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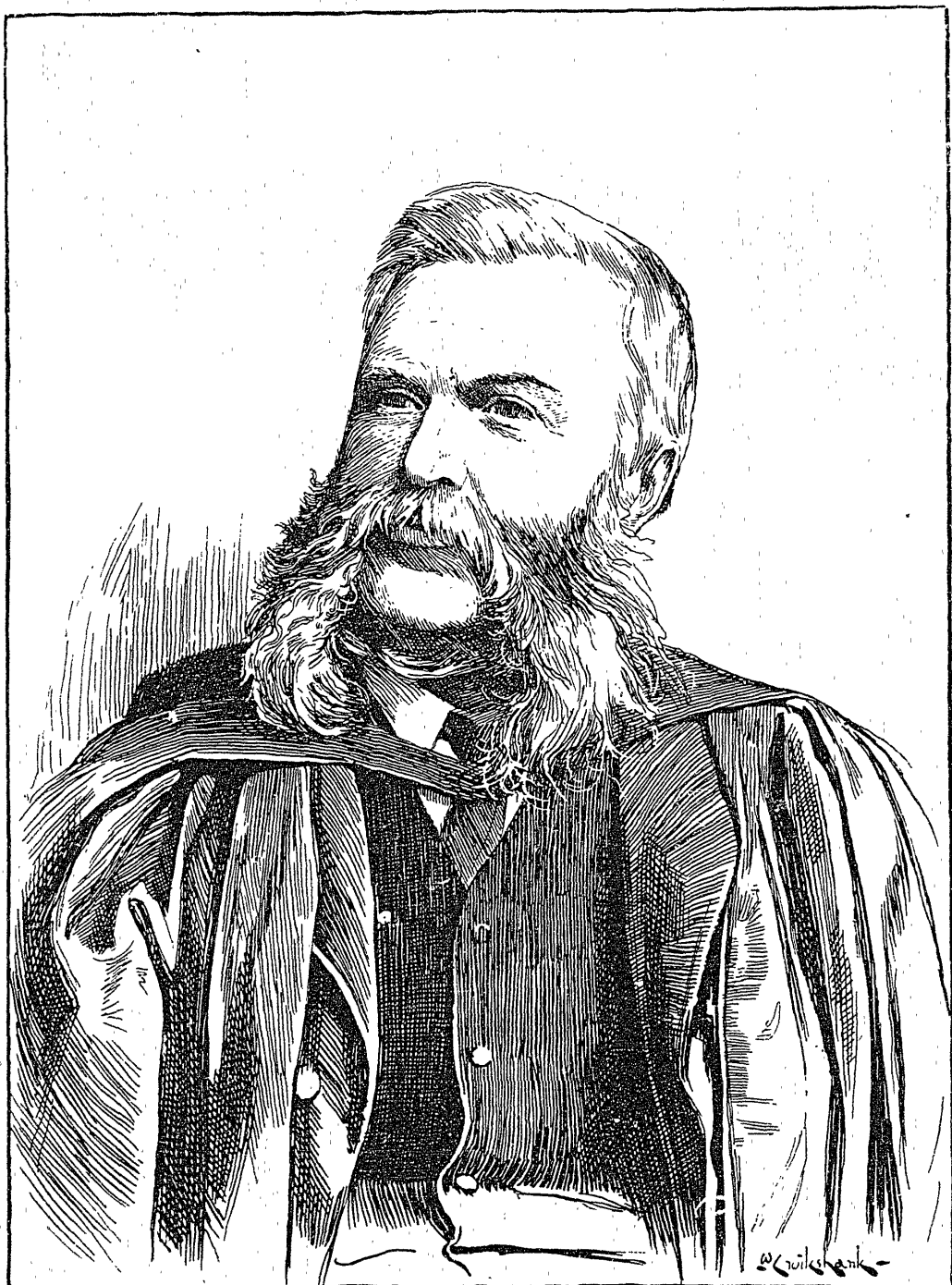
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WALTER B. GEIKIE, M.D., C.M.; F.R.C.S., EDIN.; L.R.C.P., LOND.;

DEAN OF THE FACULTY OF TRINITY MEDICAL COLLEGE, AND PROFESSOR OF THE PRINCIPLES
AND PRACTICE OF MEDICINE AND OF CLINICAL MEDICINE.

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A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England. — J. E. GRAHAM, M.D. Tor., L.R.C.P. London.
W. H. B. AIKINS, M.B. Tor., L.R.C.P. London.

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LACERATION OR RELAXATION OF
PERINEUM AND PELVIC FLOOR.

BY HOLFORD WALKER, M.D.

IN choosing the above subject, I am induced to do so in order to enter a protest against the article on the subject in vol. ii. of the "American System of Gynæcology," lately issued to the profession. For the author of the article I have much personal regard, and pleasant memories of his operative work during my sojourn in Philadelphia two years ago; but cannot on that account refrain from condemning what I consider the most flagrant omission on his part, in not recording and endeavoring to give a description of the simplest, shortest, and best means of remedying the condition that has yet been discovered. I say simplest, because any practitioner can perform it with the greatest ease; shortest, because two minutes suffice to complete the operation; and best, because the results are as good as those of any other method, and, in case of failure (although I have yet to see an instance), there is no loss of tissue. I refer to Lawson Tait's operation, descriptions of which have appeared from time to time in the various journals. Although I admit the great difficulty of performing any of these operations merely from descriptions given by those who have witnessed them; but if difficult to grasp the ideas, from a written description of this most simple of

operations, what must it be to form any idea of say Standes' operation on page 760 of the work to which I have referred! Those who have attempted to perform Emmet's from the author's description, and have witnessed it as performed by the author himself, have been thunder-struck at the wide difference between description and practice. That Howard Kelly was ignorant of the great advantage of Tait's operation over that of others, I cannot for one moment conceive. What then is the cause of the omission? I sincerely trust that no personal reason would permit an author of a paper to so far forget the duty he owes to the editors and profession at large as to withhold subject matter from his article to which the subscribers to the work are justly entitled. The work in question was intended, and is doubtless looked upon by the profession at large, as being authority, and the best at that, on the various subjects on which it treats. What then, may I ask, would be its value if all the other articles were as far behind the day in information as the one to which I have referred?

From the hitherto complicated procedures and descriptions for the performance of the operation the profession at large have been loath to urge their patient to undergo it. Where even the practitioner has screwed up his own courage to the necessary point, he then encounters a greater difficulty in persuading the patient to submit to an operation that is likely to last an hour to an hour and a half, with a good average probability of greater or less failure. The pa-

tient prefers to drag on, as in truth she does from day to day, rather than undergo what appears in her unprofessional eyes a very formidable operation. But if the patient on the other hand can be spoken to lightly on the subject, and told that the operation is a very simple procedure, only occupying two or three minutes, with the result of giving her perfect comfort absolutely without a failure, if the details are properly attended to, she weighs the danger with the duration of the operation, and willingly consents to its performance, with the result of satisfaction to surgeon and gratitude from the patient for the marked benefit afforded her. That the operation is as successful in extreme cases of laceration through the sphincter, etc., or extreme prolapse from relaxation, I can attest from experience in many cases. I will endeavor to give a clear explanation of it at the meeting of the Ontario Medical Association in June, as it is very difficult to grasp the *modus operandi* of any of these operations from merely written descriptions. This one in particular will prove a great boon to the general practitioner, who can easily perform it when its simplicity is understood and the details properly grasped.

No two of the descriptions I have read, written by men who have witnessed Mr. Tait perform the operation, agree; and it would be very difficult, I confess, to perform it successfully from any of the descriptions. Its very simplicity prevents the reader grasping the idea, or the writer in making its simplicity sufficiently clear. I do not see that I can describe it more clearly than has been done by others, but as each one has his own way of describing what he has seen, the hidden facts may appear from a multiplicity of reporters. I refer to simple laceration not extending through the sphincter ani, as the details of that complication might confuse matters. Instruments required: pair of side-bent scissors, perincal suture needle on fixed handle, four or five silk-woven gut sutures, and a sponge. The patient on her back at side of bed, in lithotomy position, with knees apart; insert point of scissors to depth of quarter to half an inch at lowest angle of laceration, indicated by a white line of cicatricial tissue, and cut up on the left side of vagina where the mucous membrane joins the external skin until you come to

the end of the old rent, gradually reducing the depth of the incision to the point of exit. Exactly repeat the procedure on the right side, when you will have a wide gaping wound at the base tapering on each side to a point; bring these two raw surfaces in close apposition, and the operation is complete. To do so properly is the secret of success. The sutures, three or four in number, are to be altogether within the raw surfaces, so as to prevent the skin intervening to prevent adhesion. The result is, you have the perineum reformed to its original condition, triangular in shape, being thick at the base. Where the sphincter is torn, the original operation is the same, with the addition that a cut is made on each side of the bowel to the extent of about half an inch, exposing merely the lost ends of the sphincter, and these low surfaces are brought together in a similar way to the above procedure. The patient to remain in bed for a week or ten days, the parts kept clean by syringing with warm water, a pad of absorbent cotton applied to the wound, and changed as required; the stitches may be removed in a fortnight, or later, as they afford no inconvenience.

