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WITH THE ACTIVE COLLABORATION OF

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ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

LATERAL CURVATURE OF THE SPINE—TREATMENT BY NON-RESTRICTIVE AND DEVELOPMENTAL METHODS.

BY B. E. M'KENZIE, B.A., M.D.

Surgeon to the Victoria Hospital for Sick Children; Clinical Lecturer on the Surgical Diseases of Children, Toronto University and the Woman's Medical College; Member of the American Orthopedic Association.

Within the last decade the treatment of roto-lateral curvature of the spine has received much attention, and the opinions and practice of those who to-day give this subject much consideration, differ greatly from those of the surgeons of only a few years ago.

Bernard Roth urged the matter upon the attention of the Clinical Society of London, and claimed such superiority in the results obtained by the Ling system of gymnastics over those obtained by the ordinary methods of treatment by braces, that a committee of investigation was appointed to inquire into the merits of the different plans.

Up till about 1887 little had been done for these cases in the United States, except to apply some form of brace. With the remarkable development, however, of physical education in that country, has come a special application of its principles to the treatment of various deformities.

Though spinal curvatures, varying in form and degree, may occasionally be found in persons who are muscular, have strong bones and enjoy good health, yet it is generally in those who are weakly, who have small, flabby muscles and poorly-developed chests that lateral curvature exists.

The causation of this deformity is a subject of the utmost importance, because, were this fully known, and did it receive due attention, much could be done to prevent what is a very common, distressing and intractable affection. In this paper, attention can be called to only a few of the most common and most controllable causes. The question of etiology is a vexed one, but the weight of authority inclines to the opinion that curvature is brought about mainly by mechanical causes.



FIG. 1.

1. Difference in length of the lower extremities. Recently, authorities have been inclined to lay but little stress upon this asymmetry as a cause; but in the observation of the writer it is a very common cause. A considerable number of the cases observed had suffered from infantile paralysis, which had left one lower extremity shorter and weaker than its fellow. As a consequence, the pelvis on that side drooped constantly when standing or walking. In this manner, the plane of the base of the sacrum was inclined to the affected side, and a lateral curve of the lumbar vertebræ to the same side resulted. This is almost invariably accompanied by a compensatory curve to the opposite side, higher up in the spine. Sometimes a third curve is observed, compensatory to the second.

Often the extremities are found of unequal length when no definite cause can be assigned for this condition. Whatever the cause, however, of the inequality in the length of the extremities, it is reasonable to consider it as strongly predisposing to lateral curvature. Fig. 1 shows a case of slight curvature, resulting in a girl who had a club foot, and consequently a less-developed limb on that side.

2. There may be an obliquity of the plane of the base of the sacrum when there is no difference in the length of the extremities. Fig. 2 represents a case in which the extremities proper showed very little disparity, but the pelvis showed a very marked lack of symmetry in development. The left ileum was broad, and formed as it is seen normally

in the female, but the ileum of the right side was more inclined to the vertical, as in the male pelvis. The consequent inclination of the spine to the left is well shown in Fig. 2A.

3. An attitude of curvature at first assumed voluntarily, may become habitual. A school-girl may carry her books under her arm (Fig. 3); may habitually take a wrong

position at her desk, or in other ways take an attitude that inclines to one or the other side. This soon becomes habitual; the girl is more "at home" in the false attitude than she would be when erect, and the muscles, ligaments, and even bones of the side of the concavity soon adapt themselves to the new position, and become shortened. In this manner an element of permanency is introduced in a case that, at first, was a wrong attitude voluntarily assumed.

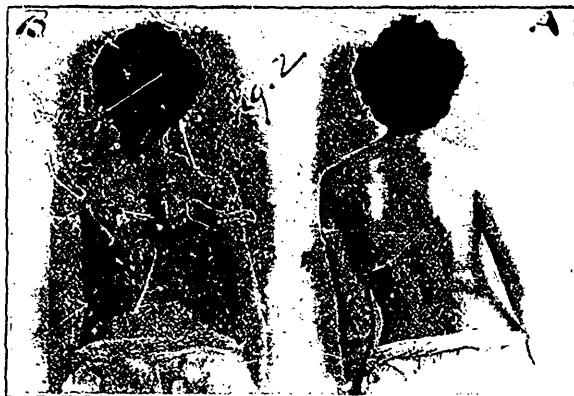


FIG. 2.

4. Constitutional conditions, such as rickets, may act directly in causing unequal development, or may simply cause a weak spine, which readily departs from the vertical because of the pressure of the superimposed weight.

5. The great prevalence of lumbar curves to the left, and of dorsal to the right, goes to show that the greater use of the right hand and arm is a causative factor.

6. Unequal development of the two sides of the body from obscure causes, may be assumed to affect the spine as well as the extremities, and thus become a direct factor in producing curvature.

A very important element in the deformity, and the one most difficult to treat, is the rotation or twist which occurs in the spine. The signs of curvature most noticeable and most readily appreciable by the inexperienced, are inequality of the shoulders, of the angles of the scapulae, of the hips, and of the iliocostal spaces, and a departure of the row of spinous processes from the vertical; but the deviation of the bodies of the vertebrae to the right or left always antedates the curvature, as seen on the surface and indicated by the spinous processes. Their deflection is also much more in degree than that of the spines. This increased distance of the bodies from the centre line causes a rotation about the vertical axis, and the head of the ribs and the first part of their shafts are thrown backward on the side of the convexity, while on the side of the concavity there is a corresponding flattening. In order that the ribs may meet at the sternum, there is a consequent sharp bending in front of the ribs that are flattened behind, and a flattening in front of those which are more sharply curved behind. This gives us the marked inequality in the oblique diameters of the chest.



FIG. 3.

As found in children and adolescents, this deformity is of most interest, both because it is at this period when it most frequently manifests itself, and is most amenable to treatment. It is observed much more frequently in girls than in boys,

and generally between the ages of five and fifteen. When once the departure from the vertical has commenced, there is a tendency to increase during the growing period. There are some deformities, *e.g.*, that of bow-legs, in which there is a natural tendency to recovery; but in this of the spine, the tendency is to become worse, unless means are adopted to check its advance.

Treatment of the constitutional conditions is often of much importance, but does not call for attention here.

