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THE
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Original Communications.

Toronto Clinical Society—President's Address.

BY DR. GRASSETT.

GENTLEMEN,—At our first meeting for the winter, it is my duty to offer a few remarks by way of introduction. I see these are given in the official programme the rather formidable name of presidential address. I hardly think what I shall now very briefly say deserves that high sounding title. In the first place, let me thank you very much indeed for the honor you have conferred on me by electing me to this office. I think I value it more because I in no way sought for it; indeed if it be not an ungracious thing to say, I prefer to sit in the ranks as any ordinary fellow to holding any position in the gift of the Society. But since you have so kindly insisted on my being here, the best return I can make is to do all I can to make our meetings profitable and pleasant. To be successful in this I must ask and receive your generous forbearance and support, perhaps in larger measure than usual, for I well know I am not distinguished for many of those qualities that go far to make a successful presiding officer. If, then, each of us will do his share to carry out the objects of our Society, we will have no lack of interesting clinical reports, nor dearth of

pathological specimens and other material to ensure profitable meetings. Some of us in the past have done their whole duty in this regard, while others, like myself, have not.

We begin this year with no diminution in our numbers except by the loss of an excellent recording secretary, by removal to a far distant portion of the Dominion. Dr. J. N. E. Brown's place cannot easily be filled. Always bright and cheerful, ready to give any information, he was specially useful to us on account of his gift of shorthand, enabling him to make such excellent and correct reports of all that went on at the meetings. I am sure we all wish him every success in his new field of usefulness. It will be our duty to-night to endeavor to find a successor.

So far as I am aware the scheme of forming an Academy of Medicine here, and merging this and kindred societies in Toronto into it, has not made much headway. A committee was appointed in this connection, I believe, but no report has yet reached me of their having taken any action or met any similar committee from other societies. It would perhaps be better to again nominate a committee to act for us, in case the question takes any actual shape.

Last year we as individuals and as societies felt the benefit of the visit of the two important associations to Canada—the British Association for Advancement of Science, and the British Medical Association. The visit of so many of the foremost men in the ranks of science and medicine of Great Britain and the United States to this country could not help stimulating our interest in many branches of medical science. This year the meeting in Edinburgh of the British Medical seems by reports in the medical press to have been, if possible, even more successful than that in Montreal. A number of Canadians were present, not a few of them from Toronto and Fellows of this Society. You will see that to-night one of our Fellows will give us some aspects of the meeting. I had much hoped myself to have been at the meeting to renew friendships again with many whom I had known and worked beside years ago, but unfortunately my visit across the Atlantic was cut short, and I had to return before the meeting took place. Though not present I read with much interest the accounts given of the various meetings, addresses and social functions. It made me realize in a way I don't think I had ever done before, how great the change in medicine has been in the twenty-five years that have elapsed since I left the walls of my *alma mater*. It was my intention to-night to have taken some subject and drawn your attention to the advance made in it, as for instance the special lines of advances made by surgery, but I found the field to be travelled over so wide

that I came to the conclusion that I would adhere to the idea of this Society, that each item of its transactions should be as brief as possible and not presume on your good-nature. The explorations in territory hitherto practically dark and unknown regions of surgery and pathology are amazing. Great highways have been driven through completely new country, and yet plenty remains for the ambitious explorer to clear up. I sometimes think how astonished some of the old surgeons, or even those of not so long ago, would be if they could see the present day operating theatre and its modus operandi. Fancy Astley Cooper, or Liston, or even Syme, who used to amputate a limb in the simplest and speediest fashion, rapidity in those days counting for so much that often students wrangled over the number of seconds their favorite surgeon required for any given amputation—fancy Syme looking at the surgeon of to-day in his flowing white apron sleeves rolled up above the elbows, head bound up in a napkin, the sterilizer with the instruments hissing near by, the antiseptic fluids, and lastly, the binding up the stump in a complicated dressing. How non-plussed they would be if you asked them if they preferred 1-20, 1-40, or sterilized water.

While talking in this strain it calls to mind an address many years ago of my old friend and master, Dr. George W. Balfour, in which he endeavored to picture to himself how the Father of Medicine, Hippocrates, would feel if he paid a visit to the side room and ward of the present-day hospital. His delineation, to my mind, was so correct and yet so amusing that I possessed myself of a copy, and at the risk of trying your patience shall briefly give it to you.

Could we recall to earth one of those skin-clad savages whose graphic remains are still visible in the caves on the shores of our neighboring firth, who 2,000 years or more ago got their precarious living by hunting the stag and the boar in those trackless forests which then occupied the hills whereon our fair city now rests; or by catching the fish or the wild fowl of those lochs which now as beauteous gardens and fair meadows surround and adorn our dwellings, we could hardly imagine the wonder and awe with which he would survey the changed scene. But the awestruck amazement of this ignorant savage at all the wondrous civilization of this nineteenth century would be as nothing compared with the admiring astonishment with which Hippocrates, the father of our art, could we rouse him from his long slumber, would regard the present state of medicine. A denizen of Greece, in the palmy days of Pericles and Phidias, we must forgive the scornful smile with which he would glance at our paltry architectural imitations, especially at the

unfinished counterfeit of that Parthenon which he remembers in all its virgin beauty. Drawing his pallmin closer about him as a keen north-easter whistles past him, we shall suppose him to find his way into our infirmary—up the main stair-case into one of the side rooms, where he is courteously received by the attending physician and his clinical clerks, who, mindful of Mr. Syme's first axiom, —never to look surprised at anything—are politely blind to the scanty raiment of their strange visitor. Warmed by the genial atmosphere around him : feeling himself, as it were, at home amid the sick and their surroundings ; conscious of his own personal reputation and of the esteem in which his views and his words were held for many hundred years, the venerable gentleman essays to impart a little clinical instruction in return for the kindness with which he has been received. Attracted by the appearance of some fluid collected in glass jars, which he thinks he recognizes, he proceeds to descant upon the prognostics to be derived from the appearance of the urine. He points out that clouds in the urine are favorable in proportion to the lightness of their color, the prognosis becoming more unfavorable if the clouds should rise instead of fall. A sediment smooth, white and consistent indicates freedom from danger : but if the urine be clear occasionally, the disease will be protracted. Yellow their urine indicates an unconcocted disease, and a danger lest the patient may not hold out till the disease becomes concocted ; while dark-colored urine is always bad, and the darker the urine the worse the prognosis : if bubbles settle on the urine, the kidneys are affected and the complaint sure to be protracted. Thus discoursing on the result of his experience and glancing round on his audience, he finds while he has been speaking one of the young clerks has been boiling some of the urine in a test tube and obtained an opaque, milky-looking fluid, and another a copious brick-red deposit. A little aghast at these peculiar and unexpected results, he wisely says nothing, and when asked as to the comparative value of picric and nitric acids as tests for albumen he feigns a little deafness ; but the look of helpless imbecility which steals over his face is not lessened when another inquires whether he prefers Moore's, Trommer's, or Fehling's tests for sugar in the urine. Going into the ward, the physician shows him a fine specimen of the cracked-pot sound, and then hands him a stethoscope that he may listen to a peculiarly good example of bronchophony. The word has a Greek ring about it, and thinking he may understand it better with the instrument in his hands, Hippocrates takes it, and, uncertain what to do with it, looks first at it and then through it, and then, utterly bewildered by all he has seen

and heard, suddenly recollects an important engagement in Thessaly, and with many thanks returns the wonderful but unknown instrument, and departs, a sadder if not a wiser man, feeling conscious that if called upon to pass a clinical examination of to-day, he, the greatest clinician of antiquity, would infallibly be found wanting.

We are by this episode shown the very great advance in scientific accuracy which medicine has made since his day; but let us not forget that the torch of medical science which was by him first trimmed so as to give a steady and brilliant light, requires from time to time fresh supplies of oil, fresh trimmings of the wick to keep up and expand in ever-widening circles the area of that light.

Pelvic Disease and Insanity.

By ERNEST HALL, M.D., Fellow Brit. Gyn. Ass'n, Victoria, B.C.

THE ever-increasing burden of the insane that the State is compelled to bear from year to year should call the attention of those who have the national welfare at heart to the necessity of a closer investigation as to the cause and to the elaboration of more effectual remedial measures. Investigation is being prosecuted in many departments, with encouraging results; Nature is being compelled to disgorge her secret as to the causation of many diseases; but with the ever-increasing illumination, the shadows still lurk in many quarters, and over no department are the clouds of ignorance denser than over the afflictions of the insane population. Is there no balm in Gilead, no one to loose some of these unfortunates and let them go? Must present space be overcrowded and new asylums be built?