REMINISCENCES OF ENGLISH SURGERY.

FREDERICK WINNETT, M.R.C.S., ENGLAND.

PERHAPS no subject is of more interest to the student or of importance to the practical man than a comparison of English and Canadian surgeons. At a superficial glance, considering how far separated the countries, how unlike are their ages, their population and their wealth, we would not be surprised to find them differing widely in their mode of treatment and in all probability in favor of the mother country; while on the other hand, among the numerous hospitals in London, where not one of these factors can influence them, while their representative heads constantly exchange ideas at their societies, we hope to find some approach to unanimity of opinion. Let us see how this conclusion is affected on closer examination and illustrate our points by a few practical examples.

In the treatment of the common fracture of

the shaft of the thigh bone, the great majority of surgeons consider the plan so strongly advocated by Hamilton, of extension by weight and pulley, counter-extension being made by the gravity of the body, long-side and co-aptation splints, to be a decided step in the advance. Yet in Mr. Hulke's wards at the Middlesex Hospital, Liston's long splint and perineal bandage are almost invariably used. This treatment is not general in London, and Mr. Owen expressed the sentiments of the profession during a clinic when he said he could not understand how anyone could conscientiously follow such a practice. Every student in Toronto knows this plan has been abandoned at our hospital. Much wrangling is heard at present in London on the subject of fractured patella, and almost every surgeon follows a different course. At Middlesex a back splint with foot-piece is applied, the lower fragment is steadied by a plaster bandage and the upper drawn down and held in place by applying a broad piece of plaster bandage to the thigh, cutting it out horse-shoe-like for the patella. This is fixed by a roller bandage, and to the ends of the plaster are attached india-rubber bands, and these again to the foot-piece. By these the tension is regulated. For a few days an ice bag is placed on the knee. The action of the rectus muscle is not noticed. The advantages claimed are simplicity, safety, and a useful leg, if persevered in for two months, and a rigid apparatus worn for some months longer. Mr. Heath follows a somewhat similar plan, but commonly aspirates the joint, hoping to obtain better approximation of the fragments. Sir Joseph Lister wires the fragments together, obtaining bony union, and passive motion is commenced at the end of the second week. Treves, at the London Hospital, uses Malgaigne's hooks with antiseptic precautions, as the knee joint is thus opened. Occasional suppuration of the joint deters all but the most sanguine believer in antiseptics from adopting the latter plans. Whether to remove the axillary glands in all cases of carcinoma of the breast is another vexed question, Lister advocating free removal, and statistics show an increase in the percentage of cures (i.e., those surviving three years), from ten per cent. under the old plan to twenty-six for

the new. Hulke recommends, when removing the glands, to dissect them out with lymphatics leading from the breast with the sharp edge, in order to avoid tearing the axillary vein or a branch from it. Most surgeons excise the elbow by the single vertical incision, and yet the two lateral has its advocate in Sir Joseph, who claims less injury to the triceps, and while admitting it to be more tedious, shows his veteran spirit and never-tiring efforts in the interest of his patients. He puts it up slightly flexed midway between pronation and supination. Mr. Lawson, in excising the hip, invariably removes the great trochanter, making drainage more perfect. Mr. Hulke, at the same hospital, leaves it, thus preserving a more useful limb. Mr. Gould takes a cosmopolitan view. At Guy's Hospital, Bryant may be seen stopping hemorrhage by torsion exclusively, and claims it an advantage not to leave a foreign body, while it is easier of application and inflammation is less liable to follow. In Mr. Heath's wards at University College, an interesting case occurred showing how widely opinion varies in that hospital. Mr. Heath, having returned from his holidays, was giving a clinic in his wards, and, on approaching a patient, was informed that the case was one of senile gangrene. Mr. Heath at once proceeded to impress upon the class the advisability of waiting for spontaneous separation, and had convinced all it was a rule in surgery never to be deviated from, when lo! the dresser disclosed a nicely fashioned stump. In his absence it had been amputated by Mr. Barker. The flaps sloughed. At the examination for membership of the Royal College of Surgeons, Sir William Macormac objected to straightening the foot at once after tenotomy, while Mr. Heath as strongly protested against waiting three or four days. In practice students are advised to ligature the brachial for secondary hemorrhage from the palmar arch, and at the college examination to ligature radial and ulnar. Judging from the high recommendation and apparent usefulness of Thomas' splints, they might with advantage be used oftener in our hospitals. One sees them used for disease of hip, of knee, of cervical spine to support jury mast, for fracture of femur, of patella, etc. Chopart's operation is discarded in favor of Symes', as the arch of the foot is

destroyed by removing one pillar, and the foot is thus extended, and not by the action of the calf muscles, as at one time supposed. At a clinic a Canadian student was asked if he had seen Chopart's operation, the surgeon expecting and hoping to receive a negative answer, when he was startled by hearing a reply in the affirmative. Naturally the next question was "did they find it necessary to divide the tendo achillis?" and this bringing a like reply, caused much amusement, the surgeon declaring the Canadian was just making it up as he went along! All scepticism in the value of antiseptics is forever dispelled by a visit to Sir Joseph's wards at King's College Hospital. There that celebrated surgeon does all his own dressings, expounding his great principles in several tongues to suit his students and visitors. There one sees all the large joints fearlessly laid open, with seldom a failure. His latest method of dressing, with which he is yet experimenting, is the following: White bichloride gauze washed and wrung out of carbolic solution is first applied. The gauze is surgically clean, and washing frees it from the irritating bichloride; the carbolic soon evaporates. Over this is applied an orange-colored gauze impregnated with iodide of mercury. The iodide is not so easily washed out and its antiseptic properties are more lasting, since the bichloride is neutralized by forming a compound with the discharges, the albuminate of mercury. Its discoloration by discharges denotes whether it is active or not. A bandage similarly prepared but colored blue, to distinguish it from ordinary rollers, is applied, and over all a mackintosh. He has discarded the spray in favor of the irrigator and "guard," and advocates frequent dressing, as the old rule of waiting for the temperature to go up is waiting till the wound is septic. If he follows any definite rule in this respect, it is to change in 24 hours, again on the third day, again on the sixth, etc., until healed. By this plan, too, a displaced drainage tube may be adjusted before too late. Yet in London the most diverse opinions exist as to the value of antiseptics. Bantock, at the Samaritan Hospital, has regard only for absolute cleanliness and uses pure water. In October last he performed his ninetieth consecutive successful operation of laparotomy. Cheyne attributes his success to

the great absorbing properties of the peritoneum removing all fluid, and thus one of the necessary factors of putrefaction. Again the toxic effect is in direct proportion to the dose. Others, like Mr. Hulke, occupy a middle place, using antiseptics, but without the Listerian precautions. For instance, patients with dirty hands may be seen teasing out antiseptic dressings which are applied next the wound. Suppurating wounds are not uncommon in the wards.

Even from these few illustrations comparing their dogmatic methods with ours, we must conclude that Canadian surgeons do not run to extremes, but follow a more even course, tempered by liberal views characteristic of Canadians, and not influenced by personal jealousies so noticeable in the mother country.

We, too, in Canada, with the same modesty, are too much inclined to think John Bull, because he never admits a mistake, never did blunder. A short residence will dispel such delusions and confirm the great truth, "to err is human." I can recall a case of morbus coxæ in third stage treated for some time as disease of knee joint, by a senior surgeon at one of the hospitals; lupus hypertrophica not diagnosed by a prominent surgeon; enlargement of pregnancy mistaken for ovarian cyst and operated upon; John Wood forgot, till the dressing was applied, to bring the rings together in the operation for radical cure of hernia, and so I could multiply cases indefinitely.

7 WILTON AVENUE.

A CASE OF COMPLETE LACERATION OF THE URETHRA.

BY J. R. LOGAN, M.D.