The use of braces, splints and jackets is to be discountenanced because of many objections. In cases of slight deformity, it is difficult or impossible to apply any instrument that will grasp the deformity and hold it in a position of rectification. If it succeeds in doing so, it can only be by an amount of pressure which produces atrophy in parts already weak, and the more so, because the pressure must be unintermitting. It more or less interferes with the functions of respiration and circulation, thereby retarding the general development, a matter of the greatest moment in these cases. Also, it may be added that the habit which has become so strong—the habit of maintaining the body in a position of asymmetry—is confirmed, because the patient learns to lean upon the support instead of trusting her own muscles to keep her erect.

A certain proportion of cases can be satisfactorily treated by gymnastics alone. If the case be one arising from habit, and if, when instructed, the patient can assume the erect position, or can produce considerable improvement by her own efforts, then much good may confidently be looked for from systematic gymnastic treatment.

It is essential to success that the hearty co-operation of the patient be obtained, and that all the work done shall centre about the one idea of assuming and maintaining the most erect and symmetrical position possible to that individual patient. When she has learned how to assume an improved attitude, little good will result unless her confidence has been gained to such an extent as to ensure her continued effort to maintain her bettered position.

It is necessary, too, that the drill given should be frequent (daily, if possible), and should be continued for several months. It is an advantage to work several patients together in the same class, the number never rising above six or seven. Several drilling together may be made to stimulate each other to greater efforts, and the improvement effected by certain movements in any one of the number may be witnessed by the others, and become a source of encouragement under circumstances where the daily drill is liable to become irksome and monotonous.

Much may be accomplished in the re-education of the senses of the patient, and



FIG. 4.

much to encourage by having the improvement that is possible by personal effort shown while standing in front of a large mirror. If practice is taken in her own room and alone, in the interval between the regular drills, it should be done in this way, so that faulty positions may be avoided. At all times, whether in class or not, no exercises should be permitted until the ideal attitude for each patient has been assumed. The results to be looked for are not dependent so much upon the individual exercises performed, as upon the manner of their performance. Whatever the particular movements which are prescribed, if they be executed while standing, sitting or lying in faulty positions, these wrong attitudes are but confirmed. From time to time the patient should be carefully examined, and assisted in assuming the best position possible, and afterward this ideal attitude should be insisted on.

Little need be said here about the individual exercises indicated. The surgeon must have sufficient resource, sufficient knowledge of the work of the different groups of muscles, must have enough tact to originate and select such exercises as will accomplish most for each individual patient. Then it is necessary that he should be able to execute all the movements gracefully himself. The director of the gymnastic work, whether willingly or not, yet certainly becomes the model after which the patients will copy.

Gymnastics alone, however, will fail in exerting much corrective powers over a large proportion of cases. Since the pressure correction exerted by braces has been so generally condemned, methods have been employed for exerting great corrective pressure for short periods of time. I shall refer only to a method which I have employed for two years with the greatest satisfaction. As shown in Fig. 4, the patient is allowed to suspend himself by having a strap comfortably adjusted so as to grasp the occiput and lower jaw, having this connected by a cross-bar with a rope passing over a pulley, and reaching to the hands of the patient. While he thus suspends himself some distance from the floor, a girth is passed around the body, and connected with another rope passing over a pulley and controlled by the surgeon. This girth is so adjusted as to make pressure in the oblique diameter of the thorax in the direction that is found to be most effective in lessening not only the lateral curvature, but also the rotation. At the same time the circumstances are favourable for using pressure with the hands of the surgeon in such a manner as to untwist the distorted spine.

This method of applying pressure-correction force is superior to all others in this, that the spine is being powerfully extended by the weight of the patient, while the corrective force is being applied at right angles to the line of extension. In this way greater force can be employed to stretch all the shortened structures of the concave side than by any other. This may be done for a period of ten minutes every day, or several times a day, with the result of producing much greater suppleness of the trunk. This powerful stretching of the tissues in the concavity of the curve, moreover, becomes a very effectual means of giving massage to the deep-lying structures of that side; and

REFERENCES :

- Roth : "Transactions of Clinical Society, London." Vol. XVI.
 Roth : *British Medical Journal*. May 13th, 1882.
 Bradford and Brackett : *Boston Medical and Surgical Journal*. May 11th, 1893.
Zeitschrift f. Orthop. Chirurg. 1891. Band i., Heft. i. Page 80.
Deutsche Med. Wochenschrift, Leipzig. 1892. Vol. XVIII. Page 249.
Brooklyn Medical Journal. July, 1892.
London Lancet. March 31st, 1894.

though weeks or even months may be required to obtain the utmost results possible, yet in a very short time it will be seen that the patient can voluntarily keep the spine in more extended, *i.e.*, a more vertical position.

When there is disparity in the length of the lower limbs, or from any cause an obliquity of the plane of the base of the sacrum, a "lift" should be applied, so as to bring the pelvis to the horizontal.

Fig. 2 represents a case in which a lift of one inch was required, and afterward she was treated as above for four months. The maintenance of a perfect correction may be looked for in only a small percentage of cases; but much improvement may be effected in all. For this developmental method of treatment, as compared with the treatment by braces, it is claimed:

1. That it is more effective in correcting deformity.
2. It results in very marked improvement in the chest development and in general health.
3. It greatly improves the tone, size and power of all the trunk muscles.
4. It re-educates the sense of erectness, so that the patient can appreciate the difference between an erect attitude and a distorted one.
5. It gives the patient confidence, and puts into her possession the means by which she may not only retain the degree of improvement effected but may continue for years afterward to make still more improvement.

CLINICAL NOTES.

INTERNAL HÆMORRHOIDS—TREATMENT BY INJECTIONS OF CARBOLIC ACID—SUBSEQUENT HÆMORRHAGE AND TREATMENT—COMPLETE CURE— NOTES OF THE CASE.*

BY DR. CAMPBELL, SEAFORTH, ONT.

On the 22nd of February last I was called to see J. L.—, a man of sixty-six years of age, who was in bed and suffering severely from three large prolapsed internal piles—one of which he had attempted to extirpate by means of a ligature of black linen thread. By the aid of a mirror he had managed to place the thread around it tight enough to give him extreme suffering, but not tight enough to strangulate it. He had suffered in this manner for three days, and when I saw him was nervous and irritable. I made a careful examination and found a large inflamed pile on each side of the anus, and one in front—the one upon which he had operated. I cut the thread and detached it. As they were so large and so intensely inflamed I did not attempt to return them, as so generally recommended. Relieved his pain with a 10-per-cent. solution of cocaine—soaking a piece of cotton wool in it and applying it to the parts and changing it at intervals. Ordered $\mathfrak{z}\text{i}$ of pulv. glycyrrhizæ CO every three or four hours, so as to clean the bowels well out, and said that I would operate

* Read before the Huron Medical Association, at the quarterly meeting, held at Clinton, on the 10th of April, last.

upon them next day. I laid down the three methods of operation to him—the clamp, the ligature, and the method by injection. He chose the latter, as he did not want to take an anæsthetic, and, moreover, I could get along without an assistant. I gave my preference to the clamp and thermo-cautery, but yielded to his wishes in the matter.

23rd. When I called I found that the bowels had been freely moved and the patient was every way in a better condition. Injected gtt. v. of pure carbolic acid into the centre of the anterior pile with an ordinary hypodermic syringe, keeping the needle perpendicular to the surface of the pile.

24th. As the patient was very anxious for a speedy cure, injected the same quantity into another part of the same pile to-day.

25th. Visited him, but did not repeat to-day, as I wished to see the result of the previous injections.

26th. Treated another part of the anterior pile to another gtt. v., feeling satisfied that this would be the last it would require.

28th. Operated on one of the lateral piles, using gtt. x. this time. Kept patient in bed all the time, and relieved the pain both before and after the injection by means of the cocaine solution already mentioned. Gave him an opiate at night and directed him to elevate his hips and lie partly on his face so as to relieve the congestion of the parts.

March 1st. Saw him to-day, but did not inject.

2nd. As the patient was urgent, I operated upon the last pile I had treated, using gtt. viii. this time, feeling satisfied that this would give it its *quietus*—which it did.

4th. Operated upon pile number three, using gtt. x., as in last pile. Omitted a day, and on the 6th injected gtt. vii., which was the last time I had the pleasure of injecting. Gave him an ointment of acid boric, and directed him to wash with soap and hot water three times a day—and also after each time of defecation—and after each time of washing apply the ointment.

9th. Was called suddenly, at 2 a.m., by the son of my patient, who said that his father was bleeding dangerously. He had risen to stool and the blood had poured from him. Was soon at his bedside and found him pale and trembling, and apparently in fear of dying. Examined the vessel into which the blood had been passed, and did not consider the quantity dangerous—though it was hard to estimate, being mixed with a good deal of water. As I wished to examine with a speculum, to find out where the blood was coming from, and, if possible, stop it, I sent for Dr. Smith to assist. The doctor, after examination, counselled delay, as he agreed with me that he was not in danger from hæmorrhage. Gave him an opiate and left him, agreeing to meet at 10 o'clock next day.

10th. Having cocaineized the parts, we passed a rectal speculum and observed that the mucous membrane of the rectum, high up, was intensely congested and one part ulcerated and bleeding freely. While my assistant held the speculum I made a free application of tannic acid to the whole congested area, and touched the ulcerated spot with solid argent nit. After this I dressed the piles every day, using iodoform and boric acid 1 to 7. Everything went on well until the 14th, when a messenger was sent hurriedly during the night to say that he was bleeding again. We found him pale and nervous and trembling like an aspen leaf, and evidently much afraid of dying. It was

really a false alarm, as he had not lost much blood. What did come, however, was, as before, from the region above the sphincter, and *not* from the shrivelled remains of what had once been piles. Upon consultation we agreed to use Wampole's rectal suppositories, largest size, containing witch hazel and other ingredients. Supplied him with a dozen, directing him to use one night and morning for a few days, and then one at bed-time each night. Also provided a saturated solution of tannic acid in glycerine, to be applied frequently to the tabs of skin and unhealed surface, where the piles once "had a local habitation and a name." This, with two applications of solid nitrate of silver, one at home and the other at my office, completed the cure, after the patient had been afflicted with them for over twenty years.

A CASE OF LUXATION OF THE WRIST BACKWARDS.

BY A. A. MACDONALD, M.D., TORONTO.

J. M——, a boy eleven years of age (last week), fell from a bar in the gymnasium. Alighting on his feet, he came to the floor with violence; both hands were put out in front to break the force of the fall. He arose with pain and deformity in the right wrist. Dr. Spilsbury, being near, saw the lad; reported a dislocation of the wrist and sent him home with instructions to send for the regular medical attendant of the family. I saw him two hours after injury. On casual inspection the deformity resembled that of Colles' fracture. Great pain was given by the slightest movement.

Examination under chloroform revealed the rounded ends of the scaphoid and semi-lunar bones projecting at the back of the lower end of the radius, whilst the lower end of the radius could readily be felt projecting in front of the upper row of the bones of the carpus.

The lines of the radius were normal. No bending or crepitus could be seen or felt. Reduction was easily effected. Light splints were applied.

In such cases very careful examination should be made for fear of overlooking fracture, which is much more common in this situation than dislocation, and is, of course, a much more serious injury.

REVIEW OF CANADIAN MEDICAL
LITERATURE FOR APRIL.

[*The Montreal Medical Journal.*]

Drs. Finley and Adami report a case—the first in Canada—of “AMŒBIC ABSCESS OF THE LIVER.” Abscess of the liver was diagnosed and operation done, opening being made posteriorly in the ninth space, the rib resected, and fifty ounces of pus evacuated. Death ensued. There was no history of dysentery, and the stools contained no amœba. Post mortem showed a 2,650 grm. liver, fawn-coloured, and presenting small necrotic patches on its surface. A large abscess was found in the right lobe. Intestines were congested, but no dysenteric lesions could be made out in the large gut. Stained sections of the liver showed the presence of the amœba and masses of strepto-cocci.

The second article is “A SYNOPSIS OF ONE HUNDRED CASES OF SCARLET FEVER,” by J. R. Spiers, M.D., being the first one hundred treated in the Montreal General Hospital during the present epidemic. He divides them into :

(a) Mild cases, 40.

(b) Moderately severe, with high temperature, severe angina and intense rash, 29.

(c) Severe cases, with a continued high temperature, ulceration and destruction of the tissues of the throat and involvement of the cervical glands, 31.

The rash in some of the mild cases was absent or transient, and often only in parts of the body. In the second class, some of the patients presented a papular rash. In the third class, one had a papular hæmorrhagic rash, three had many small vesicles all over the body, and one (a young child) showed the presence of an acute exfoliative dermatitis. In some

cases where glandular suppuration took place, generally pyæmia was set up. Some throats were diphtheritic in appearance—eight per cent. Vomiting was persistent in four cases for five days; diarrhœa was troublesome early in the disease in three; acute nephritis occurred in eight per cent.; otitis media in six per cent.; diphtheria was present in four cases; arthritis was a common sequela; mitral disease developed in two, and purulent vaginitis in two.

Ten per cent. of the cases treated died,—two from nephritis, five from ulceration of the throat with involvement of glands and pyæmia, one from diphtheria, one from pneumonia, and one from scarletina sepsis.

“TWO CASES OF COMPLETE DOUBLE URETER,” by Drs. Adami and Day, forms an interesting addition to pathological literature.

[*Canada Lancet.*]

“EPITHELIOMA OF THE PHARYNGO-ORAL CAVITY, INVOLVING THE LARYNX,” by Constantine O’Gorman, M.D., Cobourg, Ont. The patient, aged 65, first presented himself, suffering from dyspepsia. Under treatment he improved in general health. But local pain in left ear during deglutition, a change in the voice, expectoration of a frothy mucus, led to an examination of the throat, where an irregular area of congestion was made out in the “oropharyngeal region.” Anti-syphilitic treatment was used without success. Ulceration following the congestion, accompanied with swelling, fetor of breath, cachexia, and emaciation led to a diagnosis of cancer. The condition gradually became worse, and death ensued. As palliatives, the doctor used inhalations of tr. benzoin co.; nightly application of four per cent. cocaine spray, with glycerine and boracic acid; gargles of pot. chlor. and aq. rosæ,

and application externally of ungt. plumbi iodii, with apparent relief. Post mortem, sections by Dr. H. B. Anderson confirmed the diagnosis. The writer closes with the differential diagnosis between this condition and pharyngeal syphilis.

"THE PRESENT STATE OF INTUBATION IN THE TREATMENT OF CROUP," is treated next by Dr. J. O'Dwyer, New York. The article speaks of the frequency and the dangers of this disease. He points out that statistics of 5,546 cases in United States and Canada, show 1,691 recoveries where intubation has been done. In comparing this operation with tracheotomy, he quotes Dr. Pilcher, of Brooklyn, who reports having done sixty-six tracheotomies in seventeen years, where four or five hundred deaths occurred from croup; while Dr. McNaughton, during the past four years, has done intubation 142 times, saving forty-two lives, while he (Pilcher) saved but twenty-two in seventeen years.

"NEURASTHENIA," by Prof. Ranzier, of Montpellier, is translated by Dr. D. C. Meyers, of Toronto. He classifies the symptoms of this condition into (1) symptoms "of definition"; (2) accessory symptoms. To the first class belong cephalalgia, vertigo, insomnia, cerebral depression, amyosthenia, rachialgia, and gastro-intestinal troubles. Each of these is commented upon. The accessory symptoms are (1) defects in intellect, weakening of will power and memory, ill-temper dominated with an idea of being organically diseased somewhere; (2) motor troubles, cramps, tremors, reflexes abnormal; (3) sensory disturbances, disorders of special senses, angina pectoris, and symptoms of general excitement.

Dr. E. J. Boyes, Oakland, Cal., reports "A CASE OF PSEUDO-LABOR."

[*Canadian Practitioner*].

"CASE OF VAGINAL HYSTERECTOMY," by K. N. Fenwick, M.A., M.D., Kingston

—He says the immediate dangers in this operation are hæmorrhage and shock; the remote peritonitis and septicæmia. He points out the arguments for and against the use of the clamps, and gives his opinion in favour of their use.

"ELIMINATIVE AND ANTISEPTIC TREATMENT OF TYPHOID FEVER," by Dr. Thistle, Toronto.—The plan is based on the fact that in this disease the poison is generated from colonies of the specific bacillus in the intestine. The purgation clears them away (this process being uninjurious to the intestine, he maintains); the antiseptics antagonizing those which remain and their ptomaines. He combines with this the large imbibition of fluids. The report of forty-two cases (diagnosed typhoid) is given, with this surprising record: no deaths, no hæmorrhages, no perforations, average date of return of normal temperature twelfth day, one case of delirium, and no tympanites.

"TWO CASES OF DIPHTHERIA TREATED BY ALKALINE SOLUTIONS OF HYDROGEN PEROXIDE," by Dr. Thistle, Toronto. "CASES IN PRACTICE," by B. E. McKenzie, M.D. "A CASE OF CARCINOMA OF THE PYLORUS WITH CICATRIX OF AN ULCERATION ELEVEN YEARS PREVIOUS," by Dr. MacCarthy, Barrie. "TUBERCULAR TESTICLE," by G. A. Peters, F.R.C.S., Eng., and two interesting cases of "BLADDER SURGERY," by Dr. J. F. W. Ross, are very interesting clinical reports.

[*Maritime Medical News*.]

"PREVENTIVE MEDICINE" is the subject of an address by T. C. Lockwood, before the Nova Scotia Medical Society. He says the theory of disease prevention may be well studied under two heads, viz.: 1. The destruction or carrying away of all substances *within* or *without* the body in which disease germs may

grow. 2. The destruction of these germs, after they have once gained a foothold, by the use of germicides. He then points out how many diseases, once prevalent, are now becoming extinct through our knowledge of this department of medicine. The importance of this subject is seen when it is seen that it brings to its aid chemistry, meteorology, climatology and bacteriology. Following this the writer speaks of the effect of the various germicides and compares their strengths. He emphasizes the necessity of the destruction of the sputa in tuberculosis, and the wisdom of isolation and thorough ventilation in this disease. Patients should be taught not to spit on the floors or public streets. He advocates the establishment of a separate department of public health for the Dominion.

Article second is a *resumé* of Dr. Adolf Strümpel's views on "THE ALCOHOL QUESTION FROM THE PHYSICIAN'S STAND-POINT," from *Berliner Klinische Wochenschrift*. The organic changes which Strümpel speaks of are disease of the heart muscle and its nervous apparatus, disease of the arteries and of the kidneys. The immense amount which many beer drinkers imbibe cannot but overburden the heart muscle. Alcoholic poison, he holds, is noxious to the kidney epithelium. The family physician should forbid the giving of alcoholic drinks to children. Strümpel reports a case of polyneuritis in a child five years old, who had been taking a quart of beer daily.

[*L'union Médicale.*]

Two interesting articles appear in this journal for April: "CLINICAL LECTURE ON INJURIES OF THE EYE," by Dr. Foucher, and "THE PRINCIPAL ELEMENTS OF SUCCESS IN LAPAROTOMY," by Dr. Laphorn Smith, Montreal.

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SOME REFLECTIONS ON THE SPREAD OF CONSUMP- TION.

Dr. Jules Mascarel, chief physician of the hospital of Châtelleherault, in France, has recently published some reflections on consumption which are worthy of the consideration of the medical profession, and particularly of social reformers, who, in striving to increase the sum of human happiness, should at the same time endeavour to minimize, among other evils, the destructive energy of this formidable and omnipresent plague.

Half a century ago, consumption was confined to the capitals of Europe, to garrisons, manufacturing centres and the crowded suburbs of cities. Nowadays it is omnipresent, in country as well as in town, in the castles of the rich as well as the cottages of the poor, on mountain top and in valley, on the banks of rivers and the borders of woodland, on the flat, low shores of the ocean or the well-clad borders of the Mediterranean. It attacks both sexes, youth, adult life and old age. So completely, indeed, has this disease undermined the human race that, in a couple of centuries or so, the French people as well as other

European peoples shall have disappeared, if some salutary discovery made by the school of Pasteur or Koch should not intervene to save them from destruction.

What is the cause of this diffusion of consumption?

Fifty years ago, in Poitou, Touraine and Berry, as well as many other parts of France, with the exception of a few main national highways, there could not be said to be any roads at all. The country roads were in a most deplorable condition. People were therefore perforce obliged to walk, ride on horseback or drive in old-fashioned two-wheelers. These exercises in the open air, in all kinds of weather, in rain, sunshine and wind, strengthened the muscular system and particularly the respiratory organs. Then the Sunday rest was fully respected, and the taverns, which were rather few in number, closed at ten o'clock. There was also great sobriety in the matter of food, the greater number of French country people were satisfied with legumes and rarely drank wine.

Nowadays all is changed; means of communication have been multiplied to an extraordinary degree and numerous railways are engaged in transporting to great distances crowds of travellers among whom several are infected with consumption. Hence an immense development of contagion.

Taverns have also increased in number. There are now in France more than 410,000 of them; and worse still, in country as well as in town, there is no proper inspection of public houses; farmers and labourers pass a good part of the night in these places, drinking and smoking.

They go home at two or three o'clock in the morning half tipsy, and their children, procreated under such conditions, are little, delicate, lymphatic creatures, lucky, indeed, if they are not, in addition to all this, infected with syphilis.

To this must be added frequent danc-

ing parties, prolonged to a late hour of the night, in which the promiscuous mixing of the sexes is no secret. As a consequence of this state of things there is physical degeneracy and a predisposition to consumption.

According to Koch, the air we breathe is the chief vehicle by which the morbid ferments penetrate into the economy, particularly if they are held in contact with organic dust. But the same atmospheric air is one of the best means for driving away these ferments, which explains the rarity of consumption in road-menders and country postmen; or, in fact, the greater number of those who live and work in the open air.

Dr. Mascarel concludes that, in order to offer a strong resistance to consumption, one must live in the open air as much as possible, keep the brain and muscles in a state of activity, avoid contaminated places, observe the rules of hygiene, and during one day in the week take a complete rest. *Otiare quo melius labores.*

ONTARIO MEDICAL ASSOCIATION.

In June, 1881, the Ontario Medical Association was formed, with the late Dr. Workman as its first president. Associate with him, as an initiatory committee, we note the names of Drs. C. W. Covernton, J. E. Graham, J. H. Burns, J. E. White and A. H. Wright. The Association has rapidly grown, having now some eight hundred members.

The next meeting takes place on Wednesday and Thursday, June 6th and 7th, in Toronto, and it is hoped by the members of the various committees to make this even surpass any previous meeting.

From a look at the programme it will be seen that papers and cases are to be presented of marked interest, and the names of the men who are to discuss them

give a guarantee that such subjects will be ably handled.

It is to be hoped members of the profession throughout the province—those who have graduated in quite recent years, those who have been long years in practice—may join with those who are "bearing the burden and heat of the day," and make this gathering, by their presence, a grand success; and come prepared to discuss the various papers.

Then, too, not the least important feature of such a convention is the social side. The Committee on Arrangements always provides for the entertainment of visiting members in a hospitable manner.

The usual railway reductions are to be made; so that, altogether, visiting brethren in the profession may combine in a high degree pleasure and profit by their presence at the Association.

Following is a list of the officers: President, L. McFarlane, Toronto; vice-presidents: 1st, T. K. Holmes, Chatham; 2nd, Bruce Smith, Scaforth; 3rd, J. C. Mitchell, Enniskillen; 4th, A. T. Rice, Woodstock; treasurer, J. H. Burns, Toronto; general secretary, D. J. Gibb-Wishart, Toronto; assistant secretary, J. N. E. Brown, Toronto.

CHARGES OF RAPE AGAINST MEDICAL MEN.

The charge of rape against any man is certainly a very serious one. The common judgment of the public regards, in a severe manner, and properly so, any attempt which may be made by any one to commit the crime. This being the case, it is of prime importance that the guilt of such a crime should not be fastened upon any medical man, unless the evidence is of the strongest and most satisfactory character. We think that the profession will regard with approval the action at the recent assizes of the grand jury in throwing

out the charge of rape which had been laid against a member of the profession.

Not many years ago, a well-known medical practitioner of this city had to defend himself against a similar charge. It cost him a good deal of money to defend himself, but he did so very successfully. It is also well known that highly respectable medical gentlemen have been threatened with similar actions; but, as they refused to be blest, the cases dropped.

It is a pleasing sign of the times that such cases do not meet with as much favour as they once did. Juries, as a rule, look with very grave suspicion upon the story of a woman who goes into a doctor's office to consult him and who afterwards prefers a charge of rape. To say the least of it, these are not the conditions under which rape would likely be committed.

It is an easy matter for a woman of low morals to consult a doctor and then lay a charge of an attempt to commit this crime. It may be thought by some that a doctor should always have some one with the patient when conducting an examination. This every medical man knows to be utterly impossible. A woman may walk into an office, have her heart or lungs examined, and then seek a law office to have a writ issued for an indecent assault. It is a step in the right direction when such stories do not meet with ready acceptance.

PNEUMONIA.—Dr. Steele Bailey (*American Practitioner*, April) has a lengthy article on this disease. He remarks that pneumonia is second on the roll-call of death. After excluding (1) broncho-pneumonia, (2) suppurative or infectious pneumonia, and (3) traumatic pneumonia, he contends that lobar pneumonia is a specific disease—that it is an essential fever, with a local lesion. The disease in all its forms is now believed to be due to diplococcus pneumonia. The fact that the diplo-coccus is found in healthy persons

rather impels us, as Prof. Welsh has said, to believe it to be the cause of the disease. Grant the presence of the organism, and then, with favourable predisposing causes, the disease sets in. Some of these predisposing causes may enhance the virulence of the coccus, or favour its entrance into the deeper tissues and air passages. Further, the complications of pneumonia are due in most cases to secondary location of the pneumo-coccus.

Clinical experience is opposed to the view that the disease may be transmitted from one person to another. It may occur in the epidemic form when the circumstances favour the existence of the disease, as in unhealthy barracks, or in over-crowded homes. Here, then, is a common condition affecting a number of persons, and several of them become infected by the pneumo-coccus.

The writer strongly recommends aconite in the first stage of the disease. This drug controls the circulation and relieves the engorged condition of the lung. Merely reducing the temperature will not do this. Aconite dilates the arteries and lessens the fulness of the veins. The circulation is equalized.

In the second stage, where we have cyanosis, laboured breathing, mucous rales, weak pulse, weak heart, decrease in accentuation of pulmonary second sound, nitro-glycerine is the sheet anchor. It seems almost magical the way the bad symptoms disappear under its administration. Heart stimulants are early demanded in some cases, and good whiskey is the best. Do not give digitalis in an over-distended heart.

When the heart is weak, not from over-distention so much as from the toxic influences of the disease, strychnine is of great service. This may be given along with alcohol and quinine. For the relief of pain, no other drug should be used than opium. The chinoline group cannot be too strongly condemned. For insomnia,

chloral hydrate may be tried; but must be watched. For troublesome cough, no remedy is better than Dover's powder.

The local methods of treatment, such as blistering, poultices, and the general plans of depression by blood-letting and sweating, the writer does not approve of. He thinks that many patients so treated have recovered in spite of the treatment.

ETIOLOGY, PATHOLOGY AND TREATMENT OF CARBUNCLE.—Dr. D. W. Graham, of Chicago (*The Journal Am. Med. Ass'n.*, April, 21), in dealing with this important subject, holds that it is in all cases a local disease, and due to a micro-organism. The one generally found is the staphylo-coccus aureus. Sometimes the staphylo-coccus albus is also found. The coccus may enter through the hair follicles, sweat-glands, sebaceous gland ducts, or abrasions of the skin. The most that a cachectic condition of the body can do by way of etiology is to increase the vulnerability of the tissues. It is also a disease of middle life.

In its anatomy and pathology, it is related to osteo-myelitis, parenchymatous abscess furuncle, and acute abscess. The differences in the clinical history and the methods of termination in the diseases of this group are due to the anatomic structure of the region or organ affected. The region frequently affected by carbuncle is the dense, firm, fibrous tissue over the posterior median line of the body. A true typical carbuncle can only happen in such parts of the body as permit of continued surgical tension in the inflamed tissues.

As to the treatment, the writer admits that much good may be done by making an incision into the inflamed part, or by the usual crucial incision. Parker's method of scraping out the inflamed tissue is a good plan. The injection of antiseptics into the swelling cannot be relied upon. The author's plan is to make a crucial in-

cision over the tumour to points just beyond the diseased portion. The integument is raised, and the indurated tissue is then carefully dissected out. The wound is then dressed with some antiseptic. There is very little hæmorrhage, and the wound heals rapidly without loss of integument, when the operation is done early.

TREATMENT OF TYPHOID FEVER.—Dr. Oliver Lee, of Chicago (*Chicago Med. Recorder*, for April), comments as follows on the treatment of typhoid fever. Begin at once to make the patient thoroughly clear, give a copious, hot soapy water douche to the bowels until they are thoroughly washed out. No fears need be entertained of any harm coming from this practice. If the temperature is high, the water used for washing out the bowels should be about 75° F. If the patient is chilly, the water should be about 100° F. During the first week, this irrigation should take place morning and evening. After this one douche a day will suffice.

Next to this comes the bathing of the body. This should be performed at regular intervals. The patient may be placed in the bath, or sponged. The use of cold water sponging is very refreshing. The wet pack may also be used, and this should be one-half to one hour.

Abundance of cold water should be given internally. One tablespoonful of Marchand's per-oxide of hydrogen is added to each glass of water. The use of water drunk freely cools the body and keeps open the emunctories. After using the per-oxide for a few days, it should be laid aside and glycozone substituted. These remedies are thus alternated.

Milk, eggs, the juice from fresh-broiled steak or mutton and light liquid food are the proper forms of nourishment. The juices of the fruits are grateful to the fever patient, and do no harm.

To procure sleep, when drugs are

needed, sulphate of cocaine is better than chloral. Drugs and stimulants in the treatment of typhoid fever are injurious, without exception, and far better results can be obtained without their use.

THREE KINDS OF HEAD PAINS.—Dr. Dana, New York (in *The Post-Graduate* for April), calls attention to the three following varieties of head pains: (1) Migraine, which is constitutional; (2) headaches of a diffuse kind and are due to overwork, eye-strain, etc., and (3) neuralgia. Migraine patients suffer most in damp weather and in the spring. Neuralgias of the head are of two forms (a) supra-orbital, infra-orbital and dental forms, and (b) Tic douloureux. The first group of neuralgias is usually due to decayed teeth, or cold. The second form is rare, comes later in life, and oftener in men than women. It is extremely obstinate, and may last for many years. Tic douloureux is frequently associated with obliterating arteritis. This gives rise to nerve anæmia and degeneration. Nitro-glycerine and aconite sometimes relieves, by acting upon the arteries, lessening their tension. Hypodermic injections of strychnine is often helpful.

CHLOROFORM IN LEAD COLIC.—Dr. E. MacFarlan, of New York (*The American Therapist*, April), remarks that he has had great success in the treatment of lead colic by the internal administration of chloroform. He gives ten minims every half hour, if required. The pain is speedily relieved by the drug. The other features of the treatment go on in the usual way, such as the use of potassium, iodide and laxatives. The chloroform is decidedly more effective in easing the pain than morphia, as a trial of the two remedies will abundantly prove. The speedier relief also favours a quicker and more satisfactory recovery.

Items, Etc.

MEDICAL RETIRING ALLOWANCES.
—In the spring of 1892 there were effected a number of changes in the Medical Faculty of the University of Toronto.

Among these, a retiring allowance was granted to Drs. J. Thorburn and H. H. Wright. To Drs. M. H. Aikins, W. W. Ogden and J. Ferguson, who had discharged their respective duties in the Faculty with marked ability, no such allowance was granted. These latter gentlemen felt that they had been treated then in a most unjust manner, and appealed against the decision.

The petition was referred to a committee. This committee in turn referred the petition to the Medical Faculty. At the Medical Faculty the following resolutions were offered :

Moved by Drs. J. M. McCallum and G. A. Peters: "That the Medical Faculty, to whom was referred the petition of Drs. W. W. Ogden, M. H. Aikins and J. Ferguson for payment of retiring allowances, beg to say that in their opinion it is essential for the continued success of the Faculty, that its finances be maintained on a fairly sound basis, and that the payment of such retiring allowances or any other extraordinary expenditure, either out of its surplus or out of its annual earnings, would be unwise in view of the possible financial complications." For this there were Drs. R. A. Reeve, I. H. Cameron, J. M. McCallum, G. A. Peters, A. McPhedran and A. Primrose, and Profs. Pike, Ramsay Wright, Loudon and A. B. Macallum.

Drs. Oldright and Graham moved: "That the Faculty is of opinion that some compensation should be made to the petitioners, but at the same time begs leave to draw the attention of the Senate to the fact that the periods of service of teaching of the petitioners was not as long

as those of Dr. H. H. Wright and Dr. Thorburn, and the Faculty suggests that this fact be taken into consideration in adjusting this remuneration." For this there were Drs. A. H. Wright, L. McFarlane, W. T. Aikins, W. Oldright, J. E. Graham.

These two resolutions again came before the committee of the Senate. This committee decided adversely to any payments being made. The following members of the Senate Committee agreed to the first resolution, viz.: Prof. Loudon, Hon. S. H. Blake, Dr. I. H. Cameron and Principal Sheraton. There were in favour of the second resolution: Chancellor Burwash, W. Houston and Dr. J. E. Graham.

The matter then came before the Senate on Friday, 13th April, when, on motion of Dr. W. H. B. Aikins, seconded by Dr. J. E. Graham, it was decided on the following division in terms of the second resolution, to make "some compensation." The yeas were Charles Moss, Q.C., Prof. Dyer, Dr. A. Y. Scott, Dr. W. H. B. Aikins, John King, Q.C., Prof. Baker, Prof. Ellis, W. M. Clarke, Q.C., J. J. McLaren, Q.C., Prof. Reynar, Rev. Dr. Burns, Dr. Willmott, Dr. J. E. Graham, Dr. A. H. Wright, W. Houston, M.A., Rev. Dr. E. H. Dewart, Rev. Dr. Carman. The nays were: Profs. Loudon, Hutton, Vandersmissen, Principal Sheraton, Mr. B. E. Walker, Prof. Pike, Mr. Ballard, Prof. Galbraith, Mr. Seath, Mr. Wood, Dr. I. H. Cameron, Prof. Dale.

Thus, after a long delay and bitter opposition, it was decided to do some justice at least to those who felt that they had been most unfairly treated. The public can now judge in this matter. The petitioners deserve the congratulations of the medical profession in having this justice done them; and also for having been able to vindicate their position against the calumnies that have been thrown out from certain quarters.

THE INTERNATIONAL MEDICAL CONGRESS AT ROME —Major Girard, Surgeon U. S. Army, writes from Rome to the *Jour. of the Am. Med. Association* his impressions of the Congress. Some idea of its immensity may be known when he states that there were 7,000 physicians in attendance, and 2,700 papers presented. Certain things, however, prevented it from being an unqualified success, some of these were: The smallness of the place for the general sessions, being only large enough for 300 persons. Then the restless coming and going during the progress of the reading of the papers made it difficult to hear. Then 1,500 of the papers were Italian, a language the majority did not understand, and even if understood, very few were of any scientific value. The social features, too, and the sights and scenes of Italy were a stronger attraction than the papers. The writer, however, says he would not condemn such gatherings, for there are always a number of men who closely follow the work, and if they do not take part in the discussions, they carry away what is worth while. The men become acquainted, too, and learn to gauge each other and their methods of research and reasoning.

NEW YORK POLYCLINIC AND HOSPITAL. —The New York Polyclinic is the oldest post-graduate medical school in America. It is a school for graduates only, and advanced practical clinical instruction is given in every department of medicine and surgery. The clinical material for every subject is abundant, and the arrangements of the school for its clinical use is such that Canadian physicians will find the opportunities afforded them for either general or special study far superior to anything in London. The teachers are officially connected with almost all the prominent hospitals in New York, and matriculants of the school have

access to the vast clinical material of these institutions. A regular hospital schedule is arranged for those desiring special work. Practical obstetrics, clinical microscopy and intubation are also taught. The regular session lasts from September 25th to June 15th, and physicians can enter at any time. The summer session gives excellent opportunities for personal study of cases, and the fees are much lower for this period. The teaching is by a corps of instructors of recognized ability and experience in their special departments. Dr. A. R. Robinson will gladly give advice to any Canadian physicians desiring it.

UNRIVALLED ADVERTISING IN THE ROCKIES.—A circular letter, which is a curiosity, addressed to a worthy resident of Calgary recently, found its way to the editorial letter-box. It has printed on it a diagram and the ordinary test letters to detect Errors of Refraction, and opens as follows:

DEAR SIR,—

In order to detect Errors of Refraction (disease) in your own eyes by means of the above diagram, etc. . . . All children over the age of ten years should be carefully examined by an oculist. . . . All elderly people who require the aid of spectacles, should have them selected by an oculist. . . . I have for the past three years, as perhaps you are aware, successfully treated diseases of the eye, ear, nose and throat. . . . If you call on me for the purpose of having your eyes scientifically examined, I feel confident that I can suit you. . . .

P.S.—I treat all other diseases of the eye as well. . . .

Would it not be well for this member of the profession to have his optics examined for an Error of Refraction (ethical)? Perhaps the president of the N.W.T. Association will take this matter into his most serious consideration.

ONTARIO MEDICAL COUNCIL.—The last session of the Council before the elections are held will convene on the 10th of June, when many matters pertaining to the weal of the profession will be up for consideration. There is a very general feeling that the Council should take a decided action in the matter of lodge practice, and that it should also do its part towards bringing about a uniform standard of qualification for the various provinces in order to further Dominion registration. The action taken by the members of the Council on these and other subjects will be closely watched and properly acknowledged on election day.

The following comparison of cases of contagious disease in this city is of interest: May 1st, 1892, to May 1st, 1893—Diphtheria, 1,339; scarlet fever, 658; typhoid, 691. From May 1st, 1893, to May 1st, 1894—Diphtheria, 445; scarlet fever, 463; typhoid, 229. These figures show a decrease in diphtheria of 884 cases; of scarlet fever of 195, and of typhoid of 462.

TORONTO CLINICAL SOCIETY.—At the last meeting of this Society, the following officers were elected: President, Dr. G. S. Ryerson; vice-president, Dr. J. E. Graham; cor.-sec., Dr. Allan Baines; rec.-sec., Dr. D. C. Meyers; treas., Dr. A. B. Atherton. Executive Council—Drs. J. H. Burns, L. McFarlane, J. W. Lesslie, E. E. King and W. H. B. Aikins.

REMOVAL.—Dr. Gerald O'Reilly (Trinity, '81), who has been in practice in Fergus since the date of graduation, has sold out to his partner, Dr. Armstrong, and will spend some time in Europe before settling down in one of our larger cities.

SANITARY NOTES.

At a recent meeting of the Paris Academy of Medicine, Mr. Rochard showed that typhoid fever continued to diminish in frequency at Paris, owing to the sanitary precautions which have been taken.

Mr. Bucquoy thinks that the prevailing epidemic is due to the water supply. A similar outbreak prevails at Sens, both cities drawing their supplies from the waters of the Vannes. Mr. Bucquoy thought that pending a report of the investigating committee of the Paris Board of Health, the people of the city should be notified that the potable water should be boiled.

At the same meeting Mr. Lancereaux reported on an investigation made by Dr. Caravias, relative to the treatment of tuberculosis by substances which produce succinic acid in the human organism, and which he calls succinogenic; such as raw meat, fats, bi-malate of lime, benzoic acid and its salts, non-acidified pepsine, asparagus, carrot, green legumes, etc., etc. Succinic acid does not act on tuberculous matter, but in its immediate neighbourhood, where, owing to its antiseptic power, it offers a barrier to further invasion by the bacilli tuberculosis.

In regard to cholera in Constantinople in 1893, Mr. Chantemesse says that Constantinople is one of the cities where cholera will cause a large mortality owing to the impurity of the water supply and the filthy condition of the highways and sewers. In the greater number of public fountains the water is polluted by broken supply pipes, some of which pass through cemeteries, or in reservoirs which are exposed to the open air. The origin of cholera in 1893 is not yet explained. The first case occurred in the suburbs and the disease subsequently spread rapidly to the whole city.

Dissemination of the disease was effected by direct transmission and by infected

potable water. After disinfection and other sanitary measures had been adopted the disease ceased to appear.

The latest advices from Constantinople, however, show that the disease was not stamped out in 1893.

At the meeting of the Medical Society of Paris, March 10, Mr. Doleris stated that, in his opinion, the new law making it obligatory to report certain diseases is anti-scientific, anti-social and anti-professional. He undertook to prepare a report for the next meeting of the Society, showing the various arguments in favour of the non-observance of the new law. The Society decided to discuss the report and subsequently appointed committees to especially study the arguments presented by Mr. Doleris. The different reports will then be printed and distributed in order to start an agitation in favour of suppressing the new law.

At a meeting of the same society, March 20, Mr. Moissan, who had already reported to the Academy on the presence in seltzer waters of small quantities of lead, derived from the metal heads of the siphons in which these waters are kept, presented a new report on a bacteriological study which he had made of these waters. He says: "We enumerated the microbes contained in these waters by adding in each case a cubic centimeter of the water to gelatine. Later on the gelatine was liquified and exhibited according to ordinary methods. The figures correspond to the colonies developed after fifteen days. A special investigation, conducted with carbolized media, was made in order to show the presence of the bacillus coli communis.

Out of thirty-two samples, nineteen thickened the carbolized bouillon, even after passing through three times. We found the bacterium coli nine times, a pseudo-bacterium four times, the bacillus subtilis three times and an undetermined bacillus three times.

In four samples of seltzer water we did not find either bacterium coli or Eberth's bacillus, the number of colonies was small, ranging from 600-7000 per cc. Waters charged with gas artificially contain from 122,000 to 160,000 colonies per cc., but few less than from 24,000 to 30,000 colonies.

"We also studied a great number of bottled mineral waters. The figures are as follows:

	COLONIES PER CC.	BACTERIUM COLI.
Saint Galmier.....	53,000	Present.
".....	30,000	"
".....	159,000	Absent.
Apollinaris.....	550	"
Couzan.....	183,400	Present.
Evian.....	1,500	Absent.
Orezza.....	1,500	"

Although the figures are rather high they do not equal the number of bacteria contained in some French river waters. For instance, the Marne at St. Maur shows 190,000 colonies per cc., and the Seine at Austerlitz bridge, 120,000.

In the discussion which ensued between Messrs. Richet, Albert Robin and Cornil, it was generally agreed that the springs from which mineral waters are taken are kept in the worst possible condition.

Mr. Albert Robin stated that in his opinion the Academy of Medicine should pay no further attention to the question of table waters unless a station and the necessary materials were provided for the examination of these waters, the use of which the Academy was called upon to sanction.

J. J. C.

RESULTS OF THE ANNUAL EXAMINATIONS.

M'GILL UNIVERSITY, MONTREAL.

The total number of students registered in the Medical Faculty during the past session was 350. The following gentlemen, fifty-five in number, have fulfilled all the requirements to entitle them to the degree of M.D.C.M., from the University:

A. T. Bazin, Montreal; W. G. M. Byers, Gananoque, Ont.; A. R. Colvin, Lethbridge, N.-W.T.; A. Davidson, Burns, Ont.; R. E. Davis, Fallowfield, Ont.; W. F. Drysdale, Perth, Ont.; A. S. Estey, Keswick Ridge, N. B.; J. W. Evans, Hull, Que.; W. Ferguson, Pictou, N.S.; E. S. Fowler, Hudson, Wis.; F. M. Fry, B. A., Montreal; J. A. Fulton, Franklin Centre, Que.; C. W. F. Gorrell, Brockville; G. Hamilton, Bright, Ont.; J. P. Hannington, Montreal; E. C. Hart, Baddeck, N. S.; W. Henderson, Vars, Ont.; W. G. Hepworth, Manitoba; P. A. Holohan, B. A., Newcastle, N. B.; H. M. Jacques, Upper Dyke, N. S.; J. F. Kearns, Metcalfe, Ont.; H. McL. Kinghorