract at body temperature. It has no effect in reducing normal temperature, but it is claimed that in all cases of pyrexia even small doses (4

to 7 grains) never fail to produce a perceptible effect in diminishing the fever. No ill effects, such as nausea, vomiting, and collapse, which sometimes follow the use of other antipyretics, have been observed. Altogether, fifty cases of a most varied nature have been treated with the new febrifuge. Of these, tuberculosis, pneumonia, morbilli, and enterica form more than half. The plan adopted was to administer the antipyretic when the continued high temperature seems likely to be prejudicial to the patient, that is to say, in long-continued temperature of 102 degrees to 104 degrees F. The reduction of temperature took place slowly, the maximum effect being produced in about four to six hours; this point being reached, the temperature again rose, so that in eight to ten hours all effects have passed off. Nocturnal exacerbations in phthisis were found to be not prevented, but only delayed; but the rise of temperature under these circumstances was unaccompanied by rigors. Moreover, during treatment, the patients became cheerful and able to take food. The fall in temperature was not usually accompanied by perspiration; when this takes place, Dr. Koller says that care is required in exhibiting the drug. In one case of this kind, temperature was reduced as low as 95 degrees F., which caused some alarm. The patient's temperature rose, however, under the influence of rubbing and warm bottles, and no signs of collapse appeared. It is also stated that a comparatively large initial dose is more effective than several successive doses. It would be interesting to ascertain whether in the case of phenacetin, as in that of antipyrin, a tolerance was produced after prolonged exhibition. Phenacetin exerts no diuretic action, and passes out of the body quite harmlessly by the kidneys; its presence in the urine may be detected by the red reaction given by ferric chloride. It would be interesting to know during what length of time this red reaction can be observed as a clue to the rate of excretion, judging by the properties of allied bodies. Dr. Koller has made experiments on the antiseptic properties of phenacetin, but owing to its great insolubility, no definite results have been arrived at. The main deductions from the paper seem to be as follows:—1. That phenacetin is an antipyretic.

2. That its use is not usually followed by disagreeable results. 3. That a single large dose is more serviceable than successive small ones. 4. That the fall of temperature takes place less promptly than when other antipyretics are used, but lasts longer. This seems to be most likely due to the great insolubility of the drug, which is one of the greatest drawbacks.—*Brit. Med. Journal.*

**CALCIUM CHLORIDE IN GLANDULAR AFFECTIONS OF THE NECK.**—In the progressiveness of medicine many of our old and important remedial agents are without adequate reason pushed aside, and become superseded by something else which has been more recently placed in the therapeutic market. Such has undoubtedly been the history of calcium chloride—an agent held in the highest esteem by the earlier practitioners of medicine. It is hardly recognized by therapeutic authors of the present day. Dr. S. Coghill, of the Royal National Hospital for Consumption at Ventnor, in a communication to the *Practitioner*, states that he has “again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhoea, which so accompanies this condition, and above all that obstinate lenteria which is seen with hypertrophy of the mesenteric glands, yield to the solution of the chloride of calcium like a charm.”

I have used this agent for a number of years, both in private and public practice, and can fully indorse the strong views expressed by Dr. Coghill, especially in so far as scrofulous affections of the neck are concerned. Very often one meets with pale, rickety children, who have swollen cervical glands, poor appetite, coated tongue, constipation, and in whom there is a general indication of malassimilation. Such patients usually receive the routine treatment of cod-liver oil internally, and iodine, and perhaps cod-liver oil externally. This succeeds some-

times, but oftener fails. Here the chloride of calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolvent power is equally marked in the glandular swellings of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine.

This agent must not be mistaken for the chloride of lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular calcium chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the syrup of sarsaparilla.—*Thos. J. Mays, M.D., in Archives of Pediatrics.*

**NORMAL BLOOD-LOSS DURING LABOR.**—Schauta, of Innsbruck, has made a careful investigation of the normal blood-loss during labor, and arrived at results which show that in many cases of post-partum hemorrhage, the cry of “wolf” has been needlessly raised. From one hundred unselected cases, treated according to the expectant plan, it was found that the average loss of blood amounted to nineteen ounces. The investigations were carefully made, and the measurement included all the blood lost during labor, and three hours following the delivery of the placenta. The conclusion is arrived at that a loss of blood exceeding thirty ounces is to be looked upon as pathological. Now thirty ounces of blood is nearly a quart, and that quantity distributed about over sheets and clothing, and mixed with perhaps an equal quantity of liquor amnii, would make a good deal of a show, and might fairly excite alarm, especially in the mind of the practitioner of little experience. Indeed, we have noticed that post-partum hemorrhage, like retained placenta, decreases directly with the increase of experience.—*N. W. Lancet.*

**CARDIAC STRAIN.**—Every year the vacation season claims its quota of victims. Many have become somewhat enfeebled by long confinement and close attention to the calls of sedentary occupations, and rush away for a short

holiday, and endeavor by systematic over-exertion to make up for the inactivity of the past months. Every year brings its sad warnings of this folly in a record of fatalities, while the experience of most practitioners shows yet more clearly that this over-strain is followed by prolonged illness. The circulatory and respiratory systems work hand in hand, and rebel against any sudden disturbance of their ordinary routine. The danger is always greatest, when, in the presence of any cardiac weakness, the exertion demands an arrest of respiration. In moments of intense nervous excitement the breathing is frequently unconsciously stopped, and the strain upon an enfeebled heart then becomes very severe. The sad death of Sir John Rose appears to have resulted from this cause; he had already fired twice at a stag, and when aiming a third time suddenly expired. Emotional excitement necessarily produces palpitation, and the fixation of the thorax then adds to the difficulty at the moment when the heart is at its weakest.—*Lancet.*

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TORONTO, OCTOBER, 1888.

THE RECENT MEDICAL CONGRESS  
AT WASHINGTON.

The first triennial meeting of the Congress of American Physicians and Surgeons recently held in Washington was in every respect a grand success.

After the establishment of the Association of American Physicians, which together with the nine or ten special associations already existing, covered the whole field of medicine, it was thought advisable to form a congress which would include all these special associations. It was further determined that the meetings of the Congress should be held triennially. This was, therefore, the first meeting. The names of the

associations which form the Congress are as follows: The American Surgical Association, Association of Genito-Urinary Surgeons, the Laryngological, the Climatological, the Association of American Physicians, the Otolological, the Ophthalmological, the Neurological, the Dermatological, the Physiological and the Orthopedic Association. Three other bodies not belonging to the Association met at the same time—the American Gynecological, the Pediatric and the Association of American Gynecologists. The Congress was, therefore, constituted in quite a different way from the British Medical Association. The latter is one grand association divided into sections, while the former is a federation of independent associations.

The business of the Congress rests largely in the hands of an executive committee and a committee of arrangements. Each association is represented by one member on each committee. It will thus be seen that there is very little chance for medical politics to mar the success of the Congress. Any one who attended the recent meeting would be convinced that the sole object of the Congress was prosecution of scientific work, and that no time was given either to ethics or politics.

It may be fairly stated that at the recent meeting the American profession appeared to the best advantage. Every member of the Congress may be said to enjoy at least a local reputation in some department of medicine. The discussions, therefore, were not marred by long speeches, or the reciting of special cases having little reference to the points under consideration. We have attended meetings of the American and British Medical Associations, and are of opinion that many of the discussions at the recent Congress were really superior in character to any that we ever had the pleasure of listening to.

A pleasing feature was the attendance of so many distinguished men from Europe. Great Britain was represented by Sir Spencer Wells, Sir Wm. MacCormac, Dr. Priestley, Dr. Ferrier, Dr. Pye Smith, Dr. Ord, Mr. Victor Horsley, Mr. Arthur Durham, Mr. Reginald Harrison, Mr. Henry Fenwick. From Germany there was present Baron Von Esmarch. From

Switzerland, Dr. Kauffman, of Zurich. From India, Surgeon-Major Keegan, of Indore, and others of prominence.

On Tuesday morning the various associates met in their several rooms and proceeded with their regular business. At 1 p.m. the first meeting of the Congress took place for the transaction of general business. The report of the Executive Committee was read and adopted.

In the afternoon, again the various associations held their ordinary meetings. It is, of course, impossible in this short sketch to give even a brief account of the many excellent papers and discussions.

On Tuesday evening the first general scientific meeting took place. Papers on Intestinal Obstruction in its medical and surgical relations were read by Dr. Fitz, of Boston, and Dr. Nicholas Senn, of Milwaukee. The former treated the subject from the medical aspect, while the latter spoke of its surgical relation. Dr. Senn is a surgeon of great promise, who has recently risen to notice. He is an indefatigable worker, and wholly absorbed in the study of his profession. Though his address was however somewhat marred by a peculiar, stump-orator style of speaking. He advocated early operation as the only hope in many cases of obstruction. He was opposed to colotomy and the formation of an artificial anus. He presented a new method of stitching together incised portions of intestine, and spoke of the great value of hydrogen gas in the treatment of intussusception, as well as for diagnosing the situation of the opening in gunshot wounds of the intestine. He also exhibited specimens of intestines from the dog, showing the result of suturing.

Mr. Durham, of Guy's Hospital, followed, and in an excellent address gave his views of operative procedure in obstruction. He strongly favored the formation of an artificial anus when nothing better could be done. He had, he was confident, prolonged life and rendered the patient's condition much more easy by the operation of lumbar colotomy. He emphasized the importance of early interference when the case was urgent. He also recommended operation in some cases for diagnostic purposes. In choosing the time and mode of

operation, he would not be governed too much by statistics of cases, but rather by the conditions present. Each case must be treated as circumstances indicate. Mr. Durham is a nervous, fluent speaker, and presents a subject with great clearness.

He was followed by Dr. Ord, of St. Thomas's Hospital, and Mr. Annandale, of Edinboro'.

The morning and afternoon of Wednesday were occupied by the session of the various associations. At 4 p.m. the President and Mrs. Cleveland held a reception for members of the Congress and their lady friends. It was given in a kind, informal manner, which was very delightful to those who had the good fortune to be present. Prominent among the guests were Professor Eismarch and his wife the Princess Henrietta.

In the evening the most important discussion of the Congress took place. The subject was, Cerebral Localization in its practical relation.

A paper on the medical aspects of the subject was read by Dr. C. K. Wills, of Philadelphia. It was very exhaustive, and perhaps a little too long. He was followed by our friend Dr. Roswell Park, of Buffalo, who gave a very interesting and succinct account of the mode of operating in brain surgery. He also gave a tabulated list of operations which had been performed, as well as their results.

The discussion was opened by Dr. David Ferrier, of London, England, who received quite an ovation. The applause was so prolonged that the President, Dr. Billings, had to motion for its cessation.

Dr. Ferrier is a small, thin man, with a quick, nervous manner. His voice is not strong, but he speaks with great clearness. He spoke of the great satisfaction it gave him that the subject upon which he had paid so much attention should have received such a prominent place in the proceedings of the Congress, and read an extract from the London *Lancet*, written when the surgical aspect of cerebral localization was first introduced, in which the editor feared that the operation could only be followed by disaster and death. Dr. Ferrier was glad that so many successful cases had been published by Horsley, McEwen and others.

He was followed by Mr. Victor Horsley, who,

with McEwen, of Glasgow, had the honor of being the pioneers and exponents of modern brain surgery. Mr. Horsley presents an almost youthful appearance. He is now thirty-two years of age, but he has already done more in the science of surgery than has been accomplished by most men in a life-time. He is not only a practical surgeon, but also an experimental physiologist and pathologist. His work in the latter departments have been done in the most difficult field, that of the nervous system.

Mr. Horsley spoke of a number of nerve centres in the motor area, which have recently been discovered. He also stated the fact that these areas overlap one another, so that on the border, stimulation might produce movements in two sets of muscles. Either he or Dr. Ferrier stated most positively, that it was nonsense to speak of the difference between the brains of monkeys, and of men. So far as the results of stimulation were concerned, they were exactly alike. The experiments, therefore, made on monkeys, could be quite relied upon so far as the human brain was concerned.

Several speakers gave the caution that operations should not be made rashly, as there was still a large undiscovered field in brain physiology and pathology. At the same time the surgeon should not be too timid. In some cases, where the expected lesion was not found, the operation had proved of the greatest benefit to the patient. Dr. Keen, of Philadelphia, mentioned a case where he had refused to operate, as he was not certain of his diagnosis. The patient, who suffered intensely from localized headache, afterwards consulted Dr. Weir, of New York. The latter surgeon trephined over the seat of pain, but did not find any lesion. The result was that the patient was quite cured, although even the operating surgeon did not understand the reason of the cessation of pain.

On Tuesday the meeting of the Association continued both forenoon and afternoon. In the evening the President of the Congress, Dr. Billings, gave his address, which was followed by a brilliant reception in the Army Medical Museum.

A number of physicians from Canada were present at the Congress. Among others were Drs.

Howitt, McKinnon and McPhatter, of Guelph; Drs. Atherton, Ross, E. E. King and J. E. Graham, from Toronto; Drs. Ross, Stewart, Wilkins, Hingston, Bell, Alloway, Blackadder, of Montreal. Many of these gentlemen are members of the various associations.

Mention might be made of a most excellent and exhaustive paper read in the Dermatological Association by our former fellow-countryman, Dr. A. R. Robinson, of New York. The subject was, The Question of Relationship between Lichen Ruber and Lichen Planus.

The social features of the Congress, although unostentatious, were very elaborate, and every member appeared to leave Washington quite delighted with all the proceedings.

Dr. Osler was one of the leading spirits of the Congress, and no doubt much of the success of the Congress is due to him.

The following notice of him appeared in the *Washington Post*:—"The Recorder of the Association of Physicians is Dr. Osler, of Philadelphia, and the most casual observer would note his movements anywhere. He is the life of the section. His little figure seems to be everywhere, and his dark but pleasing countenance is probably the most attractive feature, or rather aggregation of features, in the room."

The pathological demonstrations given by Drs. Welch, Councilman, Sternberg and Shakespeare, on Thursday afternoon, were very interesting.

#### THE CANADIAN MEDICAL ASSOCIATION.

The recent meeting of this now well-established Association was, in every respect, a very useful and pleasant one, and a success. The attendance was quite as large as usual.

The profession of Canada should support this Association in the future more loyally than it has in the past. We would like to see three hundred instead of one hundred in attendance at each meeting. We want to keep up our connection with physicians in all parts of the Dominion, and the best way to do so is to meet at the annual gatherings of this, the most purely Canadian Medical Congress.