ON the evening of Dec. 29, 1888, I was called to see J.S., (aged 42, married; occupation, policeman), who had been injured at 5 o'clock on the morning of that day. He had been holding the nozzle of a hose-pipe at a fire in the city, and was standing on a beam which ran out over a cellar. The water being turned off, the recoil of the hose pulled him backwards, his legs slipping one on each side of the beam, he fell, striking on his perineum. Not feeling much effect from the fall, in about half an hour he walked home, a distance of half a mile. On attempting to

urinate before going into the house, he felt a burning pain in perineum, and had a free hemorrhage from the urethra. During the day he was treated by evaporating lotions, the scrotum and perineum continuing to swell from effusion, though hemorrhage from the penis ceased. When I saw him first, about ten o'clock at night, he was in great distress from retention of urine. Assisted by Dr. Montgomery, of Ardoch, who gave the anæsthetic (chloroform), I proceeded to operate. After a careful attempt to pass a catheter, which was invariably arrested at the region of the bulb, it was decided that the urethra was lacerated at this point. Putting the patient in the lithotomy position, after carefully shaving and disinfecting the perineum and adjacent parts, I made an incision in the median line, from the back of the scrotum to within half an inch of the anus, down to the deep layer of superficial fascia, which was tightly stretched by effused blood. Making a quick incision through the membrane, I turned out a large mass of clotted blood and met very free arterial hemorrhage, apparently from the arteries of the bulb of each side. Grasping the bleeding points as nearly as possible, with hæmostatic forceps, I plugged the wound with sponges squeezed out of hot bichloride solution, and kept up pressure for some time. The free oozing which kept up seriously interfered with the most difficult step of the operation, i.e., finding the proximal end of the torn urethra, which had retracted deeply beneath the pubic arch. The torn extremity of the distal portion had been freely dissected by the vigorous hemorrhage from the arteries to the bulb, and for one-and-a-half inches lay free in the wound, the torn ends being separated by retraction for about two inches. After a long and tedious search, interrupted by the frequent necessity of packing the wound with sponges to restrain the general oozing, I tried the expedient of allowing the patient to recover from the chloroform and telling him to try to make water. After a few straining efforts, assisted by pressure above the pubes, I noticed a few drops of urine exuding from a point high up beneath the pubic bone, and here I succeeded in slipping in a Sims sigmoid self-retaining catheter, which emptied the bladder of a large quantity of urine intimately mixed with blood. The operation

lasted three and a half hours, and the patient was blanched by excessive hemorrhage, but the oozing ceased as soon as the bladder was relieved from tension, and he quickly rallied. The after-treatment was uneventful, except that on the evening of the sixth day hemorrhage occurred from the transverse perineal artery of the right side, the open mouth of which was plainly seen spouting about the centre of the right lip of the incision; though free at the time, this was easily controlled by ligature. The wound was irrigated every two hours with a 1 in 2000 bichloride solution. Under the end of the self-retained catheter and between the thighs, a small tin cup was placed to collect the urine; in this way the patient was quite dry and comfortable. On the fifteenth day I removed the catheter, which until then, had not been touched, though I had daily passed a No. 18 Van Buren sound through anterior part of urethra to prevent it closing up. After removing the perineal catheter, I showed the patient how to draw his water with a gum elastic catheter, which he has since done faithfully, never allowing any to pass by the wound. At the present writing the wound is almost healed. A small fistula yet remains, which is fast healing. The patient has resumed his work on the police force and suffers no inconvenience, except that he has to draw his water and use the catheter every time before going to stool, to prevent the straining driving any urine through the wound. A No. 18 Van Buren sound is passed daily, and this will be done for months, to prevent, if possible, contraction of the cicatrix and traumatic stricture.

GRAND FORKS, DAK.

Selections.

REVIEW OF THE YEAR'S THERAPEUTIC PROGRESS.—(Concluded).

BY PROF. DR. DUJARDIN BEAUMETZ.

Translated for the CANADIAN PRACTITIONER by Dr. W. Beattie Nesbitt, B.A.

It is the idea of pathogenic infection which has caused physicians to institute pulmonary antisepsis; and it must be recognised that they are far from having attained the end which was proposed, as the bacillus tuberculosis appears

to resist all the therapeutic means which have been directed against it. The gaseous rectal injections have been succeeded by subcutaneous injections of eucalyptol, to be followed by the inhalation of sulphurous acid, and particularly hydrofluoric acid. During the past year inhalations of sulphurous and hydrofluoric acids have been experimented with, side by side in my service at the Cochin Hospital, and have given some comparable results. That is to say, in certain cases they have modified expectoration and diminished the cough without having the least action on the bacillus itself. In the thesis of my pupil, Dr. Dariex, may be found the results obtained from the inhalation of sulphurous acid. As for hydrofluoric acid, we have never seen any action on the bacillus, our results being very ordinary and not comparable with those given by Dr. Hérard. It ought to be recognised that a hospital is a very poor place in which to obtain the cure of tuberculosis, since the hygienic conditions are detrimental to the tuberculosis patient.

To-day, when hygienic conditions appear to have become almost the exclusive treatment of tuberculosis, we can understand the difficulty of obtaining the cure of tuberculosis in our hospitals. For my part I think that those have passed to the other extreme who state that the active treatment of tuberculosis consists solely in the stringent application of a special hygiene, a hygiene based upon alimentation and a life in the open air. Everyone recognises its value as a coincident medication. I think, however, that to calm the cough, produce sleep, reduce the fever and sweats, and diminish the diarrhoea, it will be necessary to have recourse to medicines, and that in any new plan the treatment of tuberculosis ought to be a complex one, where I consider that hygiene ought to occupy the first place.

Of all the antiseptics proposed for this purpose one alone seems to be of real value, that is, creasote. In Russia I have been shown by Dr. Offanassiew some remarkable results obtained by administering this medicine in very large doses. But it is necessary to have a strong stomach to withstand the large doses of so irritating a medicine. In France, Gimbert should have obtained good results by injecting sub-

cutaneously large quantities of this substance. But before pronouncing on this method we will have to wait for his results and method of procedure.

If chemistry has given from the aromatic series some new medicines its many antiseptics, analgesics or antithermics, still it is in the vegetable kingdom that we find those drugs which are most active in augmenting the muscular force of the heart; and to this curious fact I draw the attention of my colleagues. How to explain that whilst in the aromatic series we have numerous rivals to morphine and aconite, we have not yet been able to discover a heart tonic, but must have recourse to drugs of vegetable origin. Digitalis, which remains the medicine *par-excellence*, has been joined by caffeine, convallarine, then sparteine, and last, strophanthine.

Now convallarine is abandoned, and this results principally from the appearance of sparteine and strophanthine, which appear to be much superior to it. Sparteine has found a new application in the hands of Ball & O. Jennings. They use it to combat with the state of syncope which often follows in morphomaniacs, when the morphine is withdrawn. In these individuals morphine acts as a tonic. It stimulates the heart, increases the circulation and raises the temperature; but when the use of this drug is discontinued, the heart deprived of its excitant, can no longer perform its duty; the patient is then subject to syncope, presenting often great seriousness. Sparteine, in stimulating the contractions of the heart, causes the symptoms to disappear and allows us to deprive the individual of morphine without causing grave accidents. As sparteine is soluble, it can be administered by subcutaneous injections, and thus the injections of morphine can be replaced by injections of sparteine at the time when the former were usually administered. Five to ten centigrammes of sulphate of sparteine can thus be administered.

It was Fraser who first showed us the benefits to be derived from strophanthus in the treatment of cardiac affections. It is indeed a marvelous heart-tonic which will be of great service to us, because it is a medicine easily tolerated, which has not the cumulative nor emeto-cathartic

action of digitalis, and can, for this reason, be employed for months and even years.

It is also a diuretic and able to produce its action even when the kidney is altered, not wholly, but in certain parts of the parenchyma; and I have seen in certain cases of interstitial nephritis and renal insufficiency this medicine have good effects.

What remains yet to be thoroughly established is the pharmacology of strophanthus. It has been proposed to utilize the active principle of strophanthus, strophanthine, only we are as yet unable to determine with certainty this active principle; since there have been found different strophanthines, of which the purest appears to be that of Arnaud, which is extremely toxic. Besides in strophanthus, there has been found a strophanthidine. Thus we see reproduced in strophanthus what has occurred in digitalis, as the question of the digitalins has, unfortunately, from the unceasing discoveries of chemists, not yet been settled. Digitalis is thus preferred to the digitalins, and so in the new case it is necessary to use strophanthus in preference to the strophanthines. At the same time it should be recognized that the proportion of active principles contained in strophanthus varies with the genus employed and the part of the plant used, but this is a point common to all drugs of vegetable origin. The seed is the part chiefly used in making extracts and tinctures. The extract is given in doses of four milligrammes, divided into pills of one milligramme each. The tinctures are of variable strengths. Fraser uses one in the proportion of one to twenty. There is made another strength, one to ten, and I have advised a strength of one in five, *i. e.*, of the French pharmacopœia, of which we give five drops morning and evening. It is necessary to carefully specify the tincture that you wish used when prescribing. Caffeine in its association with benzoate of sodium, as proposed by Tauret, can be used in subcutaneous injections, and from its effects produced upon an illustrious patient, has directed the attention of the medical world to its tonic value. Semmola has shown himself to be very partial to these injections, which have also been much extolled by Huchard. These authors consider caffeine to be an excellent general tonic, and in

particular of the heart; also in all cases of adynamia they propose to substitute for injections of ether those of caffeine. I believe that it is a proceeding which can render much service, and that there will be considerable advantage in some circumstances of substituting caffeine for ether. The following is the formula:—

Benzoate of soda.

Caffeine,

ââ 2.5 grs.

Aqua ad,

10 Cc's.

Each Cc of this solution contains twenty-five centigrammes of caffeine. This amount can be injected two or three times a day. Amongst vegetable drugs, I shall cite above all the *Eschscholtzia Californica*, *Baylahuen* and *Soja*. The first of these has been studied in my laboratory and has been found to possess true analgesic and soporific properties. *Baylahuen* acts above all in diarrhœa. *Soja* furnishes a valuable article of diet for diabetics. Lecherf has suggested the ingenious idea of making from this grain a bread which can be used not only in diabetics, but also in cases of anæmia, and above all, in obesity. Such are the most important points in the acquisitions to therapeutics in 1888. These acquisitions are numerous and also useful and besides show that this year has not been inferior to previous years in this particular.