The determination of the various causes of insanity is, without doubt, one of the most important pathological problems of to-day, and one in which the profession as a whole should become sufficiently interested to contribute what mite of information each member may possess as the result of his individual experience in this matter. It is not to those necessarily in official positions--medical superintendents and assistants in our various asylums--that we must look for the solution of this problem. It is not always the case that the product of the political machine is either by training or experience fitted for the work entrusted to him; yet we have Hobbs, of London, and Burgess, of Montreal, who, in the face of opposed

ignorance, have succeeded in giving to the "hopelessly insane" a measure of health and comfort. We are yet upon the threshold of knowledge with reference to this subject, and all information that can be offered should be readily received and thoroughly sifted until this much-neglected subject be brought to a degree of effectiveness at least equal to that of other departments of medical science.

In a province like British Columbia, but emerging from the pioneer period, subject to booms and strictures somewhat more acute than the older provinces, with a population composed too largely of adventurers, remittance men, "degenerate scions of noble ancestry," Asiatics *ad nauseam*, and subject to occasional attacks of Klondymania and political indecision, it is not surprising to find our insane population comparatively large; but when we look to Ontario, possibly the most favored of our provinces in resources, climate, and in civil, religious and educational advantages, with industrial competition at a minimum: in fact, where all the forces that should tend to the development of an ideal race appear to focus—why, we ask, should a province under such exceptional conditions give one insane to every 325 of the population? The answer to this question must be sought for in a direction other than that in which alienists have been searching: nor is it to be solved by the coming of new nomenclature by the nervous specialist. Theoretical speculations with regard to the psycho-neuroses and abnormalities of the neuron may be more interesting than profitable, while campaign theories that determine the amount of mental aberration by the number of gallons of spirits consumed per capita are unworthy of serious consideration.

An excellent definition of iniquity is, "a diseased or disordered condition or malformation of the physical organs through which the mind receives impressions or manifests its operations by which the will and judgment are impaired and the conduct rendered irrational." With the almost universal acceptance of insanity being due to physical disease, and that "mental disease," aside from functional or organic abnormality, is a myth, we may look for the causes of insanity, first, in the chief organ of the mind, the brain, and subsequently in other organs in the degree of their closeness of connection with the brain. Sufficient evidence is at hand to show that the conception of insanity as related to the primary disease of the brain alone must be abandoned: yet we cannot but admit, in all cases of insanity of extra cerebral origin, a secondary topic, reflex or functional disturbance of the cortex. Admitting the action upon the cerebral cell of a remote irritation, we must also admit the possibility of such irrita-

tion passing beyond the limit of repair and thus producing a pathological condition of the cortex leading to permanent insanity by the injury to the cell. Upon this hypothesis, we must admit the possibility of a given case of insanity caused by irritation from a pelvic or other remote organ, persisting after the removal of the original cause. The intimate nervous connection between the brain and the sexual organs requires no demonstration, nor does the relationship existing between a physical state and that of local congestion and organic activity. In fact, the continuance of animal life depends upon such relationship, and the nervous channel through which such results are made possible is the same channel by means of which a local pelvic irritation may be the cause of cerebral congestion and produce an alteration of the normal cortical function giving rise to and indicated by abnormal mentality.

It is not within the scope of this paper to discuss the various pathological conditions of different organs that may stand towards insanity in the relationship of cause and effect, but to direct attention to the disease of the female organs as a factor of no small importance in this connection, not forgetting the fact that the principles herein stated and the deductions that follow have an application by no means indirect to the opposite sex.

It has been stated that insanity exercises a peculiar influence upon the sexual organs of women. Kirkley, of Toledo, states that out of 595 inmates of an asylum, 230 exhibited perverted sexual function, but he is silent as to the organic disease.

Another question of importance is in order, Do operations upon the female organs cause insanity? Within my knowledge of surgery in British Columbia, only one case has been known to follow any surgical operation, and that after abdominal section for tubercular peritonitis in a woman. At the meeting of the American Medical Association in 1898, Dr. Moyer, of Chicago, said "there was no difference in the nervous and mental effects following operations upon the pelvic organs from those following operations in other parts of the body."

Mundé, before the Women's Hospital Society, November, 1897, stated "in a certain number of cases I am sure that temporary mental disturbance within the first week or two (mutterings, delirium, hallucinations, melancholia) following the operation have been due to iodoform toxemia since the symptoms gradually subsided when the iodoform dressings were discontinued. Undoubtedly predisposition to hysteria and insanity plays a highly important role in the production of mental disturbances under physical and mental excitement

of any kind, and it is the patients chiefly who are likely to furnish examples of the variety coming under this category.

"Therefore an operation on any part of the body may in such individuals produce such a result."

The following cases of insanity have come under my observation within the last ten months. In all of them was a pelvic examination made, an anæsthetic being used where patient resisted.

CASE 1.—(Reported in full in the *Canadian Practitioner*, April, 1898.) Mrs. McF., aged 35, two children, excellent family history, previous health good. After a prolonged strain due to her child's illness, she showed signs of melancholia, was placed under the charge of a trained nurse, but not improving was committed to the provincial asylum where she remained two years and eight months. Her asylum life was characterized by extreme violence, suicidal tendency and disposition to bite and otherwise injure attendants and was considered by the matron as one of the worst cases and by the medical superintendent as hopeless. In fact, her husband was told when he brought her home that she was not a fit case for surgical operation, etc. Examination showed right ligament thickened, left ovary prolapsed, uterus fixed and slight perineal rupture. Upon this finding apparatus treatment was recommended and accepted by the husband and friends. The uterus was curetted, upon section the right ovary was found cystic with tubal adhesions, left ovary adherent in culdesac with tubal extremity closed. Recovery from operation normal.

No change was detected in the mental condition until the fourteenth day after the operation, when she conversed a little and appeared to appreciate the services of her attendants, and we were enabled to relieve her of the bandages by which she had been tied to the bed. Improvement continued and within a week she was restored to her former self. Thirty-five days after the operation she returned to her home and family, and to-day, after nine months, she enjoys perfect health mentally and physically. This case comes under Dr. Hobbs' classification of "inflammatory group," in which he has a mental recovery rate of 49 per cent. with 23 per cent. additional who improved.

CASE 2.—Mrs. C., aged 57, married, several children; family history excellent. For several years had suffered from vague pelvic pains and underwent medical treatment, but without relief; also experienced some financial trouble. Melancholia slowly developed and she was committed to the asylum where she remained one year. A pelvic examination under anæsthesia showed lacerated perineum, laxity of the vaginal walls, but no other gross abnormality. Upon this finding I did not recommend treatment, but after conference with the friends

who desired nothing to be left undone that might afford any hope, I opened the abdomen and found large varicocele of both the broad ligaments with calcareous deposits and cystic degeneration of the pelvic peritoneum. Appendages removed.

Post-operative history normal; physical condition much improved and mental condition considerably better, so much that she is managed at home and takes not a little interest in domestic affairs and has made not a few clothes for her grandchildren, and is, in fact, better than we had expected.

Varicocele of the pampiniform plexus is a condition frequently met with in abdominal surgery and rarely if ever diagnosed. This condition is supposed to depend primarily upon loss of support through rupture of the perineum.

The connection between varicocele and exhaustion of venous energy had been fully discussed by Prof. Etheridge before the Gynæcological Society, November 19th, 1897. He says: "An inquiry into the vascular supplies of the pelvis and the effect on it of a lacerated perineum reveals much. The arteries are few and simple, the veins are numerous, complicated and much given to presenting to us the peculiarities we call 'plexuses.' Each organ has venous plexus, such as the uterine plexuses, the broad ligament (ovarian and tubal) plexuses and rectal plexus; even the very entrance to the pelvis, the vulva, is supplied with a plexus. The walls of these veins are often thickened and contain phlebolites. The effect reflexly on a woman of the varicose condition of her vaginal and rectal plexuses arising from perineal tears is decided and often destructive of her nervous system's integrity. In by far the larger majority of such we see the digestive system breaking down first. This leads in time to the deficient sanguiniferator. This introduces anemia sooner or later with its protean evils. The brain and spinal cord soon voice their partial starvation by an exaggeration of the reflexus.