The Association has now reached its majority. It came into existence in the same year as Confederation, and we think it can be fairly said that its success has been quite equal to that of our national progress. Many of the same difficulties which stand in the way of our national success are also barriers to the progress of our Dominion Medical Association. The chief among these is the distance between the different provinces, and the great disparity of interests, the result of such distances. It is probable, however, that in both cases the most troublesome times are past, and that the success of both will be more rapid and more steady in the future.

We were glad to see that an effort to localize the Association was voted down by a large majority. When the Association loses its national character there is no longer any reason for its existence.

Dr. Ross presided over its deliberations with great ability. His opening address was very comprehensive and of great interest.

The division of the Association into three sections facilitated business very much. As was emphatically and truthfully stated by Dr. Mills, we, as members of the Association, need to have greater energy and industry in preparing papers which will be of interest and profit to members of the profession generally.

The first annual dinner of the Association was held on Wednesday evening at the Russell House, and was most enjoyable. It was given by the Association—each member paying for his own ticket. This is the method pursued by the British Medical Association, and is much better than the old way.

Members of the profession of Ottawa were most active and zealous in looking after the welfare of those attending the meeting.

We are compelled to say here that the Association did not receive that attention from the civic authorities or the Government which its importance deserved. We expected that, as in other cities, except Quebec, we would have had a few words of welcome from the Mayor, or from some member of the Cabinet, as we held our meetings in the Parliament buildings.

Dr. H. P. Wright, of Ottawa, was elected President for the coming year.

## LAW FACULTY UNIVERSITY OF TORONTO.

The great success of the re-established Medical Faculty of the University of Toronto appears to have encouraged the friends of the Law Faculty to complete as soon as possible the organization of what is called by some the "New Law School of Toronto." Mr. Ashley, the Professor of Political Science recently appointed, will of course be one of the Lecturers; or, perhaps, it would be stating the case more fully if we said that his course of instruction will be utilized by the new Faculty. The subjects taught will include Legal Jurisprudence, International Law and the History of Law. In addition to Professor Ashley, it is expected that a number of eminent members of the Bench and Bar will be included in the teaching Faculty. The Medical Faculty wishes for her young sister every success.

## THE BANFF MEETING.

At the meeting of the Canadian Medical Association recently held at Ottawa it was decided that we should next year try the Sulphur Springs, and breathe the pure air of Banff, the great Western Canadian health resort among the "Rockies." Sir James Grant and others thought that it would have been better to meet at some place in Central Canada, and take our trip to Banff afterwards.

The majority of those present at the Ottawa meeting thought otherwise however, and we will cordially support the Association, and extend our best wishes for a very successful meeting. The Canadian Pacific Railway has made a very generous offer in giving physicians in any part of Canada a return ticket to the meeting, including sleeping-cars, meals and board for four days at the Banff Hotel for \$95.00. The trip will be a delightful one, and we hope a large number will accept the offer.

The Glasgow police force is being instructed in ambulance and emergency work, those who are able to pass the examination will be entitled to wear the red St. Andrew's Cross, to indicate that they are competent to treat the injured.

## NOTES.

The first Siberian University has been opened at Tomsk.

Dr. G. S. Ryerson's paper will appear in the next number of THE PRACTITIONER.

The University of Zurich has decided against the admission of women to the lectures.

The British Medical Association has twelve thousand members, and a balance sheet in its favor of over \$156,000.

A Russian physician has established a dairy farm for the purpose of supplying sterilized milk for hand-fed infants.

Mr. Tait claims that the uterine appendages have as little to do with the sexual appetite of a woman as her front teeth.

Dr. J. E. Graham was elected President of the American Dermatological Association at the Washington Meeting.

M. Petnoco has endeavored to prove that pneumonia may be checked at the outset by giving digitalis in large doses.

The Jewish authorities of Berlin have decided that, in future, the rite of circumcision shall be performed by medical men only.

A School of Medicine for Chinese students is opened at Hong Kong. The curriculum is similar to that followed in England.

An exchange states that Dr. Koller, the discoverer of the anæsthetic properties of cocaine, has removed to New York city from Vienna.

In the daily papers of Philadelphia mention is made of the policeman who found a colored man rolling around in the street, and frothing at the mouth, and thinking it was a clear case of hydrophobia he procured a rope and fastened him to a tree until removed by the patrol wagon to the hospital, where it was discovered that the poor fellow was suffering from colic.

Mr. Lawson Tait has lately adopted the custom of having as his assistants three physicians, charging them a fixed sum per month. It is likely that during the next few months three well-known surgeons of Ontario will occupy these positions, viz: Dr. James F. W. Ross, of Toronto; Dr. Walker, formerly of Dundas, now of Toronto; Dr. McPhatter, of Guelph.

The Seventh Annual Announcement of the New York Polyclinic and Hospital, a Clinical School for Graduates in Medicine and Surgery, has been received. The Class for the Session of 1887-8 numbered 337, an increase of 36 over the preceding year. The changes in the Faculty are the appointments of Dr. Henry N. Heinemann, Professor of General Medicine, and Dr. Charles Stedman Bull, Professor of Ophthalmology. The Polyclinic Hospital will be opened in October. The preliminary term begins September 17th, and the regular term on September 24th.

## OPENING ADDRESSES AT THE MEDICAL SCHOOLS:—

Toronto University, October 1st, Dr. J. H. Richardson.

McGill University, October 1st, Dr. James Stewart.

Trinity Medical College, October 1st, Dr. Johnson, of Jamaica.

Women's Medical College Toronto, Oct. 2nd, Dr. N. A. Powell.

Western University, October 2.

Bishop's College, Montreal, October 2nd.

Manitoba University, October 1st.

Royal College, Kingston, October 9th, Dr. K. Fenwick.

Halifax Medical College, October 29th.

THE DOCTOR'S CRICKET CLUB.—The Annual Meeting was held at the residence of Dr. Clarke, Kingston, on September 10th, when these officers were elected: Dr. F. H. Cameron (Toronto), President; Dr. Clarke (Kingston), Vice-President; Dr. Nevitt (Toronto), Sec.-Treasurer; Committee: Dr. Burns (Caledonia), Dr. Bascom (Uxbridge), Dr. Pyne (Toronto). After some discussion as to next year's tour, it was

decided to leave the route to the Committee; most likely part of it will be in the States. Cricketers in the medical profession wishing to take their holidays in this way will kindly make themselves known to Dr. Nevitt, 164 Jarvis Street, Toronto.

At the regular meeting of the Peterborough Medical Society, held on the evening of the 20th inst., the general business of the Society was deferred, out of respect to the memory of the late Dr. Collins, and the following resolution adopted:—

"We, the members of the Peterborough Medical Society, having learned with sincere regret of the death of our late friend and brother practitioner, Dr. Collins, take this opportunity of conveying to his sorrowing family and friends, our heartfelt sympathy in their sad bereavement. As a member of our Society he was prominent in promoting its best interests, and from the diligence with which he applied himself to his professional duties, gave promise of a life of usefulness and success. In his intercourse with his professional brethren he was always kind and courteous, and in his untimely death we sustain a severe loss, and our town loses a useful citizen."

WM. CALDWELL, *Secretary.*

It having been known for some time that Dr. A. H. Walker had decided to leave Dundas, with the intention of settling in Toronto, his friends decided to express in a tangible way their sense of the loss the town sustained, and the well-wishes that went with the doctor to his new home. A meeting of prominent business men was held in the office of the Town Clerk. Mayor Bickford, after briefly stating the object of the gathering, read the following address:

*A. H. Walker, M.D., Dundas:*

DEAR SIR,—Hearing that you are about to leave the town of Dundas, where you have resided and practised your profession with a marked degree of success for the last twenty-one years, it has been thought fit by a large number of your friends, on the eve of your departure from among them, to extend to you some token of the manifestation of the kindly feeling entertained towards you.

