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D. V.

JANUARY, 1897.

No. 1.

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VOL. V.

TORONTO, JANUARY, 1897.

No. 1

Original Communications.

The Physiology of Nervous Exhaustion.*

BY D. CAMPBELL MEYERS, M.D., TORONTO.

As cases of neurasthenia are exceedingly common, from the mental over-exertion due to the age in which we live, and since this disease has only of recent years found even a place in the text books of general medicine, I thought a few remarks on its physiological causes might be of some interest to the society. Only a few years since, the alterations of nerve tissue which led to neurasthenia were absolutely unknown, but the frequency and importance of the disease has led investigators to search for an anatomical cause of its origin, and already a considerable advance has been made. Apart, however, from this disease itself, both physiologists and philosophers have long sought to demonstrate the relation between intellectual effort and alteration of brain tissue and to induce a parallelism in the action of both. The magnitude of the task is very great, and naturally requires much time. Nevertheless, a decided increase in our knowledge

* Read at meeting of Toronto Clinical Society.

of the brain cortex has recently been obtained, especially from the improved methods of staining nerve tissue, and, along with this, experiments on animals have done much to lessen the difficulties of the task, and to help us to form a more definite idea of the cause of so-called functional nervous diseases. One of the most frequent causes of neurasthenia is continued mental over-exertion, however brought about, and from this cause one sees cases develop varying in intensity from the simplest form of this affection to absolute insanity. An examination of the primary factors leads us in the first place to consider the two most important causes, viz., hyperæmia and changes in cell structure. That hyperæmia always exists with mental exertion is proven by the use of a thermometer. If, for example, a suitable thermometer be applied to the temple of an individual who is at perfect mental rest, and a note of it taken, and then the individual be asked to solve some difficult mental problem, the thermometer will at once show a decided increase in temperature, and the increase will be greater on the left side of the brain should the patient be right-handed. And farther, it has also been found that the brain will bulge through an opening in the skull during mental action and recede as the stimulus is withdrawn. Hence there can be no doubt that hyperæmia of the superior surface of the brain occurs in direct relation to psychical activity. Now the first question to consider is, how is this hyperæmia induced? Two factors have been proved to exist which must favor this condition; first, a *general* increase of blood pressure during psychical activity; second, the manner in which the greater veins of the pia enter the longitudinal sinus, since these are directed in an opposite course to that in which the blood in the sinus flows. Hence the latter would tend to retard the venous flow, and both acting together would favor the rapid production of hyperæmia. Moreover, the researches of Langendorf and Gescheidlen appear conclusive that the reaction of normal brain tissue is alkaline, but that it becomes rapidly acid under certain conditions. Acting on this conclusion, an acid brain filtrate was introduced into the cerebral circulation with the result that a cerebral hyperæmia was immediately produced. The result of this experiment would indicate that the products of cerebral metabolism, being absorbed by the lymph which bathes the walls of the vessels, possessed the power of causing variations in calibre of these vessels, consequently of causing prolonged hyperæmia, where the metabolism had been too active. It might farther be stated in this respect that Mosso has clearly shown that fatigue caused by *psychical* action produces a poisonous effect on the general but more especially on the muscular system.

Having now discussed the causes of hyperæmia, there remains for consideration the changes in cell structure, and these have been demonstrated in a remarkable and most interesting manner by the researches of Hodge. This observer found that the metabolic changes in nerve cells could be seen quite as distinctly under the microscope as those changes occurring in gland cells (for example, the salivary glands), and farther, that these were always of the same character. He examined animals, birds and bees. For the former he used electrical stimulation, and for the latter the observations were conducted from a standpoint of normal fatigue. For the electrical stimulation he exposed a posterior nerve connected with a spinal ganglion, and after the nerve had been acted on for a certain time, the animal was killed and the ganglion removed, together with its unstimulated fellow of the opposite side, and both were then treated identically the same for microscopical examination. Birds and bees were examined by taking a specimen from the brain early in the morning before any labor was done, and another from the brain of the same genus in the evening after the day's work was over, treating each in exactly the same manner for mounting. In all instances changes were found in the nerve cells, and, moreover, those changes were always the same. The nucleus is most markedly affected and in this is found, after both electrical stimulation and normal fatigue, a decided decrease in size, a change from a smooth and rounded to a jagged outline, and a tendency to take on darker stains than during a state of rest. The protoplasm of the cerebral cells shows a considerable shrinking with enlargement of the pericellular lymph space and a decreased power of taking on stains. The diminution of nucleus volume shrinkage in these cells varied in fatigued birds from thirty-six to sixty-seven per cent. A glance at the accompanying photographs will show (1) that in the unstimulated cell the nucleus stains lighter than the protoplasm; (2) that the first effect of stimulation reduces the staining both of nucleus and protoplasm to one of equal intensity, which condition would indicate that the nutrient material is being used up by bringing the cell into action. As stimulation is continued it is seen (3) that the nucleus stains steadily and distinctly darker, and that it becomes deformed and crenated. This would indicate that the limits of functional activity have been reached, but that the cell may still recuperate with rest. On farther stimulation the cell experiences a condition of collapse in which neither protoplasm or nucleus will take any stain, and from which probably no recuperation can take place.

A consideration of these experiments, together with Mosso's results above mentioned on the fatigue caused by psychical action, would lead naturally to the conclusion that the poison of fatigue is elaborated from material lost during the period of work. In regard to this poison it can only be said definitely at present that it has an acid reaction but it is probably something midway between albuminose and a body closely allied to urea.

In connection with the above, the anatomical researches of the gray matter of the cortex of the brain of Ramon y Cajal are most interesting, giving us as they do a much more concise knowledge, especially of the Rolandic area, than those of any previous observer. Time forbids any farther mention of this work except that in the large pyramidal cells of the third layer he has found what he terms the *psychical* cells. It is precisely in these cells that we are to expect, with a very reasonable degree of certainty from the experiments mentioned above, the alteration in structure which underlies not only neurasthenia in its simple form, but also the insanity from over-exertion of the brain, which is only a more advanced stage of the process. This is farther borne out by the fact that in the very large majority of cases dying insane, a milky opacity of the arachnoid and visceral pia is seen over this area.

Hence, gentlemen, the discoveries mentioned above show the great stride which has been made (1) in placing mental disease on a firmer anatomical basis, and (2) in allowing us justly to conclude that since the nervous system presides either directly or indirectly over all the other organs or functions of the body, that any serious derangement in its action can necessarily influence the functions of these organs, and lead to the various disturbances we meet with in neurasthenia. In this regard may be mentioned the dyspepsia which is so common in nervous weakness. It has been said that this is caused by the absorption of toxines from the alimentary canal. That toxines may be so absorbed at a later period seems more than probable, and the trouble by this means be prolonged, but I think the primary cause is to be sought in the changes in the cortical cells of the brain, which cause an impairment of the digestive functions, and that it is only after these have occurred that the toxines play an important role.

In conclusion, let me add that instead of regarding mental symptoms as some obscure phenomena detached from the remainder of the human organism, I believe we should, on the contrary, regard them as the expression of an anatomically diseased organ, viz., the brain, just as much as we regard other signs, for example albumin, as indicating

disease of the kidneys. Regarded from this point of view, our treatment will be directed to the diseased brain in an early stage of the ailment, and many cases which have hitherto been allowed to drift into a condition more to be dreaded than even death itself, will in the future be grateful for the greatest blessing granted to mankind, the enjoyment of mental health.

Cases Illustrating the Cure of Epilepsy and Chorea by the Relief of Eye-Strain.*

By G. STERLING RYERSON, M.D.

I do not propose to enter into a discussion of the rationale of eye-strain nor to consider other causes of chorea or epilepsy. I wish simply to emphasize the fact that heterophoria is one of the causes of these maladies. I do not mean to say, as some have held, that eye-strain is the sole cause of epilepsy or chorea, but to affirm that in all cases which may present themselves to the physician heterophoria is an element which must be eliminated in making the prognosis and in prescribing the treatment. It is now generally admitted that headache frequently arises from errors of refraction and from muscular insufficiencies. It is only going a step farther to admit that the severer manifestations of nerve disorder unattended by gross lesions may be caused by the same sources of irritation.

On October 22nd, 1889, I was consulted by Mr. A. W., aged twenty-five, on account of headache on the top of and at the back of head; dizziness, loss of memory, at times loss of consciousness. He complained also of pain across the back and at the angle of the scapula. He had been under treatment for some time, without benefit. I found that his vision was R. $\frac{7}{200}$, L. $\frac{15}{200}$, R. hyperphoria 7° , R. esophoria 6° , L. 6° . V. $\frac{15}{20}$ with R. - 5, L. - 6. On October 25th, I tenotomised the right superior rectus. On November 4th the head felt better; no dizziness. On September 12th, 1890, he returned stating that he had had no more headaches or loss of consciousness. A year later I heard that he still retained good health. I have not heard of him lately.

On July 29th, of this year, I was consulted by Miss G. I was told that for some months she had been suffering from severe headaches in

* Read at the regular meeting of the Toronto Clinical Society, December 9th 1896.

the occiput and in the nape of the neck. I might remark in passing that pain in the nape of the neck and in the occiput is almost invariably caused by defects of the ocular muscles, whereas frontal pain is generally due to refractive troubles, while pain on the top of the head generally arises from digestive disturbance. She had also marked chorea, which was bi-lateral and affected the whole body, and had been under treatment for some time without benefit. Vision 15/20, with $3\frac{1}{2}^{\circ}$ R. hyperphoria. Two days later I performed a partial tenotomy of the right superior rectus. For a few days she appeared rather worse than better, for there seemed to be considerable reaction after the operation, possibly due to nervous shock. The chorea gradually disappeared, and when I heard last from her, on November 28th, had entirely disappeared for some weeks.