"Fatigue comes on easily. Insomnia often appears; altogether the once sound woman becomes a wreck sooner or later."

CASE 3.—Mrs. R., married, no children; insanity, suicidal and religious; had been in the asylum for two years. Examination under anæsthesia showed retroversion of extreme degree, with dense adhesions. No other abnormality detected; operation advised, but husband would not give his consent. She is still in the asylum, giving no signs of improvement.

CASE 4.—Miss C., aged 24; melancholia of two years' duration following brother's death, which was very sudden. Examination under anæsthesia showed pelvic organs normal.

CASE 5.—Mrs. W., aged 40; no children; subject to epilepsy; inmate of an asylum four months; insanity of a very mild type. Examination under anæsthesia showed undeveloped uterus and ovaries; no operation advised. Recovery from mental trouble.

CASE 6.—Mrs. J., aged 28; three children, youngest three years old; no tuberculous history; several miscarriages since; suffered four years with pelvic pains; some better while carrying last child. In January of this year her husband took sick with *la grippe*, followed by pneumonia; during his sickness the patient acted as nurse and took a share in the household duties; towards the end of the second month she complained of pains in the back and exhibited well-marked indications of exhaustion. A pelvic examination showed endometritis, retroversion and great tenderness; was placed under appropriate treatment, including the Weir-Mitchell system, but without improvement. The hysterical condition passed to one of religious melancholia, which appeared to remain permanent for a few weeks. Finding all treatment unavailing, I decided to try surgical measures; curetted; found ovaries enlarged to double their normal size and cysts one inch in diameter attached to each; there were also tubal adhesions; appendages removed. Recovery from operation normal; mental condition some better for a few days, but within a week was decidedly worse; sleep became impossible without large and ever-increasing doses of hypnotics. Six weeks after operation symptoms of cerebral compression appeared, paralysis, strabismus, etc., with coma and death seven weeks after the operation. Although this patient presented sufficient pelvic disease to justify surgical measures under ordinary circumstances, the result shows that operation in this case was not indicated, and possibly detrimental, if, indeed, it did not hasten the fatal result. The mistake of undue haste need not be repeated. In future I shall abstain from operating until the possibility of acute cerebral cause is eliminated. It might be well to suggest that at least one year of expectant treatment be given following the appearance of mental trouble before operative measures be tried.

CASE 7.—Mrs. K., aged 46; several children, youngest 13 years; had "inflammation" after childbirth. Mild insanity of twelve years' duration, at first intermittent; melancholia and suicidal. Pelvic examination without anæsthesia showed perineal tear complete; left tube and ovary one mass of adhesions, possibly an old tube or ovarian abscess; very tender to the touch. Patient said, "The pain begins there and passes up into my body; then I get nervous." Operation advised, but refused by the husband, who said that since

she had been sick for so long, he preferred leaving the case in the hands of the Lord. From this logic I fled confounded, with serious thoughts of the possibility of a contagious element in this matter.

CASE 8.—Mrs. H., aged 46 ; six children ; considerable domestic infelicity. Took *la grippe*, followed by ethmiditis of moderate severity ; no septic sinuses. Attempted to commit suicide ; wandered away from home several times ; was committed to an asylum for four months, returning apparently well. A pelvic examination showed no abnormality.

CASE 9.—Mrs. W., aged 25 years ; two children, youngest 5 years ; miscarriage three years ago, followed by "blood poison" ; after recovering she suffered from pain in the back and side. On October 11th, 1897, she became unconscious, according to her own story, while washing clothes, and did not recover herself until November 24th, when she had but a few hours' consciousness, elapsing into the same state as before and remaining until December 20th of the same year. Her condition was described by her physician as "acute mania," caused by "congestion of the womb." This case came under my observation in July of this year, when I found her exhibiting definite symptoms of hysteria, with marked *globus*. After a few days of bromides, valerian and discipline, I examined and found congested an intensely cervic retroversion and enlarged ovary. With little persuasion she consented to treatment, namely, amputation of the cervix, curettage, removal of right cystic ovary, and ventrofixation. Recovery complicated with stitch abscess. The patient is now free from pain and absolutely well.

CASE 10.—Mrs. B., aged 31 ; family history excellent, but was considered a somewhat nervous child ; two children, youngest 7 years ; had "inflammation" after birth of last child. Previous to and during menstruation patient would become excessively nervous for a few days and then moderately irrational. It was found necessary to commit her to the asylum, where she remained, with occasional short intervals, for some four years. For the last six months she has been at her father's home, and appeared somewhat better. Pelvic examination shows slight perineal rupture, endometritis, enlarged and prolapsed ovary. With the full consent of the patient and friends, I operated, curetted, and removed the left appendage ; ovary hard and about the size of a small cherry ; the right ovary was enlarged and cystic. The tube was removed, the right ovary resected, and the small amount (chiefly cortical matter) that was left was fitted cap-like over the stump of the ligaments and attached with gut. Post-operative history normal. It is yet too early to report upon the mental condition ; however, so far all is satisfactory.

TABLE GIVING SUMMARY OF CASES.

NAME.	VARIETY OF INSANITY.	DURATION.	HISTORY OF PELVIC DISEASE.	VARIETY OF PELVIC DISEASE.	SURGICAL TREATMENT	RESULTS.	
						PHYSICAL.	MENTAL.
1 Mrs. McF.	Violent and suicidal.	Two years and ten months.	None.	Ovarian prolapse, tubal adhesions, partial rupture of perineum.	Removal of appendages.	Cure gained 35 lbs.	Cured.
2 Mrs. H.	Melancholic.	One year.	Pain in side and back for six months.	Perineum rupture and varicocele of tubovarian plexus, peritoneal cysts.	Removal of appendages and curettage.	Improved.	Improved
3 Mrs. R.	Religious delusions.	Three years.	None.	Retroversion with dense adhesions.	Treatment advised but not accepted.	None.	None.
4 Miss R.	Melancholic.	Two years.	None.	None.	None.	None.	None.
5 Mrs. W.	Mild delusions.	Six months.	None.	Undeveloped condition of pelvic organs.	None advised.	Improved.	Cured.
6 Mrs. J.	Melancholic religious.	Three months.	Four years with Pelvic pains.	Enlarged and cystic ovaries, tubal adhesion.	Curettage and removal of appendages.	Dielt seven weeks after operation.	
7 Mrs. H.	Suicidal.	One month.	None.	None.	None.	None.	None.
8 Mrs. K.	Suicidal melancholic	Twelve years.	"Womb" disease and "inflammation" after child birth.	Tubovarian adhesion, complete perineal rupture.	Advised but not accepted.	None.	None.
9 Mrs. W.	Acute mania.	Two months.	"Blood poison" following miscarriage.	Enlarged cervix retroversion and large ovary.	Amp. cervix, removal of cystic ovary with retroflexion.	Improved.	Is well.
10 Mrs. B.	Premenstrual, excitable.	Five years.	"Inflammation" following birth of last child.	Cystic and cirrhotic ovaries and protolapse.	Left appendage removed, right ovary resected.	Too early to report.	

It would be presumptuous to draw conclusions from the study of but ten cases, and but five submitted to treatment, yet there are a few deductions that we may be justified in making that correspond somewhat closely with the results of those whose opportunities afford wider scope for observation and deeper investigation. We note :

1. That five or 50 per cent. gave a history of pelvic pain or inflammatory trouble.
2. That three or 30 per cent. gave a history of sepsis following child-birth or miscarriage.
3. That seven presented well-marked disease of the sexual organism, while one showed an undeveloped condition, that is, 80 per cent. showed gross abnormality of the pelvic organs.
4. That of those who had marked pelvic lesions two had never complained of any local trouble, and so far as we could determine had no suspicion whatever of the presence of disease.
5. That of the four submitted to treatment one was completely cured physically and mentally, one improved and is still progressing, one died from cerebral disease, and one progressing favorably but not sufficiently advanced to be classified.
6. That these results coincide with those of Dr. Hobbs in the London asylum as reported at the meeting of the Ontario Medical Society.

Again we note that the direct history of puerperal sepsis in three cases with a grave probability in two others is an additional reminder that the greatest care should be exercised--asepsis and, if necessary, antiseptis--in the management of all cases of abortion, miscarriage and normal delivery.