We therefore ask you to accept the accompanying memento and this address, trusting that in time to come they may serve to remind you of the years spent among us.

In conclusion, we wish you and Mrs. Walker God-speed on your voyage to the mother country, and will be pleased to learn of your return to Canada, and trust you in your new undertaking in Toronto may meet with the same unqualified success.

THE FACULTY'S FAREWELL TO DR. ARNOTT.  
—Dr. Henry Arnott, Dean of the Medical Faculty of the Western University, on the eve of his departure for California, was waited upon by a deputation consisting of Drs. Moorhouse, Jones and Jackson and Prof. Bowman, and presented with the following address, read by Dr. Jackson:

*"To Dr. Henry Arnott, Professor of Clinical Medicine, Dean of the Medical Faculty, of the Western University:*

"It is with feelings of regret that we, the Faculty of the Medical Department of the Western University, have learned that it is your intention to sever your connection with us for a time. We trust that your sojourn upon the Pacific Coast may be the means of restoring health and strength to yourself and family, and that you may soon be enabled to return and resume your labors amongst us with your characteristic vigor and energy. Having been with us from the inception of our Faculty, and having always taken an active and leading part in getting our College into successful and practical working, we feel that we cannot but deplore your departure from our midst.

"As professor of clinical medicine you have won the esteem of your fellow-workers, and the character of your teaching has been seen by the success of our graduates. Our new buildings, in which you have taken a just pride, are nearly completed, and we believe will add strength to our efforts. Your hopefulness and zeal have inspired many of us, who probably would not have endured to this happy consummation had it not been for these influences. We feel that we owe you much which friendship only can repay, and in parting we extend to you our best fraternal

wishes, trusting that all the objects of your separation from us may be realized, and that health and strength be restored to yourself and family. We will anticipate your return, and will rejoice to have you once more in our midst.

"Signed on behalf of the Faculty of the Western University."

Dr. Arnott expressed his hearty thanks for the address and for the unvarying cordiality and kindness during his eight years' residence in London.

### Meetings of Medical Societies.

#### CANADIAN MEDICAL ASSOCIATION.

##### TWENTY-FIRST ANNUAL MEETING.

PARLIAMENT BUILDING, OTTAWA, ONT.,  
September 12th and 13th, 1888.

Dr. J. E. Graham, Toronto, President, took the chair at 10 o'clock, and formally opened the twenty-first annual meeting of the Canadian Medical Association. In introducing Dr. George Ross as President-elect of the Association, he expressed the great pleasure it afforded him in doing so, and said: "I think we can congratulate ourselves upon the prospect of having a very pleasant and profitable meeting, and upon the fact that we have selected as President for this year a gentleman who is in every way capable of fulfilling the duties of that office. Dr. Ross is one of the leaders of the profession in the largest city of the Dominion, and his reputation is not alone confined to that city, but to the Dominion at large."

Dr. George Ross (Montreal) then took the chair.

The Secretary, Dr. James Bell (Montreal), read the minutes of the last meeting of the Association, which were approved of.

##### ELECTION OF MEMBERS.

The following gentlemen, having been duly proposed and seconded, were unanimously elected members of the Association:

Dr. Allen Baines, Toronto, Ont.; Dr. W. P'Anson, Ottawa; Dr. M. C. McGannon, Brockville; Dr. Thos. Potter, Dr. W. C. Cousens, Dr. B. F. Hurdman, Dr. S. Wright, Dr. C. J. H.

Chipman, Dr. A. H. Horsey, Dr. J. W. Shillington, Dr. W. F. Graham, Dr. C. P. Dewar, Dr. W. H. Klock, Ottawa; Dr. T. L. Brown, Melbourne, Que.

##### SELECTION OF OFFICERS FOR SECTIONS.

The following gentlemen were selected:

Chairman of Medical Section, Dr. Bray,  
Chatham.  
" Surgical Section, Dr. Cameron,  
Toronto.  
" Obstetrical and Gynecological  
Section, Dr. Trenholme,  
Montreal.

##### GENERAL BUSINESS.

Dr. J. E. Graham pointed out that, last year, a committee was appointed, the object being to endeavor to further the interests of this Association, and to present a report at this meeting, but that owing to the absence of Dr. Stewart, ex-Secretary, in Europe this summer, nothing has been done by that committee. He said that it was felt that this Association was not in such a flourishing condition as it ought to be, and that it did not hold the sympathy of the profession throughout the Dominion; also, that the By-Laws are found to be very deficient. He, therefore, suggested that another committee be appointed with the view of bringing in a report at the next annual meeting that would be of advantage to the Association.

Dr. Roddick moved, seconded by Dr. Bray, that Dr. Graham, Dr. Ross (President), the President-elect, the Secretary and Treasurer, form the committee.—Carried.

##### RECIPROCITY OF REGISTRATION.

Moved by Dr. Girdwood, seconded by Dr. Rodger, that a committee be appointed, consisting of Drs. Wright, Campbell, Sullivan, Bray, Eccles, Milne and himself, to ascertain the feeling of the different Medical Councils of the Dominion, upon what terms reciprocity of registration may be obtained between the different provinces and the mother country and other colonies.

He stated that on making inquiry in regard to reciprocity of registration with Great Britain, he was informed that before registration could take place, it would be necessary to have an

Order-in-Council passed making a new law of reciprocity of registration applicable to Canada. Reciprocity takes place between Great Britain and Australia, and he thought that we might very fairly have reciprocity of registration between Great Britain and this colony. He also remarked upon the want of harmony existing between the Medical Councils of the different provinces in not allowing members to practise in any province in the Dominion.

Drs. Bray, Mullin, Campbell, Sheard and Cousins spoke in discussion.

Motion carried.

The President read his address. (See page 309.)

A vote of thanks for his able address was moved by Dr. Workman, seconded by Dr. Campbell.

Sir James Grant spoke in support of the motion, which was carried.

The meeting adjourned until 2 o'clock.

JAMES BELL, M.D., *Secretary*.

*Approved.*

GEO. ROSS, M.D.

#### NOMINATING COMMITTEE.

The meeting of the Nominating Committee took place immediately after the adjournment of the general meeting.

On motion of Dr. Bray, seconded by Dr. Sweetland, Dr. Campbell was elected chairman.

The following members of the committee were present:

Drs. Roddick, Graham, Bray, Sweetland, Church, Mullin, Smith; Dr. Ross, President; Dr. James Bell, Secretary.

#### ELECTION OF OFFICERS.

*President of the Association:*

The committee recommends that Dr. H. P. Wright, Ottawa, be elected President for the ensuing year.

*Secretary:*

That Dr. James Bell, Montreal, be re-elected Secretary.

*Treasurer:*

A letter of resignation from Dr. Sheard was read by the Secretary.

That Dr. W. H. B. Aikins, Toronto, be appointed Treasurer.

The committee recommend that the resignation of Dr. Sheard as Treasurer be accepted, and that a hearty vote of thanks be passed to him for his services during the past seven years in that capacity.