SUSPENSION IN THE TREATMENT OF PROGRESSIVE LOCOMOTOR ATAXIA, AND OF SOME OTHER DISEASES OF THE NERVOUS SYSTEM.

Résumé of a lecture delivered by Charcot at the Hospice de la Salpêtrière, on the 15th of January, 1889, by M. le Dr. Gilles de la Tourette.

Translated from "*Le Progrès Médical*," for the CANADIAN PRACTITIONER, by DR. GEO. ACHESON.

DURING the last three months of the year 1888 we have tried a new method in the treatment of tabes which has given us results sufficiently satisfactory to warrant us in making it the subject of a lecture. The idea of this treatment belongs to Dr. Motchoukowsky, of Odessa, who made it known in 1883 in a brochure hitherto unnoticed. In 1888, M. Raymond, associate professor, had the opportunity, being on a scientific mission to Russia, to become acquainted with the results obtained by M. Motchoukowsky, results which Dr. Onanoff, pupil of the clinic, his travelling companion, was desirous of making known to

us, together with the method of operating. The treatment has been put in practice by Dr. Gilles, who has supervised all the operations and recorded the observations.

In his brochure of 1883, M. Motchoukowsky said he had treated, and considerably improved the condition of, twelve tabetics, and that by the same operative procedure he had re-established the sexual functions of other patients affected with loss of sexual power of nervous origin independent of tabes.

The treatment consists in séances of suspension of a progressive duration of one-half to three minutes (four minutes being the maximum), according to the case, by means of the apparatus employed by Sayre, of New York, in putting on his jacket.

The duration of the suspension is, as we have said, progressive. We begin with half a minute, and increase progressively by about half a minute at each séance. These take place every second day, daily suspension not having given us any better results. As a technical detail, we may add that it is necessary every fifteen or twenty seconds to raise the arms of the patient, so that the traction which is exercised on the vertebral column may be more effective.

We have in this way treated eighteen cases of tabes, furnishing in all about 400 suspensions. Of these eighteen, we must exclude four, who were not suspended more than three times, and who did not return for several reasons, of which the distance and the difficulty of reaching the hospital have been the chief. The other fourteen have experienced in different degrees an improvement, which in eight in particular has been indeed remarkable. Three of them were presented at the lecture on the 15th of January.

We have analyzed in detail the results obtained. We may add that our patients were all undoubted tabetics; the most of them came generally to the Salpêtrière to follow out the treatment of cauterizing along the vertebral column.

At the commencement of the treatment the improvement is almost always in the walk, and on inco-ordination, when it exists. Improvement is experienced from the first. Patients say that soon walking is easier and more certain. This improvement lasts at first only two or three

hours, then, after eight or ten séances, it becomes continuous. The patients stand much more easily; they can walk without assistance, and take pretty long walks, a fact which has been very observable in our patients at the Salpêtrière, who are obliged to come from a distance for treatment, using public conveyances, which very often do not put them down at the hospital gate.

At the end of twenty or thirty séances *Romberg's sign* disappears. In chronological order improvement takes place in the various *bladder troubles* so frequent in tabes, micturition becomes regular and more easy, incontinence disappears, or is considerably lessened, and in some the functions of the bladder are restored to normal.

The *lightning pains* seem equally to be benefited by the treatment; they return at longer intervals; they are considerably decreased, and may even completely disappear. We have an experience of only three months on this subject, yet in this respect the statements of patients have not seemed less emphatic than about the improvement in the other symptoms mentioned above.

Finally, under the influence of suspension, complete impotence, which is so often found in tabes, gives place to sexual desires and erections. It is to be noted that experiments made by M. Onanoff on healthy individuals have proved the influence of this method on the exaggeration of virility.

As a corollary of the phenomena described we may say that the sensation of numbness of the feet is diminished or disappears; in two patients the areas of plantar anaesthesia became again sensitive. In short, the general condition is improved and sleep becomes better, which does not seem to us to be owing solely to the disappearance of the lightning pains. All the patients then, whom we have treated, have experienced improvement in different degrees, the improvement appearing to us to be in proportion to the duration of the treatment.

There has been one exception, a young tabetic thirty-two years of age, with very marked hereditary taints, in whom, in six months, the phenomena of tabes had almost attained their maximum. For the first month there was a marked improvement in the walk and in micturition,

then followed a relapse, characterized by a crisis of lightning pains, and a droop of the left upper eye-lid. Since this crisis, however, it seems that the treatment ought to bring about an improvement in the phenomena.

In none of our patients, even in those where the improvement was the most marked, at the end of three months, have the patellar reflexes returned, and in like manner the pupillary signs have persisted.

We have tried suspension in the treatment of some other nervous affections independent of tabes. M. P. Blocq treated a young girl, thirteen years of age, afflicted with Friedreich's disease. This patient, who had undergone thirty suspensions, was also presented at the lecture. Her mother who accompanied her, described as "extraordinary" the results obtained; they were connected with Romberg's sign, titubation and tremor, which had shown considerable improvement.

In two neurasthenic and impotent patients the sexual functions returned anew. There is room, we think, to extend still further researches in cases of impotence, as Motchoukowsky himself had remarked.

On the other hand, a patient affected with disseminated sclerosis, with considerable exaggeration of the patellar reflexes, having been put under the treatment, developed, after two suspensions, a spasmodic paraplegia, which disappeared at the end of three days.

It is doubtless necessary to still further experiment in order to definitely settle upon the value of the suspension treatment in tabes; but it must also be observed that the results which we have obtained in three months are most encouraging in a disease which hitherto seems to have defied all therapeutic measures. In all cases treatment may be instituted with confidence, for it has always seemed to us, when properly applied, to be perfectly harmless.

PROPER NAMES IN MEDICINE.

THE following list, from *Progrès Médical*, is supplementary to the one that appeared in the PRACTITIONER for February 1st:—

Afanassieff's bacillus—Pertussis.

Biermer's disease—Pernicious anæmia.

Bouchard's nodosities of the second phalanges—

Sign of dilatation of the stomach.

Cantani's disease—Movable liver.

Charrin's bacillus—Green diarrhœa.

Cuignet's method—Retinoscopy, or observation of retinal shadows to determine the degree of emmetropia.

Eberth's bacillus—Typhoid fever.

Fehleisen's streptococcus—Erysipelas.

Foa Ufreduzi's meningococcus—Pseudo-tubercular cerebro-spinal meningitis.

Frændel's diplococcus—Pneumonia.

Friedlander's micrococcus—Pneumonia.

Frisch's bacillus—Rhinosclerosis.

Gessard's bacillus—Blue suppuration with pyocyanine.

Hansen's bacillus—Leprosy.

Huntington's disease—Hereditary chorea.

Koch's bacillus—Tuberculosis.

Leiden's disease—Hereditary form of progressive muscular atrophy.

Lustgarten's bacillus—Syphilis.

Marshall Hall's disease—Hydrocephaloid disease; terminal manifestations of meningitis.

Neissers' gonococcus—Gonorrhœa.

Palthauf and Riehl's disease—Verucous tuberculosis of the skin.

Placido's disc—Particular figuration on the cornea.

Scheurlen's bacillus—Cancer (?)

Shakespeare and Rosenbach's bacillus—Tetanus.

Skoda's bruit—A somewhat tympanitic resonance heard in pleurisy, which disappears when the effusion fills the cavity.

Storke's band.—A line in the spectrum between D and E, indicating the presence of hemoglobin.

Tessier and Oxanam's disease—Icterus gravis.

Weir Mitchell and Lanneois' disease—Painful redness of the soles of the feet.

COMMUNICATION OF TUBERCULOSIS.—An instructive case of communicated tuberculosis is related by Dr. E. Von Duhring, who states that a girl, aged fourteen, sprung from a family uncontaminated with phthisis, was in friendly relations with a young friend who died of consumption. At the time when this girl died the patient, E. Z., was in good health. Shortly after

the death of the friend she removed the earrings which the other wore, from the ears, and fastened them in her own. The mother stated that the girl who had died had no wound in her ear, but E. Z. herself, on the contrary, stated that her friend had frequently blood and matter on her ear. The patient, E. Z., herself had up to that time never worn earrings, although the ears had been bored for the purpose. Shortly after she began to wear earrings the hole through which they were fastened began to secrete freely, notwithstanding which she continued to wear them, and she had continued to wear them up to the time when Dr. Duhring saw her. It was on account of the condition of her ears that she was brought to him. He found her pale, somewhat thin, but well built, and well developed for her age. Where the left ear had been pierced there was a shallow ulcer with undermined borders, and on the left side of the neck there was a slightly enlarged gland adherent to the skin, which was ulcerated on the surface and covered with a dirty scab. On removing the scab a somewhat abundant thin secretion escaped. The borders of this ulcer were irregularly dentated. On examining the lungs, there was dullness detected in the left apex. Granulations removed with a sharp spoon from the wound in the ear showed the presence of tubercle bacilli. The further progress of the case was rapid, and at the time Dr. Duhring wrote his paper the patient was rapidly sinking from phthisis.—*British Medical.*

Therapeutical Notes.