In conclusion let it be clearly stated that nothing is further from the purpose of this paper than to suggest operative interference with the pelvic organs as a panacea for mental disease, but in a very feeble way to rally to the support of those who, strong in the knowledge that experience alone can give, and firm in the conviction that the time has come when a new proclamation of emancipation must be published to those in mental slavery, are leading us in a campaign against officially retrenched and fortified conservatism. We ask that our insane mothers, sisters and daughters be given the same consideration and treatment that we grant to those whose mentality is not disturbed. If Dr. Hobbs, out of 110 operated upon for gross lesions of the sexual organs, restored to health forty and has improved an additional twenty-five and that without a death attributable to the operations, and if the limited experience of others corresponds with these results, it becomes incumbent upon us (1) to make a pelvic examination of all women

before signing papers of commitment, and if pelvic disease be found, to give such patients the benefit of modern gynæcological treatment, and (2) to unite in urging upon our respective Provincial Governments the necessity of thorough and systematic gynæcological treatment of their insane population.

I take this opportunity of thanking Drs. Frank Hall and Hart for their kind assistance.

GUMMATA OF THE HEART IN CONGENITAL SYPHILIS.—Lecount on the examination of a full-term child that died directly after birth found, besides well-marked lesions of congenital syphilis on the skin and lungs, four areas of focal interstitial myocarditis. The largest was on the anterior surface of the heart, midway between the apex and the base; it involved the left ventricle and the septum, and formed a white circular area 1 cm. in diameter. On the diaphragmatic surface of the heart near its right border there were three similar though smaller areas. Microscopically the appearances were those of a granuloma; there was no caseation. Syphilomata in the heart are rare in congenital syphilis. Mracek, in 112 cases of heart syphilis, found nine of congenital origin, and L. Hektoen added a fresh example in 1896, but none have been published since.—*Jour. Amer. Med. Assoc.*

IRON SOMATOSE.—Pauzer, of Neusser's clinic (*Wien. klin. Woch.*, 1898, No. 25) records the results obtained by the use of this substance in eleven cases of anæmia, of which eight were chlorosis, one purpura hæmorrhagica, one secondary to gastric ulcer, and the remaining one of unknown causation. In most of the cases rest in bed was also enjoined; the iron somatose was given for considerable periods, and the red corpuscles and hæmoglobin estimated every week or fortnight. In the case of secondary anæmia and in three of those of chlorosis very favorable results were obtained. In two other cases these were only arrived at after a lengthened interval, and in a further one they were very slight. As to the remaining cases, in two no good effect was produced and the other two are not available for comparative purposes, as the patients were not kept in bed throughout. One of the greatest advantages of the remedy is that it is always well taken and only produced sickness in one case. It appears to be useful to give iron in combination with so readily absorbable a substance as somatose, the only drawback to the extended use of the preparation being its high price.—*Brit. Med. Jour.*

Editorials.

The Use and Abuse of Midwifery Forceps.

DR. R. MILNE MURRAY, Lecturer on Midwifery, Edinburgh School of Medicine, introduced the discussion on the above topic at the British Medical Association. His address was marked by sound advice. He contended that the great question for every one to determine, when attending a case, was "Whether the danger of waiting was greater than the danger of interference."

He paid special attention to the danger of employing the forceps too early in labor. The os uteri and perineum are still rigid. It might be also that the head had not descended through the brim of the pelvis. Great damage might be done by neglecting these important indications. The forceps are often used when they should not be used, they are sometimes not used when they should be used, and they are often used in a faulty manner.

There is a class of cases, and they are frequent, where it appears that the os is dilated and soft when the pains are absent: but as soon as a pain comes on the os becomes rigid, and contracts to perhaps one-third the size it had when there is no pain. These are very dangerous cases for the forceps. When the forceps are applied, the os contracts firmly on both head and forceps; traction in such cases is almost certain to cause cervical lacerations. The greatest care must be taken to secure a dilated and dilatable condition of the os. This can only be obtained in many cases by patient waiting.

On the other hand, when the os is dilated and soft, and the head is well down in the pelvic cavity, much harm may result from unnecessary delay. The continuous pressure of the head against the pubic bones may give rise to that frightful misfortune vesico-vaginal fistula. When the os is dilated and the pains are not advancing the head, the case calls for special attention, to ascertain the cause of the delay. The crux in this class of cases is the non-descent of the head. It is here the wise and timely use of the forceps has gained for them the reputation given to them by Baudelocque of being "the most valuable surgical instrument ever invented." In these cases the wisest aphorism is to "wait to see what nature can accomplish, not what she can endure." If this indication is clearly made out in one hour, there is no need to wait four hours.

In occipito-posterior positions of the vertex, when there is marked

flexion and good pains, the likelihood is that forward rotation will take place. When flexion is deficient, descent is difficult, and backward rotation is the rule. When the bregma can be easily reached, as soon as the os is dilated the sooner the forceps are applied the better. By the proper manipulations of the forceps we can secure forward rotation in nine cases out of every ten.

Another matter of much importance is the position the forceps should occupy with regard to the pelvis and the coming head. The teaching, altogether too common, of applying the forceps so that the blades are in position with the sides of the pelvis, is not good practice. It was strongly urged that the French teaching of applying the blades to the biparietal diameter of the head, is much more rational, and yields far better results. As the head descends the forceps come round into the pelvic transverse.

In some cases, as the head rests on the perineum, the latter becomes very rigid with each pain. The proper course is to administer chloroform to a sufficient extent to produce distinct anaesthesia, and make the traction between pains.

In all cases, jerky traction is to be condemned. The traction on the forceps should imitate a uterine contraction.

Dr. W. J. Smiley, late Master of the Rotunda, said that safety in the employment of the forceps lay in adhering as closely as possible to the following conditions: When the head had passed the brim by its greatest transverse diameter, when the os was fully dilated or dilatable, and the membranes ruptured. The high operation was only to be undertaken when the indications were very clearly defined. In many of these cases, if the attendant would only wait for a while, the head would mould, and pass the brim without the aid of forceps.

Professor Fehling, of Halle, called attention to the fact that the investigations of Hegar and Cullingworth had clearly shown that the mortality in midwifery had not been reduced by the introduction of the forceps. He thought that the great mistake made by young practitioners was to employ them too frequently, and consequently often when they were not required. The following three points should be borne in mind: The head below the brim, well rotated, and the os well dilated.

Sir William Priestly, Consulting Obstetric Physician, King's College, said that to employ the forceps before the passages were well dilated was to court lacerations.

Wm. Stephenson, Prof. Midwifery, University of Aberdeen, said that the rule he gave his students was to aid nature by the forceps, when it was clear from the condition of the passages that this aid could be given without deranging the mechanism of labor.

Dr. Arthur V. Macan, King's Professor of Midwifery, Trinity College, Dublin, remarked that when the head became fixed in the brim, it was a choice between the high forceps operation and craniotomy.

J. M. Munro Kerr, Assistant Professor of Midwifery, Glasgow University, contended strongly that the forceps should be applied with reference to the diameter of the child's head. In cases of flat pelvis the child's head should be grasped antero-posteriorly, this will aid much in lessening injury.

Drs. J. W. Byers, W. Japp Sinclair, Robert Jardine, M. Handfield-Jones, Samuel Sloan, A. Laphorn Smith, J. Krassey Brierly, John Moir, J. W. Draper, John Connell, and Thomas More Madden took part in the discussion. These gentlemen all expressed themselves as in favor of the forceps as an aid to nature, and not taking the place of nature. They agreed on one very important matter, that no rule could be laid down as to how long the second stage of labor should be allowed to linger. The condition of the patient must, to a great extent, determine the necessity for assistance. One patient would suffer more in an hour than another in four hours.

Traumatic Neurasthenia.

NEURASTHENIA is that condition where the nerve centres become weak and irritable. They are sometimes very intolerant of fatigue and external influences. It cannot be called a disease in the strictest sense. No pathology or morbid anatomy can be said to characterize this troublesome condition. These persons fatigue easily. When an effort is made it is soon followed by confusion, and often by marked irritability.

If this condition develops as the result of an injury it is called traumatic neurasthenia. This is the most frequent of functional nervous disorders that follow accident. Its general features are the same as those of the same condition induced in other ways. The two features that tend to modify its clinical aspects are the symptoms usually referred to the back, as these cases generally are connected with a railway accident; and the frequent attendant litigation. Men are much more frequently affected with neurasthenia after injuries than women.

There is a predisposition to nervousness in some cases, but not always. In some cases there is previous anæmia or debility. In some the condition prior to the shock was that of good health.

The increase in litigation has increased the number of cases of neurasthenia. The condition does occur apart from litigation. The conditions surrounding railway accidents tend to cause excitement, strain on the back and shock. These factors are sufficient to set up all the nervous symptoms present in neurasthenia, and yet the person may have sustained no injury whatever. On the other hand, injury without the terrifying factors of a railway accident, may produce a well marked attack of neurasthenia.

In some cases the attack is slight, in others very severe, and may render the person unfit for any duty.

The pathology is quite obscure. It has recently been shown that after fatigue there are changes in the ganglion cells. There may be some such condition in neurasthenia, as this symptom is the most prominent one in affection. Hodge, Lugaro, and Bailey are of the opinion that there must be nutritional derangement of the nervous centres to account for such marked perversion of the nervous function. There may also be structural changes.

When the trouble is well developed the person is hypochondriacal, fretful, querulous, and introspective. He tires of any prolonged effort. Trivial things annoy the patient. The slightest noise or a light causes annoyance. Some take to their beds as a mental condition, and without any organic disease. To find fault with everything is a special feature. To introspect is another. Every feeling, change and variation in his condition is a cause of new alarm. Always alert for some deviation from the normal, they usually find what are thought to be serious evidences of ill-health. Mental fatigue is another feature. They are easily wearied. Some could not read the signs on the street, or the large headings of a newspaper, without feeling the most intense brain exhaustion. The lack of will power is prominent. The simplest actions cannot be decided upon. Foolish fears haunt them. They are afraid to go from home, or to travel by rail or water, or to go into a carriage, or there is a fear of some disease, or indefinite suffering. The speech is careless, and articulation bad. This can be greatly corrected by the person. The facies has a tired, anxious and discouraged appearance.

In neurasthenia paralysis does not occur. When such is functional it is the result of hysteria. The vigor of the whole muscular system is much lowered, and fatigues readily. There are no degenerative symptoms. This muscular weakness is only an expression of the condition of the nervous system. The finer movements of the finger are imperfectly performed. Although there is no paralysis, the person may not walk for months. A firm rapid tremor, like that of alcoholism, is frequent. It is intentional in character, becoming pronounced when

the person attempts to do anything. The tongue, face and hands are usually affected. There is a resemblance to the tremor of general paresis.

The sensory symptoms are varied and interesting. One of the most frequent and troublesome is pain in the back. It often gives rise to the belief that the spinal cord is injured, and the person will not walk, thinking he is paralyzed. In some cases the pain affects the entire back, but mostly the cervical, and thoracico-lumbar regions. It is very indefinite. The pain increases on any attempt at movement, on pressure, or even by mental effort at thinking about anything. In other cases the pain is confined to the lumbar region. It is a very obstinate condition. In many of these cases there is sprain of the back. By a process of auto-suggestion, this becomes associated in the person's mind with injury or disease of the cord. The person becomes neurasthenic from the shock and fright at the time of the injury, and from subsequent anxiety and worry over his condition, which he fears is going to prove permanent. He may be honest, though his trouble is only a neurosis. Complete recovery is the rule. A careful examination would show that the cord itself has escaped. Bramwell, Hirst, Page, Oppenheim, Bailey and others take the view that these cases of traumatic lumbago, where the examinations show that the cord is not affected, are a pure neurosis, except to the extent of injury that may be done to the ligaments, bones or joints of the lumbar spinal column.

There is often headache, but anæsthesia does not occur in traumatic neurasthenia. This happens only where there is hysteria associated. The special senses are sometimes affected. Asthenopia is the most frequent eye trouble. It is of great importance to note that the reflexes, superficial and deep, are never lost in simple traumatic neurasthenia. When they are lost there is some lesion in the nerves, or cord, to account for their absence. The tendency is for these reflexes to become more active in neurasthenia than in the normal condition; and some, such as the extensor, supinator and triceps, which are usually absent in health, are now present, and may be quite active. But the feature of great interest in the diagnosis of these cases is that the reflexes so quickly become fatigued like other muscular actions. After trying them for a few times, there ceases to be a response. It is worthy of close attention to notice how, with each blow on the patellar tendon, the reflex grows less until it disappears altogether.

Palpitation of the heart should not be overlooked. It occurs when the heart acts perfectly in every respect; and often becomes so violent as to give rise to much alarm. The associations in the case usually keep the diagnosis, in this particular, on safe lines.

Surgical Treatment of Malignant Disease.

OPINION is not yet settled as to the true origin of cancer. One theory is that it is embryonic: the other is that it is parasitic. Many arguments have been advanced in favor of each of these theories. The arguments of Jonathan Hutchinson would seem to settle the question in favor of the embryonic theory. There are two views of the embryonic theory. First, there are cells of embryonic character present in the body which take on pathological development; the second is that the normal cell may revert to the embryonic type.

Hutchinson has strongly urged the view that cancer is of the nature of a chronic inflammation. He holds that it is always of local origin, and that during the progress of this inflammation, the cells take on the embryonic cast, a process known as reversion in evolution.

Robinshi is of the opinion that the disease is rather a general one at first, and travels by the lymphatic channels.

The great matter of importance is to find out by careful study the course of the lymphatic channels and the position of the lymphatic glands. This knowledge would enable the surgeon to remove the tissue most likely infected. The views of Hutchinson, Cheyne, Snow, Halsted, Shield and others are very outspoken in favor of early and thorough removal.

If the views of Virchow, Russell, Roncali and others are adopted, namely, that cancer is of parasitic origin, one would be inclined to think that there is a time when the disease is still local. Under this view, the true course would be, as in the other view, that of early and free removal. This is borne out by experience. By early and free removal cures have been effected in many cases.

PREVENTION OF SORE NIPPLES.--Dr. J. Melton Mabbott, in the *New York Medical Journal* of September 10th, claims good results from the following method of treating the nipples: For about four weeks the nipples are carefully rubbed every night with lanolin. The nipple is gently but thoroughly massaged with each application. In the morning, this is washed off with warm water and some variety of good white soap. A soft brush must be used, by which the soap is thoroughly worked into the skin. This practice has the effect of producing a full and well-raised nipple. Further, it renders the skin very resistant to the influence of moisture in causing fissures.

Hospital for Consumptives.

A PRELIMINARY meeting was recently held of persons impressed with the necessity of a hospital for consumptives near the city, under the control of the citizens, where with the special advantages afforded by such an institution a larger number of cases of the disease could be relieved and cured, and which at the same time would relieve the hospitals and afflicted families of the risk of infection; and in order, too, not to be in this respect behind cities in Europe and the States. It was unanimously decided to take steps at once in this behalf.

Over eighty of the older leading medical practitioners of the city have memorialized the citizens in effect as follows:

"That a sanitarium or hospital for consumptives in all stages of the disease, outside the city, but adjacent, is at the present time a very pressing need, and most deserving of public support.

"That a number of suitable buildings and grounds on the heights just north of the city can now be purchased for from \$7,000 to \$12,000 each, either one of which, with about \$3,000 for slight alterations and equipment (a total of from \$10,000 to \$15,000), would accommodate from twenty to twenty-five patients, and form a very good nucleus for starting such an institution at once, before the severe season, when such patients suffer most.

"It is believed that with the usual grants per patient by the city and the Provincial Legislature, with the weekly sums some patients would be able to pay, in addition, the hospital could be so managed as to very soon, if not almost from the start, pay working expenses, and not continue to draw on the charity of the public. Already financial assistance has been promised."

A public meeting was held on Friday, October 14th, at 8 p.m., in St. George's Hall. Mayor Shaw presided, and on the meeting being declared open, Dr. Playter outlined the reasons for which the meeting had been called. He pointed out that a number of other countries had tried the scheme which it was proposed to operate in Toronto, and it had been found to work admirably. He emphasized the necessity of taking some action in view of the rapidly increasing ravages of consumption, and pointed out that Canada had no institution of the kind where people who could not pay for it could receive treatment.

Dr. E. J. Barrick delivered a strong and urgent speech in favor of the undertaking, and was followed by Mr. F. S. Spence, the Prohibition promoter, who spoke strongly in favor of letting the Gravenhurst Sani-

tarium Association take the matter in hand. It was their purpose to establish hospitals in various points in Canada, besides the one at Gravenhurst, and Toronto was one of the first places to which they would turn their attention. He agreed, however, that it was time some action was taken.

An animated discussion ensued, at the close of which Dr. Barrick introduced the following resolution: "That in the opinion of this meeting it is not only desirable, but highly necessary, in the public interest, that a sanitarium or hospital for the treatment of consumptives should be established in the vicinity of this city, under the control of a citizens' committee and the Medical Health Department, believing that such an institution, under such management, would not only be a boon to our afflicted poor, but also a means of protection from infection to the rest of the community."

Hon. George W. Allan, in seconding the resolution, referred to the great spread of consumption in recent years, and said that he believed cases were often developed in rural districts by patients being shut up during the winter months with the healthy members of the family. He spoke of the urgent need of a hospital at once, and declared himself as heartily in accord with the scheme proposed.

Mr. Spence, of course, followed with an objection to that part of the motion referring to the institution being under the control of a citizens' committee.

His Worship the Mayor declared himself as entirely in sympathy with any scheme which would lessen the danger and check the spread of the disease. He contended that an institution such as the one it was proposed to establish was as much of a necessity to the municipality as an isolation hospital or a smallpox hospital.

Dr. Bryce, Provincial Health Officer, gave some statistics regarding the number who were annually affected with the disease in Toronto, and stated that last year 475 cases had been treated in Toronto hospitals, of which 25 per cent. had died. In establishing a hospital like the one proposed they would, if they treated everyone affected, have about 800 patients constantly under their care. It was a large financial problem, but one which not only Toronto, but every municipality should face. They had in the Gravenhurst sanitarium both Government and private assistance. They had also the promise of municipal support for the present enterprise, and those he considered the three requisites. The people must realize that in consumption they had a dangerous enemy in the community, and one to which it was their duty to attend.

The following committee was appointed, and will be convened by

the Mayor within a week : Mayor Shaw, Senator Allan, Ald. Davies, W. R. Brock, C. D. Warren, A. E. Kemp, H. H. Fudger, J. W. Flavelle, Wm. Christie, Ald. Denison, Dr. L. W. Smith, W. S. Lee, ex-Ald. Moore, Thomas Crawford, M.L.A., Robert Fraser, B. E. Walker, George Cox, T. R. Bull, Wm. Davies, Geo. Gooderham, F. S. Spence, Drs. Cassidy, R. A. Pyne, J. F. W. Ross, A. A. Macdonald, W. H. B. Aikins, H. C. Burritt, J. T. Fotheringham, W. P. Caven, W. Oldright, A. H. Wright, E. Playter, Alex. Davidson and Thos. Armstrong.

It is to be hoped the opposition displayed by the National Sanitarium Association may not be effective in hindering this necessary undertaking.

DIVISION NO. 7.—We understand that Dr. McCrimmon, of Palermo, and Dr. Stuart, of Milton, will be the candidates in this division.

DIVISION NO. 8.—There will be a contest in this division for Medical Council honors between Dr. Armour, of St. Catharines, and Dr. Glasgow, of Welland.

MEDICAL COUNCIL, DIVISION 12.—The requisition and nomination papers placed in circulation by the friends of Dr. Sangster, of No. 12 Division, have over one hundred signatures, and it is expected that they will include the names of almost the entire electorate for the division. This certainly does not indicate any condemnation or disapproval of his course in the last Council. Dr. W. O. Eastwood, of Whitby, is the returning officer.

TORONTO WEST.—Dr. Albert A. Macdonald's candidature is popular in this division. We expect him to be returned without opposition. Dr. Spence has retired from the contest.

TORONTO EAST.—Dr. E. J. Barrick's, requisition and nomination papers have been signed by nearly all the physicians residing in this division. He has made a most excellent representative and is deservedly liked by his constituents.

DR. CLIFFORD ALBUTT, of London, England, during a recent visit to the city, was entertained by Dr. Graham on the evening of the 8th, when many of the city physicians had the pleasure of meeting this distinguished member of the profession.

UNIVERSITY SENATE ELECTIONS.—A contest was not expected for the position of medical representatives in the Senate, as it was generally conceded to be in the interest of the medical faculty of the University that the four former representatives should be elected by acclamation ; but there are always to be found restless spirits fond of intrigue, who, instead of promoting good fellowship and friendly feeling, delight their sordid souls in strife, consequently, to satisfy their morbid cravings, they decided to "make mince meat" of Aikins and elect a professor in his place ; but for a variety of reasons Aikins did not cut up properly and is still in existence with integument intact. Why supposedly intelligent men with a certain degree of scientific knowledge should stoop in a contest for academic honors to slanderous statements and offensive personalities, is beyond our comprehension. It is gratifying to know that Dr. Aikins' candidature received the practical endorsement of about one hundred and forty voters in this city. There were 919 ballots polled in this election, resulting as follows : J. E. Graham, 740 ; A. H. Wright, 699 ; W. H. B. Aikins, 528 ; I. H. Cameron, 505 ; J. M. MacCallum, 481. The first four were declared elected.

THERAPEUTICS IN NERVOUS SYPHILIS.—Dr. A. C. Conklin, in the Brooklyn *Medical Journal* for October, remarks that syphilis may present itself under three conditions as affecting the nervous system : First, those occurring during the active period of the disease ; second, those from long-continued action of the poison ; and, third, those cases where the infection has come in through the ovum. In the first set of cases, there is often only a syphilitic neurasthenia, or an infiltration of the nerve cells and sheaths, or an accumulation of cells into tumors. In the second group, there is a destruction in certain cells and fibres of parenchymatous form ; these disappear, while the connective tissue and neuroglia are increased. In the third class of cases, there is often a faulty development of the nervous, although the same conditions may be found as occur in the acquired forms. In the first form the condition is mainly of inflammatory type, and a recovery is much more likely than in the second and third forms. There is but little hope, in the two latter forms, that the lost neurosis can be restored. In the nerve tissue, the inflammation may be parenchymatous or interstitial. As affecting the nervous system, the meninges may be inflamed or thickened. There may be new formations causing pressure, or the blood vessels may be diseased. The treatment, of course, is that by the iodides and mercurials, or both.

Correspondence.

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

To the Medical Electors of the Province of Ontario.

GENTLEMEN,—In view of the approaching Council elections, permit me to ask your serious attention to the few following questions, facts and considerations :

Are you aware that in giving you, by the Act of 1893, seventeen representatives, or three-fifths of the membership of the Council, the Legislature gave, or intended to give, you the control of the Council and of all the committees of the Council, and, so, the complete management of your own affairs as an incorporated profession ?

Are you alive to the fact that, nevertheless, through the unfaithfulness of less than a third of your own elected representatives, the whole control of the Council, and of all its committees, and the entire government of the profession, practically rest in the hands of a few homeopaths and appointees of Medical School corporations—living and defunct ?

If you are cognisant of these things, do you think it comports with your dignity and self-respect, as members of a learned and reputable profession, to continue as your representatives in the Council, persons whose contentions and votes, as evidenced by the published proceedings of the past four years, have been more or less constantly determined by considerations and interests inimical to yours ?

On any and every question touching the interests of homeopaths or those of the educational bodies—the representatives of these two elements in the Council can be counted on to speak and vote as a unit—yet no matter how vitally concerned the profession may be, in the question at issue, its representation is divided—some four or five territorial men, and always the same four or five territorial men, can be counted on to side with the schoolmen and homeopaths, and, not rarely, against even the bulk of their fellows. Who are these men ? Drs. Bray, Rogers and Williams—the three territorial ex-presidents of the Council ; and Drs. Brock and Roome—the two gentlemen who are understood to be qualifying for the president's chair. Every other territorial man in the Council is to be found more or less frequently arrayed in opposition to the combined schoolmen and homeopaths, but these gentlemen, never ?

WHAT ARE YOU GOING TO DO ABOUT IT?

The question is what are you going to do about it? For the first time since its establishment, there now exists in the Council a compact and useful opposition. It has already done good work, and is destined to grow in power as you become more fully alive to your own interests. The opportunity to help it and to help yourselves is now before you. If you neglect or misuse the occasion, there is but little hope that any great reforms can be secured during the next four years. And yet there are important considerations which should help you to decide what to do. Allow me to call your attention to a few of these:

COUNCIL RETRENCHMENT.

Retrenchment—though eminently desirable, and in several directions quite feasible, without detriment to any lawful function of the Council—is uniformly opposed by the Ruling Alliance, and, thus, is largely beyond our reach. The Finance Committee was induced last year to make a special report recommending reductions in expenditure amounting to an annual saving of some \$2,000. You and the electorate generally are invited to read the debate on this report (Annual Announcement 1897-98, pp. 60-77 and pp. 122-126), and to note the pretexts, plausibilities and votes by which its several recommendations were defeated. When, as in these and other instances, efforts to economize were aborted by the irresponsible elements of the Council, aided, as shown by the recorded yeas and nays, by less than a third of the territorial members, and always by the same territorial members, surely it is not too much to expect that, sooner or later, these gentlemen will be taken sharply to task by their constituents.

THE COUNCIL'S REAL ESTATE.

The real estate dilemma of the Council ought to be squarely faced, and relief obtained even if heroic treatment has to be applied. It is the opinion of first-class real estate men in Toronto that the Council has no existing equity in the Bay Street property—that it is mortgaged up to or beyond its present value. This view is confirmed by the fact that the company holding the mortgage declined last year to foreclose and take possession—preferring the alternative of reducing its rate of interest to three and a half per cent. If the rentals received and a fair allowance for Council accommodation conjointly amounted to as much, or to nearly as much as the yearly cost of running the building, holding it for speculative purposes, waiting, Micawber-like, for some

thing, to turn up might be thought justifiable; but to hold it at an annual loss in hard cash of over \$3,000 is to impugn the business capacity of the Council and, at the same time, to seriously reflect upon the good sense of the College which stands behind the Council and permits so ruinous and so senseless a money sacrifice. Yet no honest attempt has ever been made, or is designed to be made, to relieve the College of this incubus. Last session a bogus motion to appoint a committee to sell was introduced by Dr. Roome, but its true inwardness became apparent when, without demur on his part, "another member of the combination," attached to it a rider making \$90,000 the minimum acceptable offer. This in the face of the fact that the mortgagee last year refused to take it for \$60,000—the face of the mortgage!

COUNCIL UNWIELDY AND EXPENSIVE.

The Council should be reduced in size. Were it, as it ought to be, a homogeneous body, elected without distinction of pathies, a total membership of six or eight would amply suffice. Even if it should still have to retain its present unjust composite character, its different elements might, with advantage, be reduced by one-half. That would give us a Council of eight territorials, four University appointees, and two homeopaths, or fourteen in all. Such a Council would be quite as efficient as the present one and far less costly.

PROFESSION HAS NO REAL CONTROL OVER ITS EDUCATIONAL STANDARDS.

Owing to the unhappy want of unity that at present prevails among us, the profession has no real control over its educational standards. The experience of the past four years conclusively shows that, in that respect, we, at present, are at the mercy of the schools, which are and always have been the persistent and strenuous opponents, not only of educational advancement, but of the strict enforcement of such matriculation standards as from time to time are supposed to exist. Four years ago a step forward was taken in the Education Committee, and its previously very lax methods of interpreting the Council's matriculation requirements were sharply astringed. Forthwith the educational bodies—theretofore full of lip-loyalty to the Council—made common cause, met in conclave in Toronto, and by concerted action and *ex parte* statements to the Government procured from it promises of amendments to the Medical Act which jeopardized the very existence of the Council, and which resulted in degrading the matriculation requirements to a point quite as contemptible as those in force before

the Council was created. And it has required all the influence of the Education Committee with the Minister of Education, from that time to this, to undo the mischief then made, and to restore the matriculation standard actually to what it purported to be four years ago. There, for some time to come, it must remain, and all we can at present hope to do is to see that it is strictly and impartially applied. Until the profession attains—as eventually it must, in self-defence, attain—to such solidarity as will enable it to speak with effect to both Government and Legislature, it would be unwise to give the educational bodies another opportunity to let down the bars, or, as they prefer to term it, “clean off the slate,” *i.e.*, secure unchallenged admission, as Council matriculates, for all who may have gained an entrance into one or other of the medical schools. At the close of the Council's last session, the “Caudal-tip” was permitted, by his associates of the Ruling Alliance, to make a motion prospectively elevating the matriculation standard. This was done for effect—was mere election powder, and, as such, was summarily and very properly frowned down.

CONTINUED REFUSAL TO PAY THE ANNUAL TAX.

Fully one third of the members of the College are still in arrears of the annual tax, and the aggregate of their arrearage is over \$7,000. The grounds on which this very large section of the electorate refuse to pay up are understood to be chiefly these :

1. That they have no effective control over the irresponsible elements of the Council by whom their money—if paid in—would be expended.
2. That the funds of the College still continue to be largely and recklessly devoted to purposes quite outside the provisions of the Medical Act.
3. That there is very grave doubt (in which the Council's official solicitor is known to concur) touching the legality of the retroactive assessments for 1893 and 1894.
4. That the Medical Act of 1893 expressly and distinctly leaves the assessment and coercive clauses in the exclusive discretion of the elected members of the Council. Yet, notwithstanding the strong and repeated protests of various territorial representatives, the schoolmen have defiantly continued to meddle with matters, thus, by legislative enactment, taken quite outside their purview, and to further the annual assessments by their vehement and offensive interference.
5. That not only have all the by-laws levying assessments since 1894 been tainted as to their legality by this interference on the part of the appointees, but that the by-law levying the assessment for 1897

was furthermore and in a special degree vitiated by one of their number, Dr. Moore, defiantly and insolently posing as the seconder of the motion to pass it, and being accepted by the Council in that capacity.

It may be proper to remind you in this connection, that this tax is quite unnecessary to the Council, and that as soon as the constituencies which have pronounced against its continuance (now six in number) shall have increased to nine—the opponents to the tax—will form a majority of the territorial representatives in the Council. When that point is reached, in accordance with the declaration of the leader of the homeopathic element in the Council, unless he be prepared to eat his own words, we shall be able to prevent an assessment, and, so, withhold this annual incentive to extravagance, and thus compel that feasible and proper retrenchment for which we now plead in vain.

UNJUST COMPOSITION OF COUNCIL COMMITTEES.

The Legislature has given the profession a representation equal to three-fifths of the membership of the Council, and it is quite clear that this membership ratio should be rigidly respected in the composition of its committees, and especially in the composition of the more important of these, to wit, the Executive Committee and those on Education, Registration, Legislation and Finance. Of the propriety and justice of this contention there is no room for honest doubt. Yet movement looking to change in that respect has been blocked chiefly by the specious plausibilities of Dr. Williams and the other territorial ex-presidents and territorial would-be presidents of the Council. It will be well for you to examine the artful pretexts and disloyal votes given in this connection in the past, and to critically note the action of the incoming Council with regard to the composition of these committees.

REPRESENTATION OF DEFUNCT CORPORATIONS.

To continue to give Council representation to defunct institutions, and to other bodies, which no longer teach medicine or grant degrees therein, is simply an outrage on right and decency. The Universities desire to see these appointees retained in the Council because they can always be counted on for four votes against economy, against giving the profession its just weight in Council committees and against all reforms in the interest of the medical electorate. But why should any territorial men desire to see this flagrant injustice perpetuated? My friend, Dr. Williams, who is on record on this point, found himself, in the late debate thereon, between the devil and the deep sea,

and so avoided the debate and asked to be excused from voting. Drs. Roger, Bray, Roome, Brock, Taylor and McCrimmon, however, faced the music and gave a square vote in favor of burking the question, which was simply to obtain an affirmative finding on the part of the Council that, at the earliest available opportunity, legislation should be sought to eliminate these bodies from representation on the Council.

HOW AND WHEN ARE THESE REFORMS TO BE OBTAINED?

Several of these reforms—though eminently desirable from a professional point of view—are not perhaps attainable in or through the Council, and will only come within our easy reach through another channel, when a healthier public opinion becomes developed in the medical electorate. That time may be near or distant, according to the march of events. Near, if the trend of events serves to convince the great body of practitioners in the Province that they are or ought to be bound together by community of interests and fellowship; distant, if medical men, in any large number, continue to indulge in Toronto aspirations, or to be pulled by strings held in the educational centres, or to be inspired or directed by those who are thus pulled, or remain content to take, at their face value, the opinions and arguments and lucubrations written with intent, by the editors of medical journals created and run in the special interests of Medical School corporations.

Yours truly,

Port Perry, Oct. 5th, 1898.

JOHN H. SANGSTER.

THE PASSING OF THE GERMAN SCIENTIST.—It is astonishing to the American that German medical men of world-wide reputation as investigators can throw stones at the American character with their right hands, while putting their left hands behind their backs to receive the unjustified profits from the American patents on their discoveries, and yet maintain a reputation for honor. It is a pleasure to reflect that no American physician of any reputation has ever so debased himself, and further that American medical ethics, with all its admitted shortcomings, has never yet descended to the German plane. How long in America would Behring be a leader of medicine after he had publicly patented, for the benefit of his own pocket, the results of the labors of Pasteur, Roux, Fraenkel, Kitasato, Aronson, Tizzoni, Ehrlich, and many others? Not very long certainly.—*Cleveland Journal of Medicine*.

Book Notices.

Orthopaedic Surgery. By JAMES G. MOORE, M.D., Professor of Orthopædia and Clinical Surgery in the College of the University of Minnesota; Surgeon to St. Barnabas' Hospital, and Consulting Surgeon to St. Mary's Hospital and to the City Hospital, Minneapolis. With 177 illustrations. Philadelphia: W. B. Sanders; Toronto: The Publishers' Syndicate, 88 Yonge Street.

The paper, type, illustrations and binding are first-class. In all these respects the work does credit to the well known publisher.

It would be quite impossible to do justice to so excellent a work in the short space at our disposal. We can, however, in the most confident manner recommend the work to our readers.

The author is very cautious to avoid recommending operations or treatment of a doubtful nature. For example, forced extension of the spine in Potts' Disease is not given a place in the work.

The portions of the work dealing with operative procedures are full, clear and reliable. The methods of operation are in accordance with the latest teachings.

The work would prove an excellent addition to any library.

Diseases of Women: A Treatise on the Principles and Practice of Gynecology for Students and Practitioners. By E. C. Dudley, A.M., M.D., Professor of Gynæcology Northwestern University Medical School; Gynæcologist to St. Luke's Hospital, Chicago, etc. Philadelphia: Lea Brothers & Co.; Toronto: The Publishers' Syndicate, 88 Yonge Street.

The author has undertaken the difficult task of setting forth his views upon the subject of gynæcology in 657 pages, aided by 422 illustrations. Of these illustrations, forty-two are in colors. The plan adopted by the author of portraying the skin, mucous membrane and peritoneum in different colors is a very excellent one, and assists the printed descriptions very much.

The subjects discussed in this volume are ranged under the headings: (1) General Principles; (2) Inflammations; (3) Tubal Pregnancy, Tumors, Malformations; (4) Traumatisms; (5) Displacements. At the end of the work there is a good chapter on the use of pelvic massage.

In examining this work, it becomes clear that the author has taken great pains to bring his descriptions of operations, instruments and

treatment thoroughly up to date. The most recent works and articles are placed under tribute.

On all topics the author has taken much care to have his own mind clearly made up as to what course he intends to recommend. There is thus no halting between two opinions.

Throughout the work there is a marked and wholesome tendency to conservatism. An effort is made to curtail meddling treatment in the form of local applications, and to dispose of many of these cases by resorting to general internal medical treatment.

The work as a whole is a safe guide. It contains much more than its size would lead one to expect. The matter is well condensed. The book is a handsome one.

Selections.

Surgical Hints.

IN cases of suppurative trouble in which a wet dressing is indicated, the mistake is often made of making the dressing too scanty. The more copious the dressing the better the result.

A LIGATURE placed for the arrest of hemorrhage can hardly be drawn too tightly, but when its purpose is to approximate surfaces, and especially skin, we must remember that after simple coaptation is effected, we can do nothing but injury in using any greater degree of tension.

Do not be too much afraid of scaring your patient. Don't hesitate to tell them the truth. If an operation is needed, what is the use of running the risk of delay through giving the patient a false sense of security. Tell him or her just what he suffers from, and why an operation is imperative. Only those whom our art is unable to help should be lulled to their last sleep by quieting their minds and withholding from them the exact nature of their disease.

IN resorting to operative intervention in cases of epilepsy never promise a permanent cure. Epileptics are often favorably influenced by any departure from the established line of treatment; even the application of a blister to the spine may cause a marked amelioration in the number and severity of the attacks. Hence, while the immediate results of intracranial operations may be highly satisfactory, a long time must be allowed to elapse before we can speak of a definite recovery.—*International Journal of Surgery.*

TRIONAL IN WHOOPING-COUGH. —Dr. Busdraghi says that trional is much superior to belladonna in the treatment of pertussis. In doses of from 1½ to eight grains—according to the age of the child—it produces a quiet and deep sleep, only occasionally interrupted by a fit of coughing. In conjunction with the trional, he paints the pharynx with a 1 per cent. solution of carbolic acid (containing also a small amount of glycerin and alcohol).—*Am. Medico-Surgical Bulletin*.

MINERAL CONSTITUENTS OF THE TUBERCLE BACILLUS.—By Drs. Schweinitz and Dorset (*Centbl. f. Bakt.*). The authors add to their previous studies, which showed that tubercle bacilli contained from 2 to 4 per cent. of ash, some chemical analyses of this ash. The results show that the ash of these bacilli contains a very large amount of phosphoric acid, 55 per cent. Compared with other bacilli, of which not so very many have been examined, the phosphorus content of Koch's bacillus is extremely high. The practical suggestion to be drawn is, that tuberculosis rapidly exhausts the phosphorus from the medium upon which it is grown and it seems reasonable to suppose that the administration of phosphoric acid in phthisis is a rational therapeutic measure.—*Post-Graduate*.

ALTERATIONS OF TASTE AND SMELL IN TABES.—Klippel has made a study of the various alterations in the senses of smell and taste as they occur in tabes dorsalis (*Arch. de Neurologie*, 1898, and *Journ. de Méd.*, April 10th, 1898). Contrary to the general idea that these symptoms are rare, the author finds that they are of common occurrence in cases of this disease, and may manifest themselves at a very early date; in regard to this they correspond to the other sensory symptoms, such as numbness, paræsthesia, and pains. At the same time the author has noticed the late occurrence of these symptoms in several cases. In these circumstances anosmia agustia are observed, and as by this time the patient has, as a rule, many other symptoms to absorb his attention, complete loss of smell may go unnoticed. Both these symptoms may appear suddenly and in association with bulbar symptoms. In other instances smell and taste merely show perversion and in an intermittent form, thus resembling crises. There may be for a day or so at a time peculiar earthy, metallic, or bitter taste sensations appearing independently of meals, and lasting for about ten minutes or a quarter of an hour. In the same manner patients may complain of sour smells and odors of stale fish, vomited matter, etc.—*British Medical Journal*.

Miscellaneous.

KINDLY send in amount of subscription due.

EXPERIENCE has shown that the use of solution of bichloride of mercury or of carbolic acid for irrigation of the peritoneal cavity must now be unhesitatingly condemned, not only on account of the local necrotic effects which are produced, but also because of the more or less grave symptoms of general intoxication which have been time and again observed.—*Hunter Robb*.

SANMETTO RELIEVES QUICKLY IN PROSTATIC TROUBLES.—To say that Sanmetto does all that can be reasonably expected of it, in all troubles of the genito-urinary organs, is not an adequate description of its therapeutic value. For it aids in any congestion more or less, and is therefore an invaluable remedy for all congestions, especially of the prostate gland, affording relief quickly.

Drake, Mo.

H. A. GROSS, M.D.,

1858—Med. Dept. Washington Univ.

(St. Louis Med. Col.) St. Louis, Mo.

SEVERAL prominent insurance companies (says the *Medica' Herald*) refuse to consider an application from a "graduate" of a Keeley c.u.e, no matter how good a risk otherwise the man may seem, or how little of an inebriate he may have been. The reason given is that persons who have undergone this "treatment" are prone to premature death, due, supposedly, to the severe drugs used.—*Medical Sentinel*.

DR. W. E. HAMILL, who for some years has efficiently conducted a medical brokerage business under the name of the Canadian Medical Practice and Partnership Office, has changed the name to that of the Canadian Medical Exchange Office. The doctor wishes to state that he always has from fifteen to thirty registered buyers ready to investigate any offer made and purchase the same if it suits them. Every prospective buyer is bound in writing as to secrecy and honorable dealings and to not offer opposition if they do not buy. Every safeguard possible is thrown about the vendor to prevent any piracy whatever, and physicians who contemplate selling out would consult their own interests by using his office to consummate a sale in the quickest and quietest way possible.