I would like to state in conclusion that I have had many cases of epilepsy referred to me to examine for heterophoria, but while I have found heterophoria in many of them I have always declined to operate because of the small degree of defect. Perhaps I have been wrong in this, but I have held that one is not justified in operating unless the amount of ocular defect is at least two degrees. I would point out that a decision should only be arrived at after two or three examinations on as many days, because while on one day a large defect is registered on the next it has disappeared. A constant average of at least 2° is in my opinion necessary to justify operative interference. In both the cases related general causes had been eliminated and general treatment used before operation.

KLEPTOMANIA.—Kleptomania, as a system of mental disorder, has long been recognized by alienists. Marc, who reported many cases half a century ago, recognized that people, in circumstances which should have placed them beyond temptation, stole from shops articles to them almost valueless, whose number and uselessness indicated mental disorder in the thief. According to many alienists, kleptomania is always a manifestation of degeneracy, an episodic symptom-complex. There are kleptomaniacs of this type who steal purely for the sake of stealing. At the same time, as Lacassagne points out, in the vast majority of kleptomaniacs, kleptomania is a morbid manifestation of certain neuroses and psychoses rather than a psychosis by itself. In many cases of so-called kleptomania, stealing is a manifestation of viciousness or feeble morality. Kleptomaniacs steal, but not all thieves are kleptomaniacs.—*Journal of the American Medical Association.*

Society Reports.

Toronto Clinical Society.

THE regular meeting of this Society was held in St. George's Hall, on the 10th of December, President Dr. Allen Baines in the chair. Fellows present: Ryerson, Meyers, J. O. Orr, Davison, Bingham, Spencer, Burns, W. H. B. Aikins, Primrose, McDonagh, Oldright, Strange, N. Walker, Cameron, Britton, King, Grasett, Pepler, Baines, Brown. Visitors: Mr. J. J. Mackenzie, Drs. Wigle and H. J. Hamilton.

The Physiology of Nervous Exhaustion.—A paper by this title was read by Dr. D. Campbell Meyers. (See page 1.)

Cases Illustrating the Cure of Epilepsy and Chorea by the Relief of Eye-strain.—A paper with this title was read by Dr. G. Sterling Ryerson. (See page 5.)

Dr. Bingham proposed a query as to how the pain occurred at the angle of the scapula. His own explanation was that the sympathetic system, which was directly connected with the nerves that supply the angle of the scapula, would be affected in ocular strain.

Dr. Spencer asked if obstinate constipation was not often associated with eye defect. He remembered a case of astigmatism which he had referred to the reader of the paper. The patient reported after treatment that he was not only cured of the trouble but the constipation as well.

Dr. Meyers pointed out some phenomena which arose through the artificial production of eye-strain, muscular rigidity, unconsciousness and attacks resembling epilepsy, showing the connection of the eye to the cuneate lobe. This case showed the importance of always examining the eyes in cases where the diagnosis was obscure.

Dr. Ryerson concurred with the remarks of the preceding speakers. He said the relief afforded to the nervous system by the removal of the source of irritation had an indirect effect on the digestive organs.

Case in Practice.—Dr. Norman Walker gave the clinical notes of a case that had come under his care during the past month. Patient had come to the office complaining of great pain in the back of the neck and headache, which had existed for about a week together with general malaise. The next day symptoms were much worse. Quinine and antikamnia were ordered, also a tonic. Another medical man was

called in next day, who pronounced the case gastric fever and left a bottle of medicine. The next day the essayist saw the case. Patient was in bed, head thrown back, very restless and irritable; he was unable to move the right hand and arm; the grip of the left was very much weakened; required to have constant rubbing and raising of the arms and crossing of them over the chest. Mustard was applied to the neck and the lumbar region; calomel administered; hypodermic morphia given in the neck; urine passed by catheter only; patient became somewhat delirious; morphia, atropia and strychnine were given; pulse got as low as forty-nine; applications were made at the spine of iodine, mustard, etc., at different times; potassium iodide was ordered in five grain doses every two hours; symptoms of iodism followed; extremities, during attack, cold; condition continued. The first sign of returning power was about the sixth day, when patient tried to brush a fly off his nose. To overcome the inactivity of the bowels, croton oil was administered. Temperature never ranged very high. Nutriment enemata seemed to do good; mercury by inunction was ordered; stomach very irritable throughout, accompanied by hiccough. Eleventh day the patient began to improve considerably. Gradually the sedative treatment was stopped. Power returned in the hands and arms, and the bladder and bowel symptoms improved. The doctor thought the cause of the trouble was not definite. The family history was good. The patient himself thought the trouble was brought about by worry he had had over some rumors which had been carried to his mother-in-law. He had had a wordy war with this person and had not felt well since. The doctor thought if any medicine did any good it was the iodine. The croton oil did move the bowels, and improvement continued under the use of inunction after the iodide was stopped. Nourishment by rectum contributed much to the recovery. Convalescence was slow.

Dr. Meyers said certain symptoms of the case pointed to meningitis, but other symptoms excluded this, particularly the absence of fever and eye trouble, and if the disease had been due to graver lesions recovery would not have taken place so soon. His own opinion of the case was that it was hysterical or functional paralysis. In these cases the urine was often retained. The suspicious point was the brushing of the fly off the nose when paralysis was present. The diagnosis was borne out by the cause—mental excitement previous to the coming on of the attack.

Dr. Oldright added that another point which emphasized the neurotic nature of the attack was the fact that the patient got relief from having somebody move his arms backward and forward.

Prostatic Hypertrophy.—Dr. I. H. Cameron made some remarks on prostatic hypertrophy. He said he would not enter into a discussion of the pathology and nature of this trouble, but would rather confine himself to the matter of the treatment. However, he inclined to the view of Harrison that the prostate gland was a muscular sphincter of the bladder rather than a gland, as the amount of muscular tissue was relatively much greater than that of the glandular. Under certain circumstances, hypertrophy of this structure took place as a result of increase of function; following this there was more or less retention of the urine. All were agreed that Sir Henry Thompson was right in establishing the teaching that when a man has residual urine he should have artificial relief by catheter frequently. That doctrine had held universal sway until one day a celebrated physician, now gone over to the majority, unfortunately, wrote an article on catheter fever, and set the world agog by pointing out the frequency of cystitis and distension of the urinary tract by the catheter, which, if properly used, and not abused, relieved the condition which latterly ended in this distressing state. After Clark had written this paper, there was a strong reaction on the part of the older men, who began to fear that their patients would die of surgical kidney. The speaker said no doubt many had died and many would die of it as long as the catheter was used without antiseptic precautions. If antiseptic precautions were observed, however, surgical kidney would be avoided rather than caused by the proper use of the catheter. In advanced stages of prostatic enlargement, where micturition was impossible and the intolerance of the bladder was very great, though only a small amount of urine was in it, and where it was necessary to use the catheter, a surgeon could not be present to pass it. There was great need of insistence that in such cases of prostatic hypertrophy the proper use of a catheter would lead to cure. It was only in its misuse that dangerous results followed by infection of pyogenic organisms from without. Another method of treating the condition, which had found its strongest advocate in White, of Philadelphia, was that by orchidectomy. In one hundred and eleven cases in which operation had been done there had been twenty deaths. The average age of the cases in which recovery took place was 66½ years; the average age of fatal cases, 75. So age seemed to have some influence in determining the mortality—something that would be expected because of the probable presence of arterio sclerosis and less recuperative power of the tissues the older the men were. Of the twenty fatal cases, White, for one reason and another, thought that thirteen might be excluded, as the precedent condition of the patient was such as to prevent success in the operation. This seemed

to be a fair showing. On the other hand, Falls, of Glasgow, had had six cases, with five deaths as a result of operation, the remaining one not being benefited in thirty days. The speaker himself would refer to but four of the cases which had come under his observation as being typical examples of classes of cases in which this operation was applicable. The first case was that of a man 69 or 70, who came under his care in the General Hospital suffering from retention of urine and with cystitis. Prostatic enlargement was noted, and it was determined to do orchidectomy to relieve him of the enlargement. Due care was not taken to ascertain the condition of the kidneys before operation. At this time catheter drew urine at ten inches. Operation presented no difficulty. Patient was returned to bed. Never very well afterwards, but urine was drawn by catheter at nine inches. Autopsy showed he had surgical kidney on both sides. He should not have been operated upon.

The second case was that of a man aged 64 or 65 where this condition was present. Unilateral orchidectomy was done. So far as voluntary micturition was concerned, this had no effect whatever. He came in a year or two later for an aggravated cystitis. Sounding him, a stone was discovered; lithotomy was done and bladder drained. Good recovery. Returned in two years. Another stone found; nucleus was a hair, which was likely carried in by catheter. Later, the patient returned again. Bladder was drained and recovery followed. Patient returned later, suffering from cystitis. The other testicle was removed. During convalescence the patient became extremely depressed and melancholy. Was given the fresh testicle of a sheep. Mental trouble disappeared. The function of voluntary micturition was not restored. It was not expected, as for two years the function had been in abeyance.