PHILADELPHIA HOSPITAL MIXTURES.

Mistura Anticolica.—Each teaspoonful contains:

- Tr. opii,
- Tr. rhei,
- Spts. menth. pip.,
- Spts. camphoræ,
- Spts. chloroformi,
- Tr. capsici, aa. ℥v.,
- Tr. catechu co., q.s. ad. ʒj.

M. Sig. Teaspoonful dose.

Mistura Antifebrilis.—Each tablespoonful contains:

- Morphiæ acetatis, gr. ʒss,

- Acidi acetici dil., ℥v.,
- Tr. aconiti, ℥.iss, (=gtt. iij.)
- Spts. etheris nitrosi,
- Syrupi limonis, aa. ʒj.
- Liq. ammon. acetat., q.s.ad. ʒiv.

M. Dose, a tablespoonful.

Mistura Expectorans.—Two teaspoonfuls contain:

- Acid. hydrocyanici dil., - - - ℥j.
- Spts. chloroformi, - - - ℥v.
- Acid. hydrobrom, (34%), - - - ℥viiss.
- Syr. senegæ, - - - ℥xv.
- Syr. scillæ, - - - ℥xv.
- Syr. prun. Virg., q.s. ad. - - ʒij.

Dose. Two teaspoonfuls.

—*St. Louis Courier of Medicine.*

The following are taken from the *International Pocket Medical Formulary*:

IN COLD OR TUBERCULAR ABSCESS—(Billroth).

- R—Iodoformi - - - ʒ ii.
- Glycerinæ - - - ʒ iiss.

M.

Sig.—Inject the abscess cavity after evacuating the pus.

ANGINA PECTORIS (Richardson).

- R—Methylal - - - ʒ ix.
- Amyl nitrite - - - ʒ i.

M.

Sig.—Drop thirty or forty drops on a handkerchief and inhale. Repeat if necessary.

APHTHÆ (Hirtz).

- R—Sodii salicylat - - - ʒ iss.
- Aquæ distillat - - - ʒ i.

M.

Sig.—Apply five or six times daily.

ASTHMA (Germain See).

- R—Pyridin - - - ʒ i.

Sig.—Put on a hot plate in a small room, and send patient to inhale vapor several times.

BRONCHITIS ASSOCIATED WITH VIOLENT AND PERSISTENT COUGH (Allan).

- R—Ergotini - - - ʒ ss-i.
- Glycerinæ - - - ʒ i.
- Aquæ - - - ʒ iiii.

M.

Sig.—A teaspoonful at night.

BURNS AND SCALDS (*Eller*).

R—Cocaini - - - gr. x-xx.
 Boroglyceridi - - - ̄ ii.
 M.

Sig.—Apply locally on absorbent cotton.

ANTI-NEURALGIC TINCTURE.—*Medilaff*.

R—Tinct. aconiti radicis,
 “ Colchici sem.,
 “ Belladonnæ, ā ā partes æquales.
 M.

Sig.—Take six drops every six hours to quiet the pain of sciatica.—*L' Union Médicale*.

TREATMENT FOR BRIGHT'S DISEASE.—*Semmola*.

1. Milk diet.
2. The following mixture to be drunk during every twenty-four hours.

R—Potassii iodidi - - - - gr. xv.
 Sodii phosphatis - - - - gr. xxx.
 Sodii chloridi - - - - -gr. lxxx.
 Aquæ - - - - - - - O jss.
 M.

—*Journ. de Méd. de la Soc. des Sci. méd. de Bruxelles*.

IDEAL ANTISEPTIC.—*Rotter*.

(1). Strong solution :

R—Hydrarg. perchlor - - - - 5 partes.
 Sodii chloridi - - - - - 25 ”
 Ac. carbol - - - - - 200 ”
 Zinci chloridi - - - - - ”
 Zinci sulphocarb - - - - ā ā 500 ”
 Ac. boracici - - - - - 300 ”
 Ac. salicylici - - - - - 60 ”
 Thymol - - - - - ”
 Ac. citrici - - - - - -ā ā 10 ”
 Aquæ - - - - - 100.000 ”

(2). Weak solution. The same formula without the hydrarg. perchlor and ac. carbol.

These solutions do not attack instruments.

—*Congrès de Naturalistes Allemands*.

OINTMENT FOR BURNS.—*Vendt*.

R—Cocainæ hydrochlor - - - ̄ ss.
 Lanolini - - - - - ̄
 Aq. distill. - - - - - ā ā ̄ jv.
 Ung. cetaceæ - - - - - ̄ j.
 M.—Ft. unguent.

Sig.—This ointment is to ease the smarting of burns of the first and second degree. One may also apply to the painful surface a two per cent. solution of cocaine, and then smear over the skin carbolized lanolin, 1 in 20.

—*L' Union Médicale, 27 Janvier, 1889*.

POMADE FOR ANTISEPTIC DRESSING.

Iodoform - - - - - ̄ ss.
 Essence of Eucalyptus - - ̄ jv.
 Paraffine - - - - -
 Vaseline - - - - - ā ā ̄ jss.

—*Internat. Jour. of Surgery*.

THE
 Canadian Practitioner.

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

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. When a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.

TORONTO, MARCH 16, 1889.

CLOSE OF THE WINTER SESSIONS.

THE winter sessions are practically at an end as far as lectures are concerned. The students are nervously, anxiously, or confidently (as the case may be), reviewing their work. As will be seen by our report in another place, the numbers in the Medical College are sufficiently large to prevent any apprehension of a shortage in the profession in the immediate future.

We believe we may justly congratulate the various schools upon the character of the work done during this session; and, as far as Toronto is concerned, we think we have the best classes of students the city has ever known. It is generally conceded that medicine is what is called a “heavy subject,” and appears to become more extensive from year to year. The great advances in the science department make the labors of the students

more onerous than they were a few years ago. The improved methods of teaching and examining in the final branches are bringing about a revolution in the old methods of mere bookcramming so well known in the past.

We have no idea that the medical colleges have yet reached perfection. That can never be while medical science and art continue to advance. We have sufficient evidence that this fact is fully appreciated by the authorities of our schools. The rivalry between the various teaching institutions is keen and fortunately friendly in character. The existence of our central examining board adds much solidity to our medical educational system, and we believe that a license to practice in Ontario shows on its face a qualification which is not second to any similar license in the world.

MEDICAL COLLEGES IN CANADA AND THE UNITED STATES.

We have the complete and able report on medical education in the United States and Canada, by Dr. Rauch, Secretary of the Illinois State Board of Health. In it we learn many interesting facts about the position of the medical colleges in Canada. There were during the session 1887-8, altogether 1,437 medical students in the Dominion. Of these there were no less than 571, or about forty per cent., in the City of Toronto. This shows the distinguished position Toronto has attained in the teaching of medicine, which has not perhaps been as fully appreciated as our pre-eminence in other departments of education.

The numbers in the various schools are as follows: Trinity Medical College, 300; University of Toronto, 245; McGill University, 239; Ecole de Medicine et de Chirurgie (Montreal), 177; Royal College of Kingston, 153; Laval University, 132; Western University of London, 52; University of Bishop's College, 28; Manitoba Medical College, 27; Women's Medical College of Toronto, 26; Women's Medical College of Kingston, 23; Halifax Medical College, 21; Dalhousie University, 14.

It will thus be seen that Trinity heads the list, with Toronto second. The friends of the Medical Faculty of the University will perceive that their college has a strong rival by its side, which, in the first session after the re-establishment of the former, outnumbered it by fifty-five students. It will be a matter of interest to notice when the next report appears that the numbers this session are nearly equal. McGill is a good third in point of numbers. Its friends think it stands second to none in the excellent character of its teaching. Leaving out the French colleges, Kingston comes next in point of numbers—153—a very good showing under the circumstances. A glance at the list of the alumni of this medical school has turned out many excellent men, and we understand it is still doing good work.

In the remaining schools the numbers are not large—ranging as they do between fourteen and fifty-two. These are comparatively new, but are all likely to succeed. The two colleges maintained exclusively for the education of women are not at the first of the list. It will be remembered that for some years Kingston had a larger number of female students than Toronto. Now Toronto takes the lead. It is worthy of remark, however, that the citizens of Kingston have been much more generous to their school than those of Toronto.

THE ANATOMY ACT.

We noticed that the amendments to the Anatomy Act of Ontario were finally passed, March 13th. After a careful study of the various changes that have been made, we congratulate all concerned in their liberality and wisdom. The Act is now so worded that no injustice can be done to any one; and yet an abundant supply of material will be provided for the medical colleges of the Province.

The study of Anatomy and Practical Surgery is of such importance that no law, consistent with justice to the public, can be made too liberal in its terms. For the first time in the history of Ontario the medical

colleges are placed on a proper basis with regard to these two leading subjects of a sound medical education. It would not be difficult to show that it was not until anatomy was studied that the healing art began to make any real progress.

To the future student the benefits arising from the recent changes will be very great. He will have far better opportunities of studying his anatomy and surgery in the only true way, than have existed in the past. No man is a good engineer who does not thoroughly understand the machine he has to run. This is especially true of the human body.

Nor are the teachers of anatomy and surgery, and the students, the only ones who should be congratulated regarding these wise changes. The accidents and diseases of the past will surely repeat themselves in the future; and with these conditions the future physician will have to deal. Instead, therefore, of any one raising objections to the changes just effected, all should feel thoroughly in accord with the efforts of the Legislative Assembly to aid these important studies, the proper knowledge of which so deeply concerns every citizen of the Province.

Dr. A. McKay, M.L.A., gave the Bill his thoughtful attention and was unceasing in his efforts to have it carried through the House.

AN EASTERN VIEW OF THE PREMIER PROVINCE.

THERE is still something good left in Montreal. One man there has a great head. He fully appreciates the rapid advances of Toronto and Ontario in things medical and surgical, although apparently not much elated thereby. His wail, as it is wafted westward by the eastern breezes, will probably be received with the sympathy and commiseration it so richly deserves. That modesty in us, to which he so touchingly alludes, prevents us from doing more than to return grateful thanks for his graceful tribute to the truthfulness, impartiality and great influence of the PRACTITIONER. Who is he with the

big head? He is M. R. C. S., and his letter appears below.

IS MODESTY THE BEST POLICY?

To the Editors of THE MONTREAL MEDICAL JOURNAL.

SIRS,—I see by a recent number of the CANADIAN PRACTITIONER that Toronto has facilities for operating equal to those of any place in the world, that abdominal surgery in consequence is making very rapid strides, and that the number of operators and operations is increasing *pari passu* with the well known remarkable increase of the population. This is proclaimed with the modesty which is a characteristic of the dwellers in that lake-side city. The question is asked, "Is Toronto destined to become the Birmingham of the Continent or something more?" The editor pauses for a reply, no doubt aghast at his own audacity. We might here remark that it is very difficult to play Hamlet with Hamlet left out. Mr. Lawson Tait has many ardent and slavish followers in Toronto, and it is said that more apostles are on their way out, but it is evident that they follow their master at a distance—a very long distance—and if they endeavor to set up a new Birmingham it will no doubt be Brummagem. In the same journal there is another modest editorial on the Ontario Medical Council in which the question of reciprocity with Great Britain is discussed; it is stated that notwithstanding the well-known loyalty of Ontario she cannot recognize "the cheap medical corporations" of Great Britain, and the writer regrets that Great Britain has not a central examining board "such as ours." God forbid!! The so-called cheap corporations at least have examiners who are to some extent acquainted with the subjects they examine in, and, besides, they are supervised by assessors from the General Medical Council who are acknowledged to be at the head of their profession both as teachers and practitioners. Can as much be said of the Ontario Medical Council? It is a well known fact that their examiners are not appointed because of their special knowledge, but for territorial and political reasons; that the very men (the teachers) who ought to be the best

examiners, especially in the primary subjects, are excluded because of—shall I say—their fitness. That students prepared by teachers, the most advanced of the day, are examined by men whose knowledge, to say the least, is not up to date, who rely on text books long ago obsolete, and know so little of their subjects that they look upon the advancement of new views as heresy of the worst type. Until the Ontario Medical Council alters its examiners and their methods of examining, it will have little to boast of except the number of its rejections. Ontario has much yet to learn in medical matters, and it would be as well for her to remember the old proverb that "good wine needs no bush."

I am, Sirs, yours truly,

M. R. C. S.

DR. W. B. GEIKIE.

DR. GEIKIE, Dean of Trinity Medical College, whose portrait appears in this number of our journal, was born in Edinburgh, Scotland, in May, 1830. He came to this country while young, his father having left Edinburgh with the family to settle in Canada in 1843.

After a thoroughly good preliminary education he entered the medical school founded by the late Hon. Dr. Rolph, and after examination before the Medical Board of Upper Canada, received a license to practise his profession in July, 1851.

He then went to Philadelphia, and in 1852 took the degree of Doctor of Medicine at Jefferson College, and returning to Canada began the practice of his profession in the country, settling first at Bondhead, county of Simcoe, and a few years afterwards removed to Aurora.

In 1856, having been offered a professorship in the medical department of Victoria College, Toronto, of which the late Hon. Dr. Rolph was Dean, Dr. Geikie accepted the offer, and from that time has been constantly, and with all possible energy, engaged in the arduous duties of a medical teacher. He has filled at different times during these many years the chairs of *Materia Medica*, Midwifery, Anatomy, Surgery, Practice of Medicine, and Clinical Medicine.

In 1867 Dr. Geikie revisited his native land

and passed the examination of the Royal College of Surgeons of Edinburgh, and also that of the Royal College of Physicians of London.

In 1871, having with Dr. Rolph resigned his position in Victoria College, he and others induced the Corporation of Trinity College to reorganize the medical department, which had been first organized in 1850, and after several years had been discontinued. He was appointed to the Professorships of Medicine and Clinical Medicine in the reorganized department, which opened in October, 1871, and was appointed Dean on the death of the late Dr. Hodder.

In 1877 the medical department was incorporated under a special charter under the name of "Trinity Medical School," which name the Legislature changed in 1888 to "Trinity Medical College."

Dr. Geikie belongs to a family as well known in Great Britain as he is in Canada. His brother, the Rev. Cunningham Geikie, D.D., now Vicar of St. Martin's-at-Palace, Norwich, England, is author of "The Life and Words of Christ," "Hours with the Bible," "The Holy Land and the Bible," and other works, widely read. And his cousins, Dr. Archibald Geikie, of London, England, and Dr. James Geikie, of Edinburgh, are very eminent geologists; the former being chief of the Geological Survey of Great Britain, and the latter Professor of Geology in the University of Edinburgh.

Dr. Geikie has long taken a deep interest in the success of the Medical Council of Ontario, in which body he has for a good many years represented the College over which he presides.

NOTES.

THE Council of King's College, London, at their meeting on February 8th, appointed Dr. Ferrier, F.R.S., to the Professorship of Nematology on his resigning the chair of Forensic Medicine. It is probable that at a later date some provision will be made for supplying Dr. Ferrier with means of carrying on pathological and physiological research in connection with the chair.

CONGESTIVE NEURASTHENIA.—For the relief of congestive neurasthenia Whittle considers

leeching a safe and speedy remedy. He usually begins with eight leeches, four over each mastoid process, applying them late in the evening, and allowing the bleeding to stop naturally during the night. The usual effect is sound, refreshing sleep, but even when this is not secured a feeling of restful calm is enjoyed.

CHLOROFORM ADMINISTRATION.—Many of the deaths from chloroform occur to persons apparently in perfect health; and when only small quantities have been given, and with every possible precaution, such cases ought probably to be placed side by side with those in which individual susceptibility becomes unexpectedly revealed to us in reference to such drugs as opium, belladonna, and the like. We waste our labor when we search for proof of heart disease, or some flaw in the apparatus, or some want of care in the administration.—*Hutchinson in Wood's Monograph.*

Hospital Reports.

CLINICAL REMARKS ON CASES AT TORONTO GENERAL HOSPITAL.

A. MCPHEDRAN, M.B., TOR.

Lecturer on Clinical Medicine in the University of Toronto.

I.—WASHING OUT THE STOMACH IN GASTRITIS, DYSPEPSIA, ETC.

THE diagnosis in this case of J.B. is not completely satisfactory. He came here some weeks ago on account of persistent vomiting, with, he says, much pain about the stomach. There is at least much gastric catarrh, due to alcohol, which he has taken freely for years, often but little diluted. He has sometimes taken it instead of breakfast when there was no appetite. The liver is slightly enlarged, probably from cirrhosis. The vomit has contained much ropy mucus—much less lately, and vomiting is now much less frequent. You remember that we gave him for a time rhubarb and bicarbonate of soda—the soda to dissolve the mucus off the walls of the stomach and the rhubarb to act as a purgative to carry it off. He improved somewhat on this, but not satisfactorily. Lately the stomach has been washed out every day, and with more benefit than has been

experienced from anything he has yet tried. The object of the washing is to remove the mucus that coats the walls of the stomach, interfering with the secretion of the gastric juice. The mucus ferments easily and the products greatly hinder digestion and irritate the cardiac orifice, causing the burning pain known as heartburn. Vomiting is less effectual than washing for cleansing the stomach because it usually ceases as soon as the coarser contents are expelled. Were vomiting repeated several times, with copious draughts of water before the acts, it would probably be quite as effectual, but such thorough vomiting would be much more unpleasant than the stomach tube. Most patients can easily become accustomed to the tube, as you see this man has, and can pass it without difficulty. You remember we resorted to it in the case of John T. in ward five, for vomiting that had persisted since September last. There was some induration found in the region of the pyloric orifice which was thought to be malignant; his appearance strengthened that opinion. He, however, improved with the washing and went out able to take a fair meal of ordinary food. I am still not at all certain that his disease was not carcinoma, for sometimes temporary improvement takes place in such cases, especially if the deposit is diffused in the wall of the stomach and has not caused ulceration of the mucous membrane or contraction of the pyloric orifice. Washing out the stomach was also resorted to in the case of Sarah C. in ward 9. She had distress and pain after eating, with occasional vomiting; there was possibly a gastric ulcer, though there was no definite tenderness in the epigastrium. She improved but little with careful dieting and treatment, but was greatly relieved by washing the stomach. The vomiting ceased and her general condition improved, though she still had some discomfort after food. After the first time or two she could pass the tube without difficulty and with little discomfort.

As you know, in most cases of dyspepsia there is some catarrh of the mucous membrane of the stomach, acute or chronic with secretion of ropy mucus. In all these the stomach tube could be resorted to with great advantage, but most people will object to its use. In the *Medical Chronicle* of last month

there is a reference to the washing out of the stomach in acute and chronic dyspepsias of children, especially the acute, with the most gratifying results. In acute attacks one washing usually completely removes all symptoms. It was found very successful also in habitual vomiting after weaning, in cholera infantum, in atonic states of the intestines and in obstinate diarrhoea. But little difficulty was experienced in introducing the tube in children. Of course the treatment is not applicable to the majority of cases, because consent of parents will not be easily obtained unless the case is serious or persistent; but for these alone it is a means well worth your keeping in mind. An English gum elastic catheter of large size (15 or 16) would answer every purpose as a stomach tube. It could be attached to some rubber tubing and the water syphoned in and out of the stomach until the cavity is thoroughly cleansed.

II.—DIETARY OF BRIGHT'S DISEASE.

I have been asked by several students lately as to the best diet in Bright's disease, especially chronic. Our object in arranging a dietary in this disease, or, more properly speaking, diseases, is to reduce to a minimum the labor of the kidneys, and at the same time keep up nutrition. The food that fulfils these objects most perfectly is *milk*. It is suitable nourishment in all cases, acute or chronic. It is easily assimilated; with it there is probably less nitrogenous waste than with any other food; it is sufficient for the needs of all acute cases and many chronic ones, and it furnishes much fluid for flushing out any debris that may be in the tubules of the kidneys. It is especially suitable for children. Unfortunately it disagrees with many patients. If it disagrees give it diluted with lime water, soda water or Vichy, in varying proportions, or peptonize it. Lime water quickly loses its strength when exposed to the air, as it absorbs CO_2 and calcium carbonate is precipitated. It should therefore be used fresh or be kept in small bottle, say 4oz., so that each bottle is soon used after opening.

If these means fail, try skimming the milk; skimmed milk is preferred by many as less likely to disagree with the stomach, but it is more liable to constipate and it contains a larger proportion of casein, which is its nitrogenous con-

stituent. If gastric disturbance occurs, remember it may be due not to the milk, but to the vicarious elimination of urea, etc., by the mucous membrane of the stomach and intestines. In this case, while efforts are being made to purify the blood, iced milk should be given in small quantities at short intervals to supply nourishment and aid in quieting the stomach. If vomiting persists nourish by enemata.

You will remember that this is the system of dieting we have pursued in all the cases of acute Bright's and in the chronic conditions that followed in one or two cases. In these the variety was the large white kidney or chronic parenchymatous nephritis. They were also encouraged to drink plentifully of water in order to flush the kidneys more freely. Such a course of management should, if possible, be adhered to till albumen is absent from the morning urine at least. It is important to remember that in most, if not all these cases, the morning urine first becomes free from albumen, and that later, after the urine has become free throughout the day, albumen reappears from time to time, temporarily, its amount and frequency of recurrence gradually lessening as all parts of kidney return to a normal condition.

If after a time signs of exhaustion show themselves, we must add some farinaceous food. If this fail then an egg or a little good meat must be added once a day, with a slice of bread and a little butter. If symptoms of exhaustion become urgent it may be necessary to give stimulants. But it must be remembered that alcohol increases the nitrogenous waste in the blood and hence the work of the kidney; it also increases the amount of albumen excreted. If it must be given we should avoid malts and strong wines, and give claret, gin, or whiskey, as seem indicated by greater or less signs of failure.

In *waxy* kidney the diet will depend on the cause. If this be phthisis or suppuration the patient must be nourished liberally—plenty of milk and cream with some meat, eggs, etc. Stimulants may also in these cases do much good. This is dieting the patient for the cause of the waxy kidney rather than for waxy kidney itself. If the cause disappear, then the diet for the renal disease would be the same as that in chronic parenchymatous nephritis.

In *contracted or granular kidney or interstitial nephritis* it is impossible to place such full restrictions on the diet. The subjects of this form of disease are often actively engaged in their several occupations and may have a good appetite. For the same reasons as already stated, milk, rich and palatable, should enter as largely as possible into the dietary, with a free supply of vegetable food. Few will do without meat, and a limited amount must be allowed once a day. About eggs there is much diversity of opinion, but probably their consumption should be limited in the same way as meat. When serious symptoms develop the patient should be confined to bed and the diet restricted as far as possible to milk, as in the other forms of Bright's disease.

Such, in brief, are the principles of dietetics in Bright's disease. For a fuller exposition of the subject I commend to your notice an article by Dr. Beverly Robinson, of New York, in a late number of the *Medical Record*, from which I have obtained valuable suggestions.

Correspondence.

LONDON LETTER.

A CURIOUS tale is told of the late Arthur Farre. When he was at the pinnacle of fame he received a summons to attend Windsor Castle, and it was understood that he was to become a knight. In his hurry to catch the train he jumped into the nearest compartment as the train was leaving the station. It proved to be a third-class smoker. As the train was a fast one he could not get out until he arrived at his destination. He went to wait on the Queen, was shown into the presence of royalty. His reception was gracious, but he soon noticed a coldness of manner come over her Majesty, and left the castle without receiving the distinction it was understood was to have been conferred upon him. After leaving, a friend who had been present said: "Farre, how could you have been such a fool as to smoke just before going into the presence of the Queen. You know how she abhors the smell of tobacco smoke." Farre was desperately puzzled, and

said, much to his friend's amazement: "I never smoke—I never smoked tobacco in my life." His friend was now amazed and said: "Well, in all conscience, you smelt strongly enough of it and of the smoke of vile tobacco too." Farre could not understand it. Though he had ridden in a smoking compartment, it did not smell as if it had been recently occupied by a smoker. How then could the smell stick to his clothes so long? On returning home he discovered a piece of tobacco sticking to his clothes. He must have crushed it beneath him as he hurriedly sat down in the train. The mishap was discovered too late and his knighthood was lost, but he never regretted it. His intellect was just as great, his perception just as keen, and the appreciation of Arthur Farre by his fellows just as high as if he had been Sir Arthur.

THE MUSICAL PRODIGY.—Such prodigies as little Otto Hegner are rare. Throughout the world such marvels are found about once in ten or fifteen years. He still is but a lad and wears knickerbockers and lace collars. To see the wonderful execution of the boy at the piano is a great treat, but it must be a terrible strain on such a youthful brain. His best sphere is the intellectual school of piano-forte music.

THE EVILS OF DRESS.—Several ladies go through the process of attending drawing-rooms of royalty with the regularity they consider due to their position, and a heroism worthy of a better cause. They are not so badly off when they can wait outside in their carriages wrapped in furs, with tins of warm water to their feet and the windows tightly closed. But the trying time comes when they emerge into the cold and wet. Matters are then even worse inside the palace, which is never properly warmed. There is a perpetual succession of draughts playing on the naked shoulders and arms and thinly clad bodies, promising severe colds, rheumatism and lumbago. Other ailments are undoubtedly produced in menstruating women subsequently calling for medical or surgical aid. The exactions of modern society fashions are cruel. Another cruelty in England is that seen on the stage in winter. The

theatres are like ice palaces. I have been many times in the boxes wrapped up in a warm overcoat, and even then barely warm, while the poor creatures dressed in tights and ballet dresses were blue and shivering with cold. A chorus of coughing resounded from the stage. And for this terrible exposure human creatures are paid at the rate of sixpence a dance. Hundreds of young girls must thus lay the foundation of disease that eventually proves fatal.

THE EVILS OF DISPENSARIES IN ENGLAND.

—At last the cry is going forth with renewed energy against the systems adopted by some of the medical profession; "the noble profession" of establishing dispensaries where the lower middle classes, who are well able to consult their family physician, obtain advice for trifling sums. The professional struggle for existence is becoming more and more severe. It is rather with feelings of disgust that one sees such an influential journal as the *British Medical Journal* countenancing a system it well knows to be ruinous. I have travelled all over England in the last few months and have met many practitioners, thoroughly competent men, who are complaining bitterly against the system. A few years since the people sent for them and paid them moderate fees, and were quite satisfied to do so. But now these same people go to the dispensaries, pay from a penny to half a crown a month, choose whom they wish to consult, obtain the advice of first-class physicians or surgeons and obtain medicine. The profession is robbing itself and lowering its standing. If a surgeon refuses to see a patient he is brought up before a miserable, supposed philanthropic committee of laymen, and reprimanded. The patient has paid for advice and must have it. Only yesterday I had a tale related to me by a man now only a consultant, who has long ceased to have any interest in such matters, except to protect his sons and friends in the profession who are now striving to make both ends meet. The wife of a butcher attended regularly one dispensary, and then, having been much benefited, subscribed £1,200 toward the institution. One celebrated man refused to

see her unless it was at her house or his. "Madam," he said, "you ask me why I refuse. Your husband sells meat and I sell brains." An eminent man whose name is well known in the profession died in London the other day, and his funeral expenses were paid by a fellow practitioner. The members of the profession are so poor that they are losing their independence and are becoming tools in the hands of the public. This fact may be interesting to the profession in Canada, where the same systems are beginning to prevail. The lodge system is at the bottom of it all, and will in the end prove a curse instead of a benefit. As yet our people have some pride left, and will send for and pay a doctor, if in their power, rather than become objects of charity. But the people in England do not feel that when they pay an absurd sum to a "provident" (save the mark) dispensary they are objects of charity; they feel that if the profession is so short-sighted as to business matters they have a perfect right to impose on them. In Canada we still have the sanction of dispensary boards to refuse aid to people who are able to pay a moderate fee. Another point raised is that regarding private wards in hospitals. I contend that if private ward patients pay three guineas a week in Guy's or any other hospital they are not objects of charity, but are paying their way to the hospital, and therefore should also pay their way with their medical attendant. A surgeon should charge just as much to do an operation on a private ward patient paying his own way as he would if the patient were at his own home. Let us hope that the matter will be taken up by the licensing boards and medical associations in Canada before it is too late. If we do not act now we will soon be in as deplorable a state as the great bulk of the practitioners in England. To me it is a pitiable sight to see an M. D. of London University struggling along in a country village, making visits for a shilling, just as it is to meet a senior wrangler filling the office of a country curate. On the formation of a medical benevolent society recently it was found that nearly one-third the members who had subscribed the guinea

a year were actually not able to pay it, or after paying for a year or two they fell into arrears. They were not drinkers or extravagant men, but sober, industrious, well posted practitioners.

February 10, 1889.

MEDICUS.

Books & Pamphlets Received.

Monthly Bulletin of State Board of Health, Nashville, Tennessee, February 15th, 1889.

New Medical Publications. D. Appleton & Co., 1, 3 and 5 Bond street, New York City.

Report of the Committee on Ophthalmology and Otology. By SETH S. BISHOP, M. D., of Chicago.

Prevention of Yellow Fever in Florida and the South. By W. C. VAN BIBBER, M. D., Baltimore, Md.

Physician's Memorandum, and Price List of Surgical Instruments, etc. C. H. Lyman, Buffalo, N. Y.

Catalogue of Medical and Scientific Publications. Published by P. Blakiston, Son & Co, 1012 Walnut St., Philadelphia.

Annual Reports; Corporation of the City of Victoria for the year ending 31st December, 1888. Victoria, B. C., 1889.

The Medical Annual and Practitioner's Index. A work of reference for medical practitioners. Toronto: J. A. Carveth & Co.

Prevention and Restriction of Small-pox. Document issued by the Michigan State Board of Health, Lansing, Mich.

Yellow Fever, Absolute Protection secured by Scientific Quarantine. By WOLFRED NELSON, M.D., New York, 32 Nassau street.

Poisoning by Chrome Yellow Used as a Cake Dye. By DAVID DENISON STEWART, M.D., of Philadelphia. Reprint from *The Medical News*.

A Defence of Electrolysis in Urethral Strictures, with Documentary Evidence. By ROBERT NEWMAN, M.D., of New York. Reprint from the *Medical Register*.

Electricity in the Diseases of Women; with Special Reference to the Application of Strong Currents. By C. BELTON MASSEY, M.D. Philadelphia and London: F. A. Davis, Publisher. 1889.

Monatlicher Anzeiger über novitäten und antiquaria aus dem Gebiete der Medicin und Naturwissenschaft. JOSEF SAFAR, Wien viii, Schloßselgasse 24.

Pressure Forceps versus the Ligature and Suture in Vaginal Hysterectomy. By E. C. DUDLEY, M. D., of Chicago. Reprinted from vol. xiii, *Gynecological Transactions*.

Preferable Methods of Fixation in the Treatment of Simple and Compound Fractures of the Leg. By N. A. POWELL, M. D., Toronto. Reprint.

Report relating to the Registration of Births, Marriages and Deaths, in the Province of Ontario, for the year. Toronto: Warwick & Sons, 68 and 70 Front street W.

Annual Announcement of Systematic Courses in Diseases of the Eye, Ear, Throat and Nose. By the ATTENDING SURGEONS of the Illinois Charitable Eye and Ear Infirmary, corner West Adams and Peoria Sts., Chicago, Ill.

Report of the Committee on the Pollution of Water Supplies, appointed by the American Public Health Association. Printed for the Michigan State Board of Health.

On the Relation between the General Practitioner and the Consultant or Specialist. By L. DUNCAN BUCKLEY, M. D., of New York. Reprinted from the *Journal of the American Medical Association*, Chicago, 1889.

Angina and Pneumonia before 1857 and since; with the Pathology of Diphtheria in its Various Phases. By WILLIAM HENRY THAYER, M. D., of Brooklyn, N. Y. Reprint from *The New York Medical Journal*.

Transactions of the American Dermatological Association at its twelfth annual meeting, held in Willard's Hotel, Washington, D. C., on the 18th, 19th and 20th of September, 1888.

Official Report of Proceedings. By the Secretary, C. H. TILDEN, M. D.

Report on Medical Education, Medical Colleges, and the Regulation of Practice of Medicine in the United States and Canada, 1765-1889. By JOHN M. RANCH, M. D., Secretary Illinois State Board of Health; 1889. Springfield, Ill.

Note on Rumbold's Method of Treatment of Catarrhal Inflammations of the Upper Air Passages. By ELY McCLELLAN, M. D., Surgeon United States Army. Reprinted from the *Journal of the American Medical Association*. Chicago, 1889.

Leçons de Gynécologie Opératoire. Par VULLIET, Professeur à la Faculté de Médecine de Genève, et LUTAUD, Professeur libre de Gynécologie à l'école pratique, etc., etc.; avec 180 figures intercalées dans le texte. Paris: Librairie J. B. Baillière et Fils, 19 Rue Hautefeuille, 19. 1889.

Recherches Cliniques et Thérapeutiques sur l'Épilepsie, l'Hystérie et l'Idiotie compte rendu du service des épileptiques et des enfants idiots et arriérés de Bicêtre pendant l'année 1887. Par BOURNEVILLE, Médecin de Bicêtre. Sollier,

Pilliet, Raoul, internes du service et Bricon, conservateur du musée. Un beau volume in-8° de 1x-264 pages, avec 27 figures dans le texte. Prix 5 francs.

Vient de Paraître aux bureaux du *Progress Médical*. Paris: 14, Rue des Carmes.

THE OPEN COURT Publishing Co., of Chicago, announces the appearance within the present month of an important contribution to experimental psychology, by the eminent French scientist, Alfred Binet. The work is entitled "The Psychic Life of Micro-Organisms," and is published with the sanction of the author, who has written a preface especially for the American edition. The essays forming the work appeared originally in the *Revue Philosophique*, of Paris, and were afterwards published, in part, in the Open Court. The original cuts have been procured, and new plates and subsequent additions to the text have been incorporated in the work. Price, cloth 75 cents, paper 50 cents.

Notices of Births, Marriages and Deaths will appear in first number of each month.

COLLEGE OF PHYSICIANS and SURGEONS OF ONTARIO.

MEDICAL COUNCIL EXAMINATIONS

APRIL, 1889,

IN TORONTO AND KINGSTON.

The written Primary and Final Examinations commence on Tuesday, the 9th of April, 1889. The Orals Final, in Toronto, on Wednesday, the 17th of April; in Kingston, on Saturday, the 20th of April.

The Clinical Examinations take place in the General Hospital, Toronto, and Kingston. The Orals Primary commence in Kingston on Monday, 22nd April; in Toronto, on Tuesday, the 23rd of April.

By Order

R. A. PYNE,

Registrar College of Physicians and Surgeons, Toronto.

N. B.—Candidates' application forms may be had at any of the Medical Schools or on application to the Registrar. The application is to be properly filled out, and declaration executed and delivered into the hands of the Registrar, accompanied by the tickets and certificates and the Treasurer's receipt, not later than the 1st day of April, 1889. All candidates for Final Examination are required to present their Primary tickets and Certificates at the same time. The Treasurer's Address is Dr. W. T. Atkins, 282 Jarvis Street, Toronto, Ontario.