*Local Vice-Presidents:*

The committee recommend that the following be elected:

Ontario . . . . .	Dr. C. Sheard, Toronto.
Quebec . . . . .	Dr. F. W. Campbell, Montreal.
New Brunswick . . . . .	Dr. Graham, Bathurst.
Nova Scotia . . . . .	Dr. Ed. Farrell, Halifax.
Manitoba . . . . .	Dr. Lynch, Winnipeg.
British Columbia . . . . .	Dr. J. M. Lefevre, Vancouver.
N. W. Territories . . . . .	Dr. Jukes, Regina.
P. E. Island . . . . .	Dr. Jenkins, Charlottetown.

*Local Secretaries:*

Ontario . . . . .	Dr. Griffin, Hamilton.
Quebec . . . . .	Dr. A. N. Worthington, Sherbrooke.
New Brunswick . . . . .	Dr. Kellar, Fredericton.
Nova Scotia . . . . .	Dr. Webster, Wolfville.
Manitoba . . . . .	Dr. A. H. Ferguson, Win- nipeg.
British Columbia . . . . .	Dr. Milne, Victoria.
N. W. Territories . . . . .	Dr. Oliver C. Edwards.
P. E. Island . . . . .	Dr. McLaren, George- town.

The committee recommend that the next annual meeting be held at Banff, N.W.T., in the early part of August, 1889.

That \$100 be granted to the General Secretary.

F. W. CAMPBELL, *Chairman*.

#### MEDICAL SECTION.

Dr. Bray, Chatham, in the chair.

It was moved, seconded and carried, that Dr. Sheard, Toronto, be appointed Recording Secretary.

Dr. H. P. Wright, Ottawa, was then called upon to read his

#### ADDRESS IN MEDICINE,

but being absent, Dr. Canniff, Toronto, was asked to read his paper upon

THE DUTY OF THE MEDICAL PROFESSION UNDER  
THE PUBLIC HEALTH ACT OF ONTARIO.

(See page 321.)

A telegram was received from him stating his inability to be present, and

Dr. Mills, Montreal, was called upon to read his paper on

THE INFLUENCE OF THE NERVOUS SYSTEM ON  
THE NUTRITIVE PROCESSES.

He began his subject by referring to a synopsis of a paper read by him last year on a new basis of improved cardiac pathology, which developed the theory that all the nutritive processes were constantly under the influence of the nervous system. He explained metabolism as the molecular life of protoplasm, and regarded the organic action of the nervous system, or nerve with the tissue element, as regulating these processes. He proved that nerves going to bone, on being divided, caused atrophic changes in the bone: a change called by Charcot, acute necrobiosis. He also referred to certain affections of the skin following nerves, which he traced to similar nervous lesions. He spoke of the cause of death in animals, after section of the vagi nerves, as being due to pneumonia, which was an inflammatory process due to the severance of the nerve connection. On birds, section of nerves in connection with the heart was followed by its fatty degeneration. He discussed the influence of the trigeminus nerve, also the inhibitory fibres, and sympathetic fibres, due wholly to such interference with nutrition. He referred to the emotions, and their influence on vital processes as being such, and also dwelt upon the training of athletes, stating that over-exertion called into play, and used up, the residual nerve-force.

Dr. Mills' paper was discussed by Dr. Playter of Ottawa, and Drs. Sheard and Graham of Toronto. Dr. Graham asked Dr. Mills to explain the influences to the cause of accelerated heart's action. Dr. Mills promised to do so after he heard Dr. Graham's paper.

Dr. Small, Ottawa, also spoke in reference to the nervous influence on the movements of the amoeba, and Dr. Campbell and others took part in the discussion, to all of which Dr. Mills replied satisfactorily.

Dr. Wright, Ottawa, then explained the absence of any Medical Address, as he did not clearly understand what the meeting expected of him.

The Section then adjourned to meet at 10.30 a.m., Thursday.

CHARLES SHEARD, M.D., *Secretary*.

SURGICAL SECTION.

Dr. Clarence Church, Chairman.

Dr. Proudfoot, Montreal, read notes of a case of

EXCESSIVE HEMORRHAGE AFTER CATARACT EX-  
TRACTION, INTO THE ANTERIOR CHAMBER  
OF THE EYE.

No anaesthetic was used, and no iridectomy made. Pressure was made over the globe by compress and bandage, which were removed next morning, owing to great pain, and an atropine solution dropped into it. Hemorrhage continuing, pressure was re-applied with boracic acid lotion, and morphia given for the pain, which was very severe. Hemorrhage continuing, on the eleventh day, enucleation was performed, and on dividing the globe, the point from which the hemorrhage came was found to be in the retina. No reason could be given for the troublesome hemorrhage, excepting that the patient was very plethoric and a drunkard. No discussion followed the reading of this paper, and the Section adjourned to meet at 10.30 a.m., Thursday.

A. H. HORSEY, M.D., *Secretary*.

OBSTETRICAL AND GYNECOLOGICAL  
SECTION.

Dr. Trenholme in the chair.

Dr. Alloway, Montreal, read a paper on

THE INDICATIONS FOR AND COMPARATIVE MERITS  
OF EMMET'S AND SCHROEDER'S METHODS OF  
OPERATING UPON THE CERVIX UTERI.

This paper gave rise to an interesting discussion upon the subject.

Dr. Gardner spoke in favor of Schroeder's operation as compared with Emmet's in cases of extreme hypertrophy of the neck, and inflammation of the mucous membrane. It enables disease to be removed where Emmet's fails, on

account of the stitches being unable to approximate the edges together after an operation.

Dr. Trenholme favored Emmet's operation in all cases, except in very extreme ones of hypertrophy and inflammation accompanied by glandular of the follicles where Emmet's operation was not available, but thought that in very few cases would this be found necessary, if the tissue was pared away well towards the cervical canal, leaving a narrow border by which tissue could be obtained. Pressure upon the hypertrophied parts afterwards would lead to the formation of the natural cervix. In no case were we warranted in amputating the cervix, if it could be avoided.

The general sense of the meeting was that it was indebted to Dr. Alloway for bringing the subject up, and that the operation of Schroeder should be resorted to only in extreme cases.

## SECOND DAY.

THURSDAY, Sept. 13th, 1888.

The meeting opened at 10 o'clock. Dr. Ross, President, in the chair.

Dr. G. H. Oliver, Delegate to the Association from the Medical Society of the State of New York; Dr. Wallis Clark, of Utica, N.Y., and Dr. Imrie, of Detroit, Mich., were introduced by the President, who, on behalf of the Canadian Medical Association, welcomed them.

Dr. Henderson, Kingston, President of the Ontario Medical Society, was invited to a seat upon the platform. He expressed the pleasure it afforded him to be present at this meeting, and said that as the representative of the Ontario Medical Association, he felt sure that any friendly sentiments conveyed to that Association through him, would be heartily reciprocated. It will always be his duty to promote that unity and concord which should exist between the Ontario Medical Society, the local societies, and this Dominion Association. He referred to the re-formation in Kingston, a short time ago, of the Catarqui Medical Society, which is now affiliated with the Ontario Medical Society, and which has sent two delegates to this meeting, and hoped that such a society will be formed in Ottawa, and elsewhere, with

the view of forming a connecting link between the local society and this Association.

The following gentlemen were elected members of the Association:

Dr. W. J. Burns, Caledonia.

Proposed by Dr. Sheard, seconded by Dr. Bell, Montreal.

Dr. Wallace, Metcalfe.

Proposed by Dr. Bell, seconded by Dr. Sheard, Toronto.

Dr. Preston, Carleton Place; Dr. Lynch, Almonte; Dr. Munro, Perth.

Proposed by Dr. Grant, Perth, seconded by Dr. Horsey, Ottawa.

Dr. Sutherland, Valleyfield, Quebec.

Proposed by Dr. Sheard, seconded by Dr. Bell.

Dr. Burns, Almonte.

Proposed by Dr. Baird, Pakenham, seconded by Dr. Sweetland, Ottawa.

Dr. Milne, Victoria, B.C.

Proposed by Dr. J. E. Graham, seconded by Dr. Mullin, Hamilton.

The President referred to the great pleasure of seeing present a representative from such a distant province, and, upon the suggestion of Dr. Proudfoot, invited Dr. Milne to a seat upon the platform.

Mr. Davis, Chelsea, Quebec.

Proposed by Dr. Hurdman, seconded by Dr. Potter, Ottawa.

## REPORT OF NOMINATING COMMITTEE.

On motion of Dr. Bray, seconded by Dr. Sheard, the report of the Nominating Committee was received and considered clause by clause.

The committee recommended that Dr. H. P. Wright, of Ottawa, be elected President for the ensuing year.—Carried unanimously.

That Dr. James Bell, Montreal, be re-elected Secretary.—Carried.

That the resignation of Dr. Sheard, as Treasurer, be accepted, and that Dr. W. H. B. Aikins, Toronto, be appointed to that office.—Carried.

Dr. Proudfoot, Montreal, moved, seconded by Dr. Trenholme, Montreal, that the thanks

of the Association be tendered to Dr. Sheard, for the long and valuable services rendered to the Association as Treasurer.—Carried unanimously.

Dr. Mullin having called attention to the fact that no allowance was made to the Treasurer for travelling expenses, etc., it was

Moved by Dr. Bray, Chatham, seconded by Dr. Burns, that the travelling and other expenses of the Treasurer, Dr. Sheard, for this year, and that of 1887, be defrayed by the Association.—Carried.

The names submitted by the Committee for Local Presidents and Secretaries were carried unanimously.

On the suggestion of the committee that the next annual meeting be held at Banff, a general discussion ensued.

Invitations were extended to the Association to hold its next annual meeting at London, Toronto, and Victoria, B.C.: and a letter received by Dr. Ross from Lucius Tuttle, Passenger Traffic Manager of the Canadian Pacific Railway Company at Montreal, dated September 11th, 1888, was read, stating that if the Association desire to meet at Banff, a trip will be given from Montreal, or from other stations in Ontario or Quebec, on the line of the Canadian Pacific Railway, to Banff and return—first-class, including a double berth in the sleeping-car for each person, meals in the dining-cars on the way, west of Montreal and back, and four days' living at the Banff hotel, for a round sum of \$95, and that similarly low rates will be made from other points in Canada, and, as far as possible, from cities in the United States.

Dr. Walker, Dundas, moved in amendment to the report of the committee, that the Association meet next year at Toronto to receive the President's address, and then adjourn to meet at Banff for the transaction of other business. Dr. Horsey, Ottawa, seconded the amendment.

Dr. Mullin, Hamilton, moved in amendment to the amendment, seconded by Sir James Grant, that the next meeting of the Association be held at Toronto, on such date as may be deemed advisable by the officers of the Association; and that, in addition, an excursion to

Banff be organized by them, to take place immediately after the meeting.

The amendment to the amendment, and the amendment to the report of the committee, were lost on a division, and the recommendation of the committee carried, that the next annual meeting be held at Banff in the early part of August, 1889.

Dr. Bray, Chatham, moved, seconded by Dr. Trenholme, Montreal, that the Executive make satisfactory arrangements with the railway authorities for members to go to the end of the line.—Carried.

Dr. H. P. Wright, Ottawa, thanked the Association for the honor conferred upon him in electing him President for the coming year.

The meeting then adjourned to meet in sections.

JAMES BELL, M.D., *Secretary*.

*Confirmed.*

GEO. ROSS, M.D.

#### MEDICAL SECTION.

THURSDAY, Sept. 13th, 1888.

Dr. Bray in the Chair.

Dr. J. E. Graham, Toronto, was called upon to read his paper on

A CASE OF EXTREME RAPIDITY OF THE HEART'S ACTION.

(See page 324.)

Dr. Mills explained, *in extenso*, the influence of the cardiac nerves upon the heart's action, dealing mainly with the sympathetic and vagi. He spoke also of embolism in the coronary arteries as a possible cause of such acceleration. He referred to blood pressure, as slowing the heart's action rather than accelerating it.

Dr. Sheard discussed the case, and suggested embolism, or toxic matter in the blood, as a possible cause for such acceleration, and referred also in commendation of digitalis as a method of treatment, particularly the infusion of digitalis.

Dr. Mullin thought it was an important case, and had direct bearing upon the importance of acceleration of the heart as affecting a life insurance risk. He would like to ask Dr. Graham what influence he thought such acceleration of the heart would have in shortening the ordinary duration of life.



Dr. Milne, Victoria, also spoke, referring to a case of modified heart's action associated with tetanus, and stating that such cases were evidently due so a close association between the nervous and cardiac action.

The section then adjourned to meet at two o'clock.

CHARLES SHEARD, M.D., *Sec.*

#### AFTERNOON SESSION.

Dr. R. P. Howard, Montreal, read an interesting paper on

#### OPHTHALMOPLÉGIA EXTERNA.

illustrated by diagrams. He spoke of a case of ophthalmoplegia externa and interna, and explained as a cause the close association of the cerebral centres, and the extension of the disease from these.

He referred to cases recorded where both ophthalmoplegia externa and interna had been caused by hysteria. He noted also the association of this condition with locomotor ataxia and pseudo-hypertrophic muscular paralysis. He was convinced, however, that ophthalmoplegia externa could exist without such association. He discussed also the relation of syphilis to this ocular disease.

Dr. Howard's paper was commended very highly by Dr. Graham, of Toronto, who spoke as to the very great rarity of such cases.

Dr. Stewart, Montreal, also spoke in reference to it.

The paper of Dr. Campbell, Seaforth,

#### MYXŒDEMA, WITH REPORT OF A CASE,

was taken as read, and accepted.

Dr. Playter, Ottawa, read a paper on

A FEW FACTS RELATIVE TO COMMUNICABLE DISEASES IN MAN AND ANIMALS, ESPECIALLY AS BROUGHT OUT AT THE RECENT PARIS CONGRESS AND BRITISH MEDICAL ASSOCIATION, REFERRING PARTICULARLY TO TUBERCULOSIS.

His paper was listened to with much attention, and was discussed.

The Medical Section then adjourned.

CHARLES SHEARD, M.D., *Sec.*

#### SURGICAL SECTION.

Only one paper was read at this session, that by Dr. Fenwick, of Montreal, upon

#### RETROPHARYNGEAL TUMORS.

The operation is formidable, and its literature rather scanty. Dr. Cheever, of Boston, Mass., appears to have been the first who operated on these tumors. Velpéau operated in 1836 on a large tumor, operating by the mouth, doing the common artery first. The patient died on the seventeenth day. Dr. Fenwick was early convinced that operating from the outside is the correct method. These tumors are usually sarcomatous or cancerous, and in a large majority of cases recur. Dr. Fenwick then proceeded by diagrams to illustrate Dr. Cheever's method by cutting from without. A long, straight incision is made, beginning on a level with the lower border of the ear, and extending down the neck in the line of the great vessels. If sufficient room is not thus given, he makes a transverse incision from the straight incision across the jaw. The jaw is not divided, the vessels and nerves are drawn aside, and the tumor enucleated in the usual way. Czerney's operation is modified from Cheever's. He opens the trachea, and keeps up respiration in this way during the operation. He divides the jawbone between the second and third molar, and in getting down to the tumor, has to sacrifice the chief nerves and vessels in that region. He then removes the tumor with a hot knife. Dr. Fenwick then described his own operation by a curved incision following tolerably well the line of the angle of the jaw. In two cases, the operation was easy, no vessels or nerves of importance were divided, except the facial nerve in one case. The bleeding in both cases was practically nil.

Dr. Sheard thought that distinction ought to be made between cancerous and sarcomatous tumors. He thought cancerous tumors, which were not neglected, required a more serious operation, and that more room should be given as they could not be removed solely with the finger without dissection.

The section then adjourned until two o'clock p.m.

R. P. POWELL, M.D., *Sec.*

OBSTETRICAL AND GYNECOLOGICAL  
SECTION.

Dr. Smith, Montreal, delivered his paper upon SOME MINUTE BUT IMPORTANT DETAILS IN THE MANAGEMENT OF THE CONTINUOUS CURRENT IN THE TREATMENT OF FIBROID AND OTHER DISEASES OF THE UTERUS.

He insisted upon the attention to the antiseptic treatment, and upon performing all the operations with care. The results in his own hands had been very satisfactory. He recommended the electrode of Dr. Inglemann in preference to Apostoli's clay electrode. The different forms of electrodes of sounds were shown, and that of Martin he favored most, as being the least expensive, and, at the same time, serving the purpose. He referred to the necessity of exact dosage, and the after care of patients where much electricity had been used.

This paper led to a very interesting discussion as to the field for which it was intended to be useful.

Dr. Trenholme, Montreal, favored an antiseptic method apart from irrigation, simply advising that the vaginal passage be washed out with soap and water, and a plug of antiseptic cotton left in contact with the cervix, when the sound was removed.

Other members took part in the discussion.

The session was then brought to a close.

## AFTERNOON SESSION.

Dr. Bell, of Montreal, read a paper on

## EXOSTOSIS BURSATÆ,

in which he gave the notes of a case which he believed to be the only one reported by an English-speaking surgeon.

Dr. Shepherd, Montreal, referred to the great rarity of the disease, and drew attention to the explanation which was offered of the existence of floating cartilages in the joints.

Dr. Shepherd followed with a paper on

## MANIA FOLLOWING OPERATIONS.

He reported six cases.

Dr. Bell, in the discussion which followed, related two cases, in one of which he attributed mania to the use of iodoform. He asked if there were any cases on record due to iodoform.

Dr. Buller related his experience of one case of mania following the operation of a cataract.

Dr. Dickson, of Pembroke, asked Dr. Shepherd, if mania from iodoform would be apt to occur in the use of the drug when applied to small surfaces.

Dr. Shepherd replied that the danger would be greatest when iodoform was applied to a large surface, as for instance, to the anterior of a large abscess cavity.

Dr. Buller then made a few remarks on

## PENETRATING WOUNDS OF THE EYE-BALL.

Dr. Proudfoot related a case of a penetrating wound of the eye-ball produced by a pen. He agreed with Dr. Buller as to the urgency of an immediate and prompt treatment, and cleansing the wound.

In reply to Dr. Dickson, Dr. Buller advised, for the control of inflammation, the application of cold, to be changed to warm applications, with antiseptic solution of bi-chloride of mercury, one part in 10,000, and one or two doses of 10 or 15 grains of antipyrin.

Dr. J. Stirling, Montreal, followed with a paper on

## SOME EYE SYMPTOMS DUE TO CEREBRAL LESIONS.

Dr. Buller said that in cases of fracture of the orbital plate, the blindness may be due to infiltration of blood in the sheath of the nerve, and reported a case which had occurred in his practice of that nature.

Dr. A. Laphorn Smith's paper on

THE TREATMENT OF VARICOCELE AND ORCHITIS  
BY THE ELECTRICAL CURRENT OF TENSION.

was then read: also a paper by Dr. Smith on

A CASE OF RESILIENT STRICTURE OF THE  
URETHRA CURED BY ELECTRICITY.

Dr. Dickson inquired if Dr. Smith had ever used the treatment in neuralgia, sciatica, or enlarged prostate.

Dr. Buller suggested the decomposition of water as an easier method of determining which is the negative pole.

Dr. Smith in reply to Dr. Dickson, said that the use of a continuous current would probably prove useful in the enlargement of the prostate.

In reply to Dr. Church, Dr. Smith said

that his cases had been under observation for a considerable time, and certainly after a lapse of three years might be considered cured.

Dr. C. Dickson, Kingston, said that in his large experience in the use of electricity in neuralgia, he had found the negative pole of tension often increase the pain, especially if any neuritis existed.

J. W. PICKUP, *Secretary*.

#### GENERAL MEETING.

THURSDAY, 6 o'clock p.m.

Dr. Ross, President, in the chair.

The minutes of the last session were read and approved.

Moved by Dr. Milne, Victoria, B.C., seconded by Dr. Sweetland, Ottawa, that in view of the apparently increasing prevalence of tubercular disease in domestic animals, more especially in cows, it is the opinion of this Association that it is desirable that some legislative action should be taken by the Dominion Government to check the progress of this disease, and we urge that the Government take this matter under their consideration at as early a date as possible. Carried unanimously.

Dr. Mullin moved, seconded by Dr. Smith, that the cordial thanks of this Association be tendered to the members of the profession in Ottawa, for the courteous manner in which they have treated the Association, and its members individually.

It was moved by Dr. Sheard, seconded by Dr. Pickup, that the thanks of the Association be tendered to the railway and steamboat companies for travelling privileges accorded to members of the Association. Carried.

Dr. Fenwick moved, seconded by Dr. Sweetland, that the thanks of the Association be tendered to the Dominion Government for the use of the Railway Committee Rooms for the purpose of holding the present meeting. Carried.

On motion of Dr. Mullin, Dr. Wright, President-elect, took the chair.

Dr. Sheard, Toronto, in moving a vote of thanks to Dr. Ross, retiring President, said that he was sure that all the members of the Association appreciated the whole-souled manner in which Dr. Ross acted in the position of President of the Association. Much is due to Dr.

Ross for the success, the vitality and the perseverance which has characterized, and which has blessed the Dominion Medical Association, and he hoped that he might be long spared to give us his guiding counsel.

Dr. Church, Ottawa, seconded the motion, which was carried unanimously.

Dr. Ross thanked the Association for the vote of thanks tendered him, and said that as regards the Association he had always felt indeed a very keen interest, and had always endeavored to do his share in supporting its interests. With reference to the coming year, the President's duties, according to our present regulations, only begin with his presidency over the Annual Meeting of the Association. I may, therefore, be of some service to the Association in assisting in making the next Annual Meeting a success, and as we have come to a decision as regards the place of meeting, I hope that members will use every endeavor to be present, and to make the meeting a successful one. Every exertion should be made to attract a large number of our Canadian graduates who are now scattered throughout the North-Western States, and a number of American physicians, to the next Annual Meeting at Banff.

Dr. Sweetland, Ottawa, was appointed Auditor.

On the motion of Dr. Mullin, Hamilton, the thanks of the Association were tendered to Dr. James Bell, Montreal, for his valuable services as Secretary.

The twenty-first Annual Meeting of the Canadian Medical Association was then brought to a close.

JAMES BELL, M.D., *Secretary*.

#### Book Notices.

*Exophthalmic Goitre*. By AUGUSTUS A. ESHNER, A.M., M.D. Prize Essay, Jefferson Medical College, 1888.

*Transactions of the Medical Association of the State of Missouri at its Twenty-First Annual Session, held at Kansas City, Mo., April 17, 1888*. St. Louis: E. E. Carreras, 117 Locust Street.

*How to Study Botany.* By T. J. W. BURGESS, M.B., F.R.S.C. Read before the Hamilton Association May 10th, 1888.

*Electricity vs. Tait; or, the use of Electricity in Inflammation as found in Gynecology.* By GEO. F. HULBERT, M.D., late Superintendent of Female Hospital, St. Louis. (Reprint.)

*The President's Address delivered at the Eighth Annual Meeting of the Ontario Medical Association.* By J. W. ROSEBURGH, M.D., of Hamilton. Hamilton: Times Printing Co. 1888.

*Report of the Eye and Ear Department of St. Mary's Hospital and St. Mary's Face, Eye and Ear Infirmary. For the four years ending June 1st, 1888.* (Reprint.) Geo. S. Davis. 1888.

*Excessive Venery, Masturbation and Continence: their Etiology, Pathology and Treatment, including Diseases resulting therefrom.* By JOSEPH W. HOWE, M.D., late Professor of Clinical Surgery in Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, Visiting Surgeon to Charity and St. Francis Hospitals.

*A New Edition of the United States Dispensatory.* J. B. Lippincott Company take pleasure in announcing that a new edition of the United States Dispensatory is now being bound, and will be ready in a few days. The revision has been thorough, and not merely the addition of a supplement. More than one-third of the book, or nearly eight hundred pages, is entirely new matter, while the whole work has been most carefully rewritten. The National Formulary has been incorporated.

*Transactions of the Michigan State Medical Society, Twenty-third Annual Meeting, held in Detroit, June 14th and 15th, 1888.* George Duffield, M.D., Secretary.

The Publication Committee, composed of Drs. Geo. Duffield, W. P. Manton, F. W. Brown, C. G. Jennings, and F. W. Mann, are to be congratulated upon the early appearance and admirable arrangement of the transactions of this flourishing society.

## Personal.

Dr. H. O. Marten has removed to Detroit.

Dr. Primrose has located on Simcoe Street.

Dr. Spilbury has commenced practice on College Street.

Dr. W. Harley Smith is practising at 260 Spadina Avenue.

It is mentioned that Dr. Anderson, of Hamilton, will remove to Toronto.

Rumor states that Dr. Brown, of Galt, is shortly to join the medical army in this city.

Dr. J. McCallum has been appointed Associate Lecturer in Medicine in the Woman's Medical College.

Dr. Lehmann, formerly of Mitchell, has returned from the Continent, and secured the residence of the late Dr. Archibald, on Spadina Avenue.

The following gentlemen were selected as delegates to the Ontario Medical Association at the last meeting of the Michigan State Medical Society, viz.: Drs. J. J. Mulheron, Donald McLean, A. Kaiser and Conrad Georg.

At the August meeting of the Board of Examiners the following Physicians from Canada were granted certificates to practise Medicine and Surgery in California State: Dr. Lafayette Bently (Trinity, '81), Lugonia; Dr. David Dufresne (Victoria), San Diego; Dr. Robert S. B. O'Brien (McGill, '83), San Francisco; Dr. J. W. Rowan (Trinity, '88), Murietta; Dr. George B. Rowell (McGill, '84), San Bernardino.

## Miscellaneous.

ANOTHER REMARKABLE VERDICT.—A coroner's inquest in Memphis was called to sit upon the case of a woman whose skull was found to be cracked so as to expose the brain. No autopsy was ordered and no expert testimony was asked for from physicians, the jury in its wisdom deciding that the woman "died suddenly from a natural cause, produced by an expansion of the skull."—*N. W. Lancet.*

THE VENEREAL WARDS OF THE VIENNA HOSPITAL.—A correspondent of the *Maryland Medical Journal* states that it makes a strange impression on an American to go, for the first time, through the syphilis wards with the professor. Arranged in long rows, upon their backs, in bed, with nothing covering them from their knees to their navels, lie the men, ready for examination. Standing around with various implements and dressings are five or six active women, awaiting orders from their lord and master, the professor. The men are not allowed to touch themselves, so with their hands under their heads they lie there with anxious faces awaiting the next development in the treatment. Truly, it is a comical sight, this mixture of the sexes under the circumstances.

IMPORTANT NOTICE TO PHYSICIANS. — We take this method of denouncing the circulation of certain erroneous reports, as being the outcome of either ignorance or malice. We have no connection whatever with the firm of H. H. Warner & Co., of Rochester, who make "Safe Remedies" and other patent medicines. Our advertising is to the Medical Profession, and our products (Warner & Co.'s) have been used and held in high esteem by the most eminent doctors during the past thirty years in the United States and in foreign countries wherever introduced. The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations in the most correct, stable, compatible, palatable and convenient manner, by the aid of skill acquired by years of practice and experience. It is necessary to specify Wm. R. Warner & Co. to avoid substitution of cheap and inferior brands.

WILLIAM R. WARNER & Co., Philadelphia.

THE JANITOR AHEAD.—*Philosophy is not all Nervousness.*—Dr. Garretson had concluded a lecture in which the resurrection of the body was discussed from a physiological standpoint, argument being directed to show that the astral of theosophic language is quite as much a form of matter as is the corpus of an anatomist, and that thus it is alike philosophical to both deny and accept that man rises again. Arguments of

the kind would necessarily soon perplex one unacquainted with premises on which the order of reasoning is founded. So it is not to be wondered at that one of the hearers of the lecture, the colored janitor, who is more apt to be found inside than outside the door on the occasion of these discourses, gave up and sought relief in his broom and dust brush.

"Too much for you to-night, was it, Hamilton?" asked a student passing the janitor in the hall.

"See here, boss," said the janitor, "dem was big words, and no doubt clar enuf to de boys, but what's you got to say to dis dat I hurd down to Zion t'other night:

" ' If a man sits down on a pin  
Its sartin sure that he'll rise agin.' "

It is not reported what the student said.—*Med. Times.*

## Births, Marriages, and Deaths.

*Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.*

### BIRTHS.

MEWBURN.—At Lethbridge, N.W.T., September 6th, 1888, the wife of Dr. Hamilton Mewburn, of a son.

OLVER—September 23rd, at Medicine Hat, North-West Territory, the wife of Albert Olver, M.D., of a son.

### DEATHS.

CARR—At Stoney Creek, on September 16th, Mary, wife of Leeming Carr, M.B., and daughter of James Harrington, Ancaster.

MCCONNELL—At his residence, corner Bathurst and Adelaide streets, on Sunday, Sept. 16, 1888, Dr. John Stuart McConnell, aged 50 years.

ROSS MCLACHLIN—On July 27th, aged 5 months and 8 days.

BRUCE MCLACHLIN—On September 9th, aged 6 months and 21 days.

Infant twin sons of Dr. R. W. Bruce Smith—Seaforth, Ontario.

WATT—At residence of James Cleland, Meaford, Mary Watt, wife of Hugh Watt, M.D., of Baskerville, British Columbia.