The third case was that of a man 81 or 82, upon whom the speaker had operated last May. The patient had suffered for some time from febrile disturbance incident to prolonged cystitis. An operation was followed by prompt and decided improvement. He presented rather active delirium during convalescence, but this passed off.

The fourth case was that of a man, aged 67, suffering from acute retention of urine, which had existed about six weeks. Operation was done, and within three or four days he was able to pass urine. Recovery complete.

Dr. Grasett said he leaned to conservatism in the treatment of this condition. Thus far he had been able to treat these cases without resorting to the method advised by White. He thought surgeons were not sufficiently careful in regard to the cleanliness of urethral

instruments. Where the catheter was kept clean its use could be maintained a long time. A patient under observation, aged 83, had used one twelve years—a man in active life. He had had most beneficial results from drainage also. Cases treated in this way were referred to.

Dr. E. E. King thought that the operation of orchidectomy would never become the operation of choice in enlarged prostate, but in those where great urgency was necessary. A case of this latter sort on which he had operated showed marked improvement within eighteen hours. A second case, in which he had done vasectomy, was not much benefited by the operation. A third case, in which orchidectomy was done, died of pneumonia subsequent to the operation. In six other cases results were so good that the speaker was very well satisfied with the operation.

Dr. G. Bingham concurred with the views expressed by the leader of the discussion as to the treatment of long-standing and obstinate cases of prostatic enlargement. In the earlier stages he had found the method of stripping the prostate and the vesicles of decided value. This relieved the glandular congestion and enlargement. The speaker cited cases in which he had noted distinct benefit from this course of treatment. Before resorting to removal of the testicles he would examine the bladder by superpubic cystotomy. In this way drainage could be performed, the condition of the walls of the bladder ascertained, the diagnosis established, and, if necessary, a portion of the middle lobe removed.

Dr. Cameron closed the discussion.

Toronto Medical Society.

THE regular meeting of this Society was held December 17th, Dr. J. Forrest in the chair. Minutes of the previous meeting read and adopted.

Nasal Breathing was the title of a paper read by Dr. Price-Brown. The doctor presented a patient he had treated for this trouble. The paper stated that from examination of animals and aboriginal tribes, and comparing them with the inhabitants of civilized countries to-day, it was apparent that nasal breathing was a physiological process and nasal pathological. Pre-eminent among the causes of nasal breathing was nasal deformity, the result of trauma or heredity. These irregularities were seldom seen in children under ten. Where the condition of deformity occurred early in life it was often followed by arrest of

development of the cranium. The condition was in part produced, according to some writers, by a disturbance of the equalization of the atmospheric pressure in the nasal cavities, a rarefaction taking place on the side of the obstruction and, consequently, an increased pressure on the other side. The benefits of nasal breathing and the injurious effects of oral breathing were adverted to. Treatment consisted in removing the obstruction.

In the case of a young lady whose history was given, there were adenoids and a hypertrophy of the faucial tonsil present. There was also nasal obstruction from spurs. The chest was flattened at the sides. After removal of the obstruction and the establishment of nasal breathing, the chest expanded and the patient became robust.

In a second case reported, that of a young man (patient shown), the patient had grown eleven inches and gained fifty pounds during the two and a half years since treatment. The sternum was flat and there was a distinct concavity to its left side. These remained after treatment.

Empyæma of the Right Frontal Sinus.—Dr. R. A. Reeve showed two patients, one exemplifying empyæma of the right frontal sinus, the other presenting a complete recovery from the condition by operation. The first patient presented had no acute symptoms. Four weeks previous, swelling had begun over right eye. The forehead began to bulge and the eyeball to protrude downward and outward. The orbital plate had given way, and the swelling was boggy at this point. There had been no nasal trouble as there had in case number two. The treatment consisted in opening and introducing a drainage tube, which was passed down through the nose. The doctor referred to twelve cases of this sort which he had reported at a former meeting of the Society.

Discussing Dr. Brown's paper, Dr. Oakley said he did not see why civilized races should be more addicted to oral breathing than savage races. He thought the factor of inheritance could scarcely be said to play a part unless unless observations had been made for several generations.

Calculus.—Dr. Wm. Oldright presented a calculus passed by a woman after he had introduced a sound into the bladder. The history of this and two or three cases of renal calculi were given. In these latter cases he had administered the dilute muriatic acid with good results.

Dr. Graham Chambers, who analyzed the calculus, said it was one of the fusible sort and contained calcium phosphate and ammonio-magnesium phosphate and some organic matter, probably mucous.

In reply to Dr. Forrest, he said acids would not make alkaline-urine acid as a rule. There were two exceptions; benzoic and oxalic acid would.

Dr. H. Walker presented four calculi he had removed from a pocket in the base of the bladder of an old man aged seventy-five. The patient complained of symptoms in the heat of summer. The stones, although large, could not be reached by sounds. The lateral operation was done with good recovery following. Dr. Walker then referred to a case of pylorotomy, the specimen of which he presented to the Society some weeks ago. He reported the patient as doing well. The button had passed. It showed signs of corrosion of its plating. After eight days the patient had become suddenly blind. The blindness was more marked in one eye than in the other, but the sight was gradually returning. He asked for an explanation of the cause.

Dr. R. A. Reeve said it was difficult to say what the cause of the blindness was without an ophthalmological examination. He adverted to the various causes of sudden blindness, and referred to some cases he had seen. The symptoms in the case reported were somewhat anomalous.

Dr. Peters said that the operation of pylorotomy was usually unsuccessful. He had assisted at two cases which had proved fatal. Such cases were liable to succumb to secondary growths. The operation, however, gave the patient comfort while he lived.

Dr. Webster asked Dr. Walker's opinion of the operation of stitching the bowel to the stomach in these cases, instead of using the button.

Dr. Walker said he preferred the button, as it required much less time. He inclined to think the blindness was due to some specific poison. In all cases of abdominal difficulty of this sort where there was any doubt as to the diagnosis, he was strongly in favor of an exploratory laparotomy. He had never had an accident nor heard of one.

Dr. W. J. Wilson, in referring to the last point, said that he knew of a case in which death had occurred within three days after an exploratory incision.

Dr. Walker said that death in this case was perhaps due to sepsis.

A STEP LOWER.—St. Louis is the proud possessor of two hospitals, each owned by a stock company and run for the profits in the business. People are solicited to become members by paying fifty cents a week, for which, in case of sickness, they receive hospital care. This is the lowest stage yet reached by the hospital abuse.—*Cleveland Journal*.

Editorials.

Medical Council Affairs.

IN connection with the controversy upon Medical Council matters, we wish to draw the attention of our readers to the fact that our editorials have in no way alluded to the subject at any time. The REVIEW is at all times open to respectable members of the profession to discuss subjects pertaining to Council matters, provided their communications are not too long and the writers sign their names to them.

There are many points of interest in the management and doings of the Council, to which we hope in the near future to allude.

We are pleased in this issue to publish letters from our esteemed friends, Drs. Sangster and Williams, both members of the Council, and we hope that when we claim for the REVIEW the strictest impartiality, it will be believed that this journal is not the organ of any school party or clique, but that it endeavors to promote the best interests of the profession as a whole.

Before closing this subject we might add that the editors of the REVIEW believe sincerely in the great advantage the Council is to the public, and are therefore most anxious for the free discussion of any question affecting it.

The Twelfth International Medical Congress.

IT would seem as though something like a palsy has befallen the Moscow Congress. Professor Erismann, of the Institute of Hygiene, was the energetic and able Secretary-General, and was earnestly engaged in putting in motion the machinery which would in due time have produced a scientific aggregation of stars equal that which assembled at Berlin or at Rome. But suddenly the motive power was paralyzed by the removal of the Secretary-General from his post, it is said, because of too open an expression of opinion on Russian political affairs. One would have thought that a course of instruction at the Institute of Hygiene would have taught the professor the art of self-preservation. But it seems not; so he may even now be "doing time" in Siberia, or languishing in a state of innocuous desuetude in the cold shades

wherein languish the ex-official of all countries. Those of us who have heard George Kennan lecture have learned to look with distrust upon Russian police and political methods; but it may be that that apparently venturesome American newspaper correspondent had to supply "copy" at any price, even at the expense of truth. For recently Mr. Harry de Windt, an Englishman in spite of his name, has publicly stated that "if he had to do time, he would sooner do it in Siberia than anywhere else." Some people hinted that he had been "squared," but now Dr. Benjamin Harrison, an American prison expert, corroborates Mr. de Windt, and has caused Mr. Kennan to "sit up" rather violently. So that if Professor Erismann is sojourning in Siberia, he may not be having such a bad time after all. But in the meantime the Congress languishes and is likely to die of inanition.

R.

The Ontario Medical Council.

THERE are few medical men in Ontario who do not recognize the advantage of a good, energetic medical parliament for the Province. But there are few, we think, who do not equally recognize the fact that the Council is capable of some very important improvements.

As the Council is now constituted, it consists of seventeen territorial, five homœopathic, and seven college representatives. Here there is room for much and useful change.

In the first place, there is no need for five homœopathic representatives in the Council. This is class representation. The solitary physio-medicalist might fairly ask for a seat in the Council. Or if there be a few electricians, they in turn might clamor for representation. No, the true policy is for all to take their stand on the ground that they are registered practitioners, and elect the best man they can get in the district. The homœopaths would have their say, but no special privileges.

Then the school representation should be reduced. We utterly fail to see why the Toronto School of Medicine, which has done no teaching for nearly ten years, and which is quite defunct as a working concern, should have a representative in the Council. The simple truth is there is now nothing to represent but a certain joint stock company owning a certain building, which is rented to the University of Toronto for medical faculty purposes. Clearly this seat in the Council must go.

Then comes Victoria University. This corporation once had a

medical college in affiliation with it, and granted medical degrees. But years ago both were given up. The University of Victoria grants no degrees now, and has no medical faculty or school in connection it. Why it should have (except by statute) a representative on the Council, we cannot see. McMaster University has just as good claims to one.

Now comes Trinity University. The abuse here is that there are two, whereas there should only be one. If Trinity University and Trinity Medical College are entitled to two representatives, then the Western University and Medical College, and Queen's University and Medical College, and Toronto University and Medical Faculty are entitled to two each. The real fact is that Trinity University and Medical College are entitled to only one (except by statute). If Trinity University did not give medical degrees, and had no medical school in affiliation, then it would not be entitled to any. But because of its connection with Trinity Medical College, the joint arrangement, as in Queen's, and the Western, should have one.

With the above reductions in numbers, the Council would be of a wieldy size, and likely to be of some real service to the profession at large. The profession must rule in this body and not the schools. The simple truth is that the schools are not the best friends of the profession. The mad rush for students, the flooding of the country with their announcements, the determined effort to secure and hold all the hospital appointments amongst themselves, and the desire to climb over the backs of the recent graduates into a consultation practice, are all injurious to the welfare of the general profession. On these matters, the general profession must speak, and with no uncertain voice.

For many years, the only medical journals were the organs of some school. Things in this direction are changing for the better. The profession have an opportunity of expressing their views through independent channels. It is the intention of the *MEDICAL REVIEW* to advocate the cause of the general profession, and to do what it can to correct some of the evils now apparent to all—the power of the schools, the over-crowded condition of the profession, and the weakness of the Council.

F.

ANOTHER MEDICAL JOURNAL.—It is stated that owing to the retirement of Drs. Young and Cassidy from the *Dominion Medical Monthly* a new publication will shortly appear. We are told that Dr. Young will be proprietor and editor of the new journal. We wish it every success.

Therapeutic Efficacy of a Mineral Water.

THE constancy of the remedy employed being such a necessary condition of therapeutic efficacy, it is worth considering that medical or scientific supervision has not sooner been employed in the bottling of the natural aperient waters which have come into such general use—for it has been stated that the aperient waters offer the one sole exception in regard to this constancy among the natural mineral springs, so that in the case of these aperient waters an inconstancy of the chemical constituents has been observed. It is therefore of interest that the Apenta Hungarian Aperient Water, introduced not long since into this country and England, is under the absolute control of the Royal Hungarian Chemical Institute. The *British Medical Journal* and the *Lancet* have recommended Apenta not only because of the constancy ensured by the guarantee of the Chemical Institute, but also for its specially favorable combination of sulphate of soda and sulphate of magnesia, the quantity of the latter being the greater, as shown by the various analyses. Professor Oscar Liebreich, University of Berlin (*Therap. Monat.*), and Dr. Althaus (*Brit. Med. Jour.*, Sept. 26th), have written to the same effect, giving Apenta preference to other purgative waters.

The water has been used to considerable extent with good success in hospital and private practice in this city and Montreal.

Meetings of Medical Societies.

The Chatham Medical and Surgical Society has reorganized with Drs. Duncan and Bray, jr., as President and Secretary respectively. It will meet on the first Wednesday of each month.

The meeting of the Niagara District Medical Association will be held in St. Catharines, Wednesday, January 13th.

The Lambton Medical Society meets in Wyoming, February 10th.

The Toronto Medical Society was called off, as usual, on Christmas and New Year's week. The meetings during the past term have been of unusual interest. The membership now numbers about 130. Any medical man in or near the city who would like to join, should apply at once for proposition to any of the members.

WE beg to acknowledge receipt of subscriptions from the following gentlemen:—Dr. Sinclair, Paris; Dr. Armstrong, Fullerton; Dr. Mallory, Delta; Dr. Wishart, London; Dr. Rounthwaite, Thessalon; Dr. S. A. McKeagan, Acton; Dr. Haig, Campbellford; Dr. Hoar, Strathroy; Dr. H. R. Duff, Kingston; Dr. D. Munro, Perth; Dr. J. Reeves, Egansville; Dr. Tracey, Cobourg; Dr. J. Watson, Unionville; Dr. J. W. Groves, Manotick; Dr. D. McDiarmid, Agincourt; Dr. J. McAsh, Belgrave; Dr. C. H. Thomas, Gormley; Dr. W. J. Anderson, Jasper; Dr. S. S. Connell, Athens; Dr. R. Carney, Windsor; Dr. F. B. Harkness, North Gower; Dr. J. Lafferty, Hamilton; Dr. Heaslip, Hillsdale; Dr. W. Kilbourn, Oro Station; Dr. Wilson, Plattsville; Dr. Clemens, Berlin.

By consulting the label on your REVIEW you will see the date up to which your subscription has been paid.

DOCTORS IN MUNICIPAL POLITICS.—The following physicians were elected at the recent contest in Ontario: *Mayors*—Dr. B. H. Stafford, Arnprior; Dr. S. M. Wells, Barrie; Dr. Radford, Galt; Dr. Ward, Napanee; Dr. Johnston, Sarnia; Dr. McFaul, Stayner; Dr. Clendenan, Toronto Junction; Dr. McKay, Woodstock; Dr. Hammill, Meaford. *Reeves*—Dr. A. D. Graham, Bothwell; Dr. Leonard, Napanee; Dr. Stalker, Walkerton; Dr. Stewart, Chesley; Dr. Gibson, Watford; Dr. Walters, East Toronto; Dr. Charlton, Weston; Dr. D. Thompson, Cayuga; Dr. McAllister, Duntroon; Dr. Coughlin, Arthur; Dr. J. P. Waddy, Humphrey; Dr. J. R. Patterson, Port Elgin. *Aldermen*—Dr. Adam Lynd, Toronto; Drs. J. H. Bell, E. Ryan and A. P. Knight, Kingston; Dr. E. H. Eidt, Stratford; Dr. St. Jean, Ottawa. *Councillors*—Dr. G. H. Bowlby, Berlin; Dr. Burrows, Lindsay; Dr. Jones, Mount Forest; Dr. Urquhart, Oakville; Dr. McAlpine, Petrolea; Dr. McTaggart, Arthur; Dr. Niddrie, Creemore; Drs. H. S. Bingham and D. Gillespie, Cannington; Drs. Gimby and Cook, Chesley; Dr. Hopkins, Dunnville; Dr. Odlum, Woodstock; Dr. Nairn, Elora; Dr. McGregor, East Flamboro'. *School Trustees*—Drs. J. Spence and J. Hunter, Toronto; Drs. J. D. Wilson and Wm. English, London; Dr. Hanks, Blenheim; Dr. Musgrave, Niagara Falls; Dr. Reslin, Bolton; Dr. Carmichael, Sundridge; Dr. Lackner, Berlin; Dr. Rice, Woodstock.

THE MEDICAL PROFESSION IN FRANCE.—From the Paris letter to the New York *Medical Record*, we learn that the medical profession in France is by no means an El dorado. The lay press is taking a hand in

the discussion of the over-crowded condition of the profession. Many of the people of fair means are most anxious that their sons should not study medicine. It costs, all told, \$8,000 for the full course in France. The returns for this outlay are very poor in most cases; and for many years at first nothing but a large amount of gratuitous treatment of pauper cases. The agitation is a wise one. It would stand imitation in this country. All the large American cities are crowded now till there is scarcely standing room. If the numerous medical colleges keep on turning out an annual grist of graduates at the rate that has pertained in the past, the cry will soon be heard, "Woe is me that I am a doctor!" The school men, however, are really at fault. They send out glowing announcements to catch the unwary. The fees of the student are much in demand; and then they hope for consultations from them afterwards. This they usually get until the poor graduate has his eyes opened.

THE EFFECTS OF PERITONEAL ADHESIONS ON DIGESTION.—Dr. Byron Robinson, of Chicago, (*Medical Record*, November 28) remarks that of the many evil effects of peritoneal adhesions the following may be mentioned. There are often pain, indigestion and intestinal neuroses. These adhesions seldom give rise to pain in the fixed organs, as the spleen, kidneys or liver. The pain after the formation of these adhesions is due to the fixation of mobile organs, and the prevention of active peristalsis. The organs of greatest movements are the small intestines, the sigmoid flexure, the Fallopian tubes and the bladder. It is in these that the worst effects of peritoneal adhesions are noticed. In operating in the abdominal cavity, adhesions, as far as possible, should be broken up, more especially around the mobile viscera. About seventy-five per cent. of laparotomies are followed by adhesions that may give rise to much trouble. Hot foods and purgation increase these colicky pains. In time these organs make room for the functional activity in most cases.

TOXIC EFFECTS OF COFFEE DRINKING.—Dr. J. Y. Pugh read a paper before the Philadelphia County Medical Society (*Philadelphia Polyclinic*, November 21) in which he gives an account of a man over thirty years of age, who was a graduate in medicine, but never practised. He had gone through a period of great fatigue, up till one and two o'clock, and hard at work during the day. He acquired the habit of drinking large quantities of strong black French coffee. He would drink from ten to twelve large cups daily. The result was that he had a pulse of ninety-six, trembling and weakness, twitchings and

spasms in the muscles, great fear and agitation of impending danger, hallucinations of sight and fearful images of dangerous objects. It was clearly a case of coffee intoxication, as the patient had not used liquor. The writer states that he had seen two persons who had been mildly intoxicated by the excessive use of coffee. The knee-jerks were exaggerated, and the sensation perfect.

HEREDITARY SYPHILIS AND GENERAL PARESIS OF THE INSANE.—Dr. Edward H. Williams, Matteawan State Hospital, Fishkill Landing, N.Y. (*Medical Record*, December 5), remarks that in cases of general paralysis of the insane, the history of direct syphilitic infection, together with a life of dissipation and excitement, is so often found that the disease has come to be generally credited to primary syphilitic infection, or closely associated with it. The general temperament of paretics, their past history, and their symptoms are almost the same in all. There is positive proof of primary infection in seventy-five per cent. of these cases. These have usually been the typical man of the world, ambitious, fond of society and high living, a light sleeper and a heavy drinker. In a minority of cases the above past history may be wanting. But when examined with care they are found to present the stigmata of hereditary syphilis. These persons are often dull minded and sluggish. They are in no sense of the typical parietic temperament. It is pretty well settled that seventy-five per cent. of all paretics have had primary syphilis. Of the remaining twenty-five per cent. many have the marks of hereditary syphilis.

TENDON GRAFTING IN DEFORMITIES FOLLOWING INFANTILE PARALYSES.—Dr. Samuel E. Milliken, of New York (*Medical Record*, November 28), reports some cases where he had operated with the object of correcting some of the deformities following infantile paralysis. The tendons of paralyzed muscles are attached to portions of the tendons of healthy muscles. When a whole group of muscles are paralyzed, a healthy muscle of the proper origin must be transplanted and given the insertion of the paralyzed group. When only part of the group is paralyzed, tendon grafting should be adopted so as to make the healthy muscles do the work of the group. Kangaroo tendon is the best material for the muscles, tendons, and their sheaths. The skin is closed with interrupted catgut sutures and sealed with cotton collodion. The immobilization of the limb is best secured by plaster of-Paris splint. The best results can only be obtained in young subjects, where the benefit is gained from the growth of the muscles.

LORD KINNEAR.—The elevation of Sir Joseph Lister to the peerage has removed the last obstruction to equality of the medical profession. It may seem a small matter, and one in which we, in Canada, are not at all interested, but reflection will convince any one that whatever raises this profession in public estimation benefits each and every member of it. It appears to us that Sir Joseph made a big mistake in burying himself under the title of Baron Kinnear. How much better it would have been to be known as Baron Lister, to which title a territorial tail could have been added. However, we all wish Lord Kinnear many years of life and enjoyment of dignities so worthily and honorably won.

FUNCTIONLESS ORGANS—ARE THERE ANY? A POSSIBLE USE OF THE APPENDIX VERMIFORMIS.—Dr. Nelson L. North, of Kings County, read a paper with this title before the New York State Medical Association. He said that it was now coming to be understood that many organs formerly looked upon as rudimentary and functionless were really part of the hæmatopoietic system. Thus, the tonsils, which had been so freely excised in the past, were now considered as guardians of the parts below, protecting them from the invasion of pathogenic organisms. A noteworthy example of a supposed functionless organ was to be found in the vermiform appendix, but he was of the opinion that the numerous follicles of the appendix indicated clearly that it possessed a glandular action. Probably its chief function was as an automatic closer of the ileo-cæcal valve, thus preventing the regurgitation of foul gases. A study of the vital statistics of the Brooklyn Board of Health for the past fifteen years would show a steady increase in the death-rate from appendicitis and allied diseases, from which it was fair to infer that medicine had not kept pace with surgery in the treatment of these disorders. It was probable that the trouble was to be found in an improper treatment at their inception, the medical man of the present time throwing up his hands and unconditionally surrendering his patient to the operating surgeon. The intelligent and cautious use of mild purgatives and enemata, and above all the bold use of opium, not simply for its sedative action, but for its curative effect in peritoneal diseases, would, he felt confident, make a better showing in the treatment of appendicitis.—*N. Y. Med. Jour.*

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Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Dr. Williams' Reply to Dr. Sangster.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In your December number, I notice a letter from Dr. Sangster, a large share of which was written for my especial benefit. The first paragraph I cannot claim. It is to chastise the *Practitioner*. I have not seen their article, but suppose they are deserving it. If not they can take care of themselves.

The doctor and his followers have a passion for writing. Other members of the Council are usually content to allow them to write on without comment; only now and again, when they become particularly personal, is any reply made. Their reasons for getting into print are not difficult to find. The custom of the Council for very many years, probably from its inception, has been to conduct its business without parties. Each member used his individual judgment on every question that presented, and voted accordingly; and each member had the same right as every other to introduce such business as he thought in the interest of the profession. They were then satisfied, if the transactions of the Council could be got into the hands of their constituents, who would approve or condemn in accordance with their judgments. The election of Dr. Sangster and his co-workers has made a change. We now have an organized opposition without a government, or any party whose especial duty it is to conduct the business of the Council. The absurdity of such an opposition would strike most people. It strikes this party. They feel, no doubt keenly, that the position they have taken needs more justification than can be obtained in the ordinary way. They cannot trust their case to the electors with the transactions of Council as their guide, but feel it necessary to support themselves by brilliant literary pyrotechnics, which, it is hoped, will so dazzle the ordinary reader that he will at once fall into line. Our friend, the doctor, admittedly clever in this way, is selected for the work. Hence the necessity of getting into print and speaking of the "Solid Phalanx," the "Inner Circle," the "Head Centres," etc., etc., with mystical phrases intended to convey the impression that there is a party in Council other than the one led by the doctor.

The "Solid Phalanx," the "Inner Circle," and the "Head Centres," have an existence in his *mind* only, or as figures of speech. Each individual member thinks for himself, speaks for himself, and votes as he pleases, with the exception of the "Little Phalanx" led by Dr. Sangster. There are indications that the energy of individual intelligence will crumble even this little party into its original atoms. Medical men are bad subjects to keep in leading-strings by even so accomplished a leader as the doctor.

Why is so large a share of this letter devoted to me, instead of to the general good? The doctor has supplied the reason. Last June, during the meeting of the Council, I entered a protest against discourteous methods of discussing questions. Our friend was hit, and has "nursed his wrath and kept it warm" until December. Was he justly hit? We will allow him to supply the answer. "Words or expressions of this kind sting, I suppose, only in proportion to their applicability—only in proportion to the amount of truth they incase." According, then, to the doctor, he was "*stung*"; the words must have been "*applicable*," and "*incased*" considerable truth, hence the zeal to explain them away.

The doctor in his letter is to be admired not more for the beauty of diction and elegance of style than for the masterly exhibition of sophistry. None know better than he, few as well, that to get at the purport and meaning of a word, it must be read with the context. Yet he cleverly seizes the word "plausible," drags it from its connections, and proceeds to castigate both it and the user in a most dexterous manner. The poor word, by the aid of Worcester, Campbell, and Whately, is made to mean "specious" and "humbug;" and finally, with the assistance of Locke, he gets it to be nothing less than "*lying*."

At the risk of being tedious, we will quote a few sentences from the June speech that the reader may get at the connections. "I do not sympathize very strongly with Dr. Sangster in the view he has expressed, and I want to say this, that Dr. Sangster or any other member, who wishes to be a reformer, and who wants to get his views to prevail in the Council, should not first have insinuated improper motives to all the other members of the Council. His correct method, if he wishes to make a success and be a reformer, is to put his views in such a reasonable and 'plausible' way that they will commend themselves to the whole of the members of the Council." Now what does "plausible" mean in this connection? Funk & Wagnalls' dictionary gives several meanings to choose from, according to the shade of meaning we wish to convey. One is, "*calculated to win*

confidence." We rest on this. It conveys our meaning, and we stand by the word. And further, now that the doctor has recalled us to words used in the heat of debate and then forgotten, and has dignified them with the appellation of a lecture. We stand by the sentiments.

The doctor says: "If Dr. Williams stops to reflect, he must surely know that the word 'plausible' is ALMOST invariably used in a bad sense as the synonym of 'specious,' while among average people it is looked upon as the equivalent of 'humbug.' Thus, Campbell says, 'Fiction may be as *plausible* as truth.' Let us try a little substitution with the synonyms the doctor has supplied. "Fiction may be as *specious* as truth.' Again, 'Fiction may be as great a *humbug* as truth." (Will Campbell roll in his grave?) Funk & Wagnalls would say, "Fiction may be as well 'calculated to win confidence' as truth." Notwithstanding the very great ability of Dr. Sangster, and my high opinion of him as a lexicologist, I fail to comprehend that he makes clear the shades of meaning in the use of the word "plausible," and must content myself with the commonplace of Funk & Wagnalls' Were the doctor to come down from his pedestal in company with Worcester, Campbell, Whately and Locke, to moderns, I might understand.

The doctor thanks me for my advice, but says, "If in the Council chamber I can only achieve success as a reformer by being 'plausible' ["calculated to win confidence"—Funk & Wagnalls], I must be content to remain unsuccessful. The cost would be too great." The cost too great! To put your arguments so that they shall be reasonable and calculated to win confidence!! He says, "The old adage has it that in the end not 'plausibility,' but 'truth is mighty and will prevail.' Till then I propose to fight on and wait." It is truth, then, he is fighting for, is it? I did not understand; I thought it was for an opinion. And those other fellows, the "Solid Phalanx," are upholding falsehood! Mr. Editor, I do not know the doctor's capacity for swallowing. Is there no danger of suicide from so great a bolus of taffy?

He speaks again: "The cry for taffy instead of strychnine is the old cry of might against right." What does this mean? Were it used by some less astute man, we would think it mere flippancy. But when used by Dr. Sangster, it means something. What can it be? Does he think that because it is suggested to him to conduct himself courteously towards members of the Council that they are crying for taffy at his hands? Does he think, when he charges fellow members with being "*recreant*," "*subservient*" or "*ductile*," he is carrying terror in his words? If so, he never made a greater mistake. The members of

Council listen with the same pity that filled Dr. Sangster when he said, "How unfortunate it is that any grown man"—even though elected to the Council—"can still condescend . . . to seek relief to his surcharged feelings by falling back on the schoolboy trick of making faces and calling names." Neither the Council nor any of its members are asking favors—simply the courteous treatment they expect to extend to fellow members. They ask no more; they will approve of no less.

Not the least amusing portion of the doctor's letter is his description of the speaking ability of those who do not accept him as their leader—those whom he styles the "Solid Phalanx," the "Inner Circle," etc., in contrast with his "Little Phalanx." He says that "when the 'Head Centre' of either wing of the 'Inner Circle' [Centres and Circles which have no existence except in his mind] rises in the Council to make a motion," . . . except under some specified exceptions, "his remarks are ordinarily not merely *specious* or *inane*, but as *flat as dishwater* and as *flavorless as tripe without onion*." Now, I have not taken to dishwater as a beverage nor to tripe as a food, and am quite willing to accept Dr. Sangster's version as to their qualities. Yet bacteriologists tell us dishwater is not without potency. This is verified by an outbreak in December from the microbes in the dishwater of June. They penetrated the integument of even Dr. Sangster, the man who boasts his ability to resist hard knocks.

The "Little Phalanx," on the other hand, with Dr. Sangster at their head, are given to "*raciness*" of expression. They "call a spade a spade," or speak of a section of representatives as being "*ductile*," "*recrunt*," "*subservient*," etc., and he thinks "it is not at all surprising this '*raciness*' of expression is at a discount with" those whom he calls "the Solid Phalanx." We fully agree with the doctor in this opinion, and believe the profession will endorse our views. At this point, however, we must part company. While the doctor fully appreciates this style, the majority of the Council cannot claim to be cultured to that standard. Tastes in literature are largely a matter of education. The vendors at Billingsgate would not regard as "*racy*" that which is not well spiced with their peculiar vernacular. Few others have any desire to be so cultured, and few members of Council have a desire to be trained to this "*raciness of expression*" by even so gifted a teacher as Dr. Sangster.

He thinks "words or expressions of this kind sting in proportion to their applicability only in proportion to the amount of truth they incase," and he says, "I am quite sure, for instance, that not a single feather of *my* plumage would be ruffled were the entire Council to

charge *me* with being 'ductile' or 'disloyal' to my constituents or 'subservient' to the interests in the Council which are hostile to the electorate I profess to serve, simply because I KNOW that I AM NOT 'DUCTILE,' or 'RECREANT,' or 'SUBSERVIENT.'" Dr. Sangster "ductile"! Dr. Sangster "recreant"!! Dr. Sangster "subservient"!!! Perish the thought. Our good friend gives himself a fine certificate of character. Would it not be better if endorsed by his fellow members? And still better were it endorsed by the electorate?

The doctor says, "The inextinguishably funny feature of this episode in Council debates lies, however, in the fact that, of all the members of the 'Solid Phalanx,' Dr. Williams should have been selected as the exponent of the views therein set forth." This is very funny, no doubt, but scarcely funny in the sense he would like you to believe. The "inextinguishably funny" part is that, as to truth, it is foundationless. That the doctor will make such a statement and attempt to palm it off for fun is truly *very funny*. As leader of his "Little Phalanx," perhaps he can assign subjects on which they wish to air themselves and get into print, and he would like to convey the impression—as if in fun—that there is another party following the same line. Every member of the Council, however, knows, as well as Dr. Sangster, there is no such party.

On this "funny" page the doctor is very economical with statements that are facts, and lavish with half truths. These judiciously used, interspersed with words and sentences treated with his masterly sophistry, enabled him to put up a "very funny" page—a page that would do credit to the best penny-a-liner. He must be congratulated that with his happy nature he can extract so much fun from so little a matter. But there is an end to all things, even to fun. And it ends, leaving the doctor in a sympathetic mood. Hear him. "I sat down, I confess, with the intention of having for myself and readers a little quiet fun at Dr. Williams' expense, out of that lecture; but I have refrained." Thank you, doctor, it is so kind to save me expense in these hard times, and then to deny yourself the fun! It is so kind. "I would not enter on my list of friends . . . the man who needlessly sets foot upon a worm."

Rather amusing is the manner in which the doctor culls a few sentences from remarks made by me at some time, and gives them his approval. He makes them read, "that we ought to believe our opponents 'honest' in their motives; that we can secure by mild methods what we cannot drive out of the Anglo-Saxon; that coercion finds but little favor with men constituted after the ordinary type of human nature." "These," he says, "are just some of the truths

the Defence Association have been insisting on for years past." Indeed! When? Is it when telling their fellow members they were "ductile," "recreant," or "subservient"? Or is it when characterizing their speeches as being "not merely specious or inane, but as flat as dishwater and as flavorless as tripe without onions." It is a fine thing to approve good sentiments, better to practise them. When the doctor and his followers practise, it will be conducive to harmony in the Council, and profitable to the profession.

Again he says, "If Dr. Williams now really believes what he says, and will act up to his belief, another short step or two will make our rapprochement complete, and thenceforth the territorial representatives in the Council will present as unbroken a front as the schoolmen or homœopaths." From this you are expected to infer that I am the ONE unfortunate territorial representative who is not in his following; and were I to give up my individuality, and attach myself to his wing, all would be lovely. Does he forget that individual intelligence has so far asserted itself that he can scarcely keep in leading-strings a greater number than he can count on the fingers of one hand? Where are the other ten or twelve territorial men, who never allowed him to do their thinking? Are they prepared to lock up their intelligence and vote as he indicates? Will they too be foolish enough to suppose a Council can be run successfully on party lines without a government? The school-master has been abroad too long to indulge such a thought. Should, however, the doctor cease to be a party leader, and use his marked ability and scholarly attainments for the benefit of the profession (not for the furtherance of party ends), and trust to each member of the Council intelligently examining every question that is presented, it is quite probable he will then find himself voting, not simply with a majority of territorial men, but with a majority of the Council.

After selecting some words I may have used at some time, the doctor is troubled with what he is pleased to call my inconsistencies, "blowing hot and blowing cold." Well, I am sorry I cannot tell him on which side I will be, whether "blowing hot or blowing cold," of questions not yet raised; but of one thing he may be assured, I will NOT be found with my sleeve pinned to his coat-tail, or that of any other party leader, to be dragged whither he wills.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, December 24th, 1896.

Medical Council.

Interests of medical electorate unsafe in hands of Executive Committee in its present shape—It has never respected Council's published curriculum—Its laxity in this respect inspired and made feasible the efforts of Schools to establish a matriculation standard fixed at minimum of Council's actual, not published, requirements—Council's curriculum as to matriculation has been merely a paper curriculum—Some pertinent questions.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In my last letter but one, I took occasion to explain that, in the matter of professional politics, medical school journals are necessarily and notoriously tainted sources of information and advice, and that, consequently, their editorials thereon—howsoever plausibly they may be set forth—are, if accepted by the electorate at all, to be so accepted only critically and with much reserve. Unhappily, before the era of independent medical journalism in Ontario, these were the only local periodicals within the reach of the electorate, and they were not without their influence in forming the public opinion of the profession, which they never lost an opportunity of warping to their own ends. Even yet we occasionally meet with a medical fogey—old, middle-aged or young—who still accepts their contentions at their face value, but I trust and believe that most of my fellow-practitioners in the Province have, at last, learned that the only safe and proper frame of mind—in which to peruse the editorial lucubrations of medical school teachers and professors, touching whatever pertains to the government, internal economy or well-being of the profession—is that of *Aeneas*, "*Timeo Danaos et dona ferentes.*"

My last letter was devoted chiefly to a review of the very far-fetched excuse invented by Dr. Williams, on behalf of himself and a few other territorials, for uniformly opposing by their votes and influence all efforts at retrenchment and other needed reforms projected in the interests of the electorate. While admitting that there is, happily, increased snap in the Council debates, I asked your many readers to go to the record and to critically examine the terms in which these reforms were urged, and to then judge for themselves the utter inadequacy of the "most lame and impotent" apology suggested. A representative's obligations to his constituents are imperative. They are not to be measured by the one-foot rule of private likes or dislikes. He is bound to regard every question that may arise in debate, touching the interests and well-being of the electorate,

strictly and solely on its merits, and to vote accordingly. And if, therefore, instead of simply rallying my friend Dr. Williams on his now famous production—I had been disposed to treat it in a more serious vein—I might have asked your many readers to consider the hardihood of any man sent to that Council to guard the rights and interests of the profession pleading his personal dislike for the language employed as a valid excuse for shirking the clear and obvious behests of official duty. It is, however, hardly possible that any one of the gentlemen concerned will now venture to insult the intelligence of his constituents by parading this studiously sought-for plea in extenuation of an alliance, or of a course of procedure, certainly adverse to the vital interests committed to his charge. For the rest, Dr. Williams' suddenly developed inappetency for "spice" would command more respectful consideration if it were more impartial or less paroxysmal—if, while so intolerant of the mildly spiced syllables of his opponents, he were more careful to avoid the very mordant appellatives he himself so frequently applies to others, and, especially, if he did not gulp, not only without a grimace, but with evident gusto, the somewhat coarsely cayenned elegancies that occasionally fall, in the Council chamber, from the cultured lips of one or other of his University associates of the Inner Circle.

When tempted into this digression, I was discussing the composition, power, mission and animus of the Executive Committee of the Council, and I had promised to show that, in its present shape, and as at present controlled, the interests of the medical electorate are not safe in its hands, being liable to be sacrificed, at any moment, at the behests of the schools. To this latter task I proceed now to address myself.

Up to the present year the requirements of the Council, as *published* on the first page of the Regulations in the Annual Announcement, state that every intending student in medicine shall matriculate, and shall become registered as a matriculate in the Council books, and that he shall *thereafter* spend in actual professional study two years before he is eligible to take the Primary, and four years before he can present himself for the Intermediate or Professional examination. One of the changes engineered into the Act by the schools last spring lets down this particular panel of the fence so that now, and hereafter, a man who has never matriculated at all may present himself for the Primary examination, and two years' subsequently—provided he matriculates in the interim—he may claim admission to the Intermediate or Professional examination. The meaning of which is that a student no longer needs to spend, after matriculation, a period of four years in

the actual study of his profession; he may, under the existing arrangement, leave the plough, the work-bench, the anvil, or the barber's chair, an unlettered boor, and condense his whole general and professional education within the sorry compass of four years, and, of course, the fact that this can be and is done, can and will be paraded by the schools as an additional allurement to the study of medicine.

It fell to my lot last spring, both as a private member of the Council and in my capacity as a member of its Committee on Legislation, to interview different members of the Ontario Government, and to strongly, though, as the event proved, ineffectually, remonstrate with them on the impolicy and the injustice of this and other changes proposed by Hon. Mr. Ross' Bill. I found that the Government was already committed to the measure in its main features, and that the only alternative open to the Council was "Hobson's choice"—to behead itself or suffer decapitation at the hands of the Legislature. I learned, without much surprise, that it had been represented to the Government that, in making provision for the changes proposed, it would only be giving official effect to relaxations in the Council's curriculum and matriculation requirements which had been recognized and granted prior to 1895 by its Committee on Education, and which were still sanctioned and acted upon by its Executive Committee, the latter body having admitted one or more applicants to the very last Council examination on this shortened course. This, naturally, sealed my lips and closed the interview, and I could only retire in humiliation, wondering whether even this mortifying disclosure would suffice to overcome the fatal *vis inertie* of the profession. I made it my business, subsequently, to ask the Registrar if a student, whose name I gave, had been permitted to pass on this shortened curriculum, and I was answered in the affirmative. Nor is this by any means a solitary instance of that Committee's treacherous laxity. If in the Council or elsewhere I am challenged to the proof I am quite ready to supply it, and to show that the Executive Committee has long been in the habit of stultifying the Council by ignoring or over-riding its paper curriculum. And I would really like to ask my fellow practitioners in the Province what they mean to do about it. I propose showing in a coming letter that the Committee on Education had prior to 1895 been reduced to the status of a mere exponent of the educational behests of the schools. Its previously lax methods were, however, sharply and satisfactorily astringed a year ago last June, and there is no longer much probability that it can ever again, under existing circumstances, be so successfully manipulated in the special interests of the educational bodies as it has been in the past. But what benefit is

likely to accrue from a more stringent performance of duty by the Committee on Education, if the practically irresponsible triarchy known as the Executive Committee is suffered to remain a back-door of entrance, through which the schools—who hold its key—can shovel into the profession, *ad libitum*, material not of a quality to bear inspection by any member of the Council outside the Solid Phalanx? And how can we expect the Government or the Legislature to respect the Council's curriculum, when it can be abundantly shown that the Council does not insist upon its being respected by its own committees? And why should we call the Ontario Government hard names and express indignant surprise at its lowering our matriculation requirements at the instance of the schools, and yet be ready to condone the faithlessness of those, whom we ourselves have elected and sent to the Council, to guard the portals of the profession and to see that the established curriculum requirements shall be honestly and rigidly and universally insisted on? And why any longer live in a "Fool's Paradise" by accepting as real, and innocently boasting of, a curriculum, whose chief merit is that it reads well on paper, and whose principal defect is that, through our own culpable supineness, it has never, at all events as far as its matriculation standards are concerned, been faithfully and honorably applied, without fear or favor to all alike, so as to stem, in any perceptible degree, the demoralizing drift into the profession?

The anomalous actions and unwarrantable assumptions of the Executive Committee call for and shall presently receive further review. I am, however, satisfied at present to rest my contention that the interests of the profession are not safe in its hands on the proofs herein adduced that the schools hold the strings that control its movements. To recapitulate: I have shown with regard to this committee that:

1. The law says it shall consist of five members.
2. The "Solid Phalanx" overrides the law and says it shall consist of only three members.
3. Of the three members, two, the schoolman and the homœopath, neither owe nor profess to owe any allegiance to the medical electorate.
4. Consequently the profession would have no adequate control over its actions even were the third man leal to its interests.
5. In point of fact no territorial representative even suspected of being troubled with any special sense of loyalty to his constituents can attain to membership in this committee in its present shape.
6. Consequently the profession has, in practice, no control over it at all.

7. As the Legislature has given us seventeen members in a Council of thirty, the profession should have three members in an Executive Committee of five.

8. The Committee has habitually ignored or overridden the Council's published curriculum of requirements, and still does so, or did so at the close of last year.

9. Its laxity in this respect was used with fatal force to induce the Government to adopt the minimum of its requirements as the maximum of what should be in future enforced.

10. Upon the flimsiest possible pretexts it assumes the right to close all avenues of information concerning Council matters, even against members of the Council who chance to be not of the Inner Circle. (See Announcement for 1895-96, p. 122.)

I purpose devoting my next letter to the exposure of a most insolent and unauthorized assumption, by this Committee, of one of the Council's most important and cherished functions, after which I shall proceed to review the arguments (?) advanced to defeat our effort to give the profession its lawful and righteous representation on the Executive Committee, as reported on pp. 98 to 103 of the Report of Proceedings in the Announcement of 1896-97, which I commend to the careful perusal of your readers. As a similar effort will be made in the coming session of the Council, I think the electorate should be fully and carefully informed on the subject, so as to read the Proceedings of next year with interest and effect.

Yours, etc.,

Port Perry, Dec. 12th, 1896.

JOHN H. SANGSTER.

The Council's Proposed Petition.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—At its last meeting, the Council decided to circulate among the medical men of the Province, a petition asking the Government and Legislature to block the introduction of all legislation touching the Council's prerogatives, and the provisions of the Medical Act, except such legislation shall be at the instance of or sanctioned by the Council itself. Since the issue of the last Announcement I have received a number of letters asking for information and advice as to signing these petitions. Many of these I have answered individually, but, as the subject is one of interest to all, perhaps you will kindly permit me to say through your widely read journal that I think no

intelligent member of the College, who is alive to the possibilities of the future, will be found stultifying himself and gagging the electorate by attaching his signature to any such petition. The Council is, at present, completely in the hands of interests hostile to the profession, and there it must remain, at least, until after the next territorial elections. And to place any such reserve power in its hands would be to supply it with a wet blanket to be used, on occasion, at the instance of the schools, to stifle the just and reasonable aspirations of the electorate. The Council shows no disposition to retrench. On the contrary its policy of expansion is only limited by its power to squeeze contributions out of members of the College. It needs no Solon to foresee that it is only a question of time when it will find its monetary appetite so developed that it will have to approach the Legislature asking for power to increase the annual fee to \$5.00, or to \$10.00, or to \$20.00. Were this petition universally or even generally signed it would, without doubt, be effectually paraded on such occasions, as a charter of the profession's unlimited and child-like confidence in its wisdom and faithfulness. *Cave canem.*

Yours, etc.,

Port Perry, Dec. 12th, 1896.

JOHN H. SANGSTER.

The Treatment of Tic Douloureux.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In yours of September is recorded Dr. Dana's treatment of Tic Douloureux, p. 84. Now, if the doctor confines himself to a recommendation for the cure of this disease only, which is situate in the three branches of the fifth nerve, it is not so much open to objection as if he were speaking of neuralgias generally, but even here I must join issue with him in the treatment he recommends for a diseased condition of the trifacial, for I have found that each branch requires a different treatment. These, as you know, are nerves of sensation only. When the supraorbital nerve issues through the superciliary foramen it is much exposed to injury and to the effect of the cold weather and from no other distant cause, a liniment of aconite and chloroform rubbed gently in will afford instant relief, followed by a few repeated doses of Dover's powder.

The infraorbital, most often affected and covered more closely by integument, is best treated by gelsemium and an ointment made of morphine and lanoline combined with a little camphor, but both are benefited by warmth and the application of *veratrine* externally.

When the inferior or maxillary branch is the seat of pain it affects the teeth and jaw and stops at the symphysis of the chin curiously enough. Now the specific for this branch is belladonna or atropine, both externally and internally, and all are benefited by warmth and gentle purgation, but we must look at the *sons et origo* of this painful disease to cure it.

I have never found strychnine alone to do any good, as so strongly recommended by the doctor, for where there is pain and irritability it does a great deal of harm, especially in plethoric persons with head symptoms, and must be avoided. The cause of this disease may be from rheumatic or gout poison, then colchicum and Epsom salts are the remedies. If miasmatic; quinine and salicylates. If from poverty of blood, then you may give strychnine with your iron. But we must always be on the lookout for reflex symptoms, first described by Dr. Marshall Hall, for with intraocular neuralgia we may have disease of the brain and its coverings, the foramina out of which the nerves exude may consist of enlarged bone pressing on the delicate nervous structure, or a tumor may exist in the immediate neighborhood, or the neuralgia be inflamed, which is often the case in rheumatic persons, for this covering is of fibrous origin and very subject to its influence.

How common it is for the inframaxillary nerve to be upset by a decayed tooth or inflamed dental nerve, when the only remedy is extraction.

Sometimes we must look to the blood as a causation of disease—the nerve is crying out for rich, healthy blood, instead of the poor, watery stuff that is starving it to death.

We may expect many reflex symptoms in the female sex, for the manifestations of their nervous system are so astounding as to deceive the physician. Who shall fathom the profundity of hysteria or the protean forms of epilepsy and catalepsy? Often amongst women profuse and debilitating discharges are the cause of neuralgia, also from a sick stomach, relieved instantly by an emetic.

If Dr. Dana intended to describe all kinds of neuralgia under the name of *tic douloureux* he has fallen far short in the picture, for we do not find arsenic or phosphorus even noticed—very efficient drugs in their treatment. Also the magician's wand, the hypodermic needle, is not mentioned, and what doctor would be without it in the presence of neuralgia of any description?

Yours truly,

Picton, Ont.

H. B. EVANS, M.D.

Book Notices.

Anomalies and Curiosities of Medicine. By GEORGE M. GOULD, M.D., and WALTER L. PYLE, M.D. Handsome imperial octavo-volume of 968 pages. Prices, cloth, \$6 00 net; half morocco, \$7.00 net. Ready January 1st, 1897. Issued by W. B. Saunders, Philadelphia.

Several years of exhaustive research have been spent by the authors in the medical libraries of the United States and Europe in collecting the material for this work. Medical literature of all ages and all languages has been carefully searched, as a glance at the bibliographic index will show. The facts, which will be of extreme value to the author and lecturer, have been arranged and annotated, and full reference footnotes given, indicating whence they have been obtained. As a complete and authoritative book of reference it will be of value not only to members of the medical profession, but to all persons interested in general scientific, sociologic, and medico-legal topics; in fact, the general interest of the subject and the dearth of any complete work upon it make this volume one of the most important literary innovations of the day. An especially valuable feature of the book consists of the indexing. The plan has been adopted of printing the topical headings in bold-face type, the reader being thereby enabled to tell at a glance the subject-matter of any particular paragraph or page. Illustrations have been freely employed throughout the work. The careful rendering of the text and references, the wealth of illustrations, the mechanical skill represented in the typography, the printing, and the binding, combine to make this book one of the most attractive medical publications ever issued.

ANNOUNCEMENT.—E. B. Treat, publisher, New York, has in press for issuance early in 1897, the International Medical Annual; being the fifteenth yearly issue of that well-known one-volume reference work. The prospectus shows that the volume will be the result of the labors of upwards of forty physicians and surgeons, of international reputation, and will present the world's progress in medical science. The publisher states that the kind reception accorded to the "Medical Annual" has rendered it possible for him to spare no expense in its production; while the editorial staff have devoted a large amount of time and labor in so condensing the literary matter as to confine the volume within a reasonable size, without omitting

facts of practical importance. The value of the work will be greatly enhanced by the thoroughness of illustration, both colored plates and photographic reproductions in black and white will be used wherever helpful in elucidating the text. "To those who need the condensed and well-arranged presentation of the medical advances of the past year—and this class must necessarily include all physicians—we heartily commend the 'International Medical Annual.'" The volume will contain about seven hundred pages. The price will be the same as heretofore, \$2.75. Full descriptive circular will be sent upon application to the publisher.

Personals.

DR. C. H. THOMAS has located at Gormley.

DR. J. P. HUBBARD has removed from the city to Forest.

DR. HAMILTON, of Parkdale, has opened an office on Dundas Street West.

DR. A. E. AWDE, late of Toronto, has commenced practice in Philadelphia.

DR. LEE, of Niagara-on-the-lake, has sold his practice and is going to British Columbia.

DR. HERBERT FERGUSON, late of the Children's Hospital, Toronto, has returned from Mexico and settled on King Street East, in the office of the late R. J. Hastings.

DR. D. CAMPBELL MEYERS has recently commenced a clinique in connection with the Free Dispensary on Simcoe Street, where he will see indigent nervous cases, on Tuesdays, at 1.30.

WE were glad to see that Surgeon-General Moss, of Jamaica, has been made a K.C.M.G. All medical travellers to that delightful island have pleasant recollections of his urbanity and kindness.

WE are pleased to learn that H. A. Bruce, M.D., Toronto, who has been studying in England for the past two years, has added F.R.C.S. to his name. Congratulations, "Herbby." Dr. Bruce took a splendid course at college, graduating in '92 at the top of his class; spent the following year in the old T. G. H.; the next year on one of the C.P.R. trans-Pacific lines, and then went to London. His early intentions were to settle in Toronto with the Four Hundred.

Obituary.

Dr. R. H. Gowland.

RECENT graduates of the University Medical Faculty will be saddened to hear of the death of R. H. Gowland, who graduated in '92. Dr. Gowland was well liked in college, being a thorough gentleman. He took an active part in the various societies and at the same time was a very hard student, as his rank as a silver medallist showed. After graduation he went to Europe, and returned after some months and settled in Hamilton. A wife and child mourn his loss, to whom we extend our sympathies.

Dr. W. J. Glassford.

Dr. W. J. Glassford, of Scotland, Ont., died January 2nd. He was taken ill with pneumonia on the Sunday previous to the day of his death. He was thirty-six years of age, and was born in Vaughan Township. He took his course in medicine in the Toronto Medical School and Victoria College and graduated M.D. in 1887. Deceased leaves a widow and one child. He was a member of several friendly organizations, and had a large practice and was much beloved by his patients.

Miscellaneous.

A New Aperient Water.

By PRIVY COUNCILLOR PROF. OSCAR LIEBREICH.

(Regius Professor of Pharmacology, University of Berlin.)

It has oftentimes been pointed out, and that, too, with reference to mineral waters, that the first condition of therapeutic efficacy is the constancy of the remedy employed. In the case of natural mineral waters this point is of the greatest importance.

The aperient waters offer the one sole exception in regard to this constancy among our natural mineral springs. These are formed by

impregnation of the natural basins which supply the mineral constituents. From this, as observation teaches us, there arises an extraordinary inconstancy of the chemical constituents. The aperient waters, therefore, form an exception to the mineral springs proper. For medical purposes it is absolutely necessary, in prescribing this water, to know the dose. It has happened not infrequently that a wineglassful of aperient water has been shown to contain the same amount of mineral constituents as the practitioner would, from the analysis, expect to be present in a tumblerful. It is obvious, therefore, that neither the practitioner nor the patient can form a correct opinion in this manner; and under these circumstances it may even happen that an unexpectedly great degree of concentration may do harm by useless irritation of the intestines. There is a further disadvantage arising from changes in mineral constituents, so that, instead of the sulphates which the water should contain, chlorides are present in an injurious amount. The opinion has very often been expressed that the bottling of such waters should be under scientific control, so that their proper constitution should be ensured exactly in the same way as that of other medicines is regulated by the *Pharmacopœia*.

It is, therefore, a matter for high satisfaction that the aperient water, "Apenta," from the Uj Hunyadi Springs in Ofen, has been placed under State control. The Royal Hungarian Chemical State Institute (Ministry of Agriculture) has undertaken this charge, and, therefore, it is now possible to obtain a water which is free from injurious extraneous waters infected with organic substances. The analysis has been published by Professor Liebermann, Director of the said Institute. The proportion of sulphate of soda to sulphate of magnesia is 15.432 to 24.4968 in the litre, so that this water is to be classed with the best aperient waters, and may be pronounced one of the strongest. Owing to the constancy of the Apenta water ensured by the State guarantee, that confidence in aperient waters which had been lost will be revived in favor of this important therapeutic agent. The constancy of the Apenta water makes the use of it indicated not only as an occasional purgative, but in systematic courses of treatment. It is particularly recommended for the regulation of tissue change in the most diverse diseases, in obesity, chronic constipation, portal obstruction, hæmorrhoids. Whether the lithia contained in this water is of any therapeutic importance is at present doubtful, but its presence is a distinctive feature in the analyses.—From the *Therapeutische Monatshefte*, Berlin, June, 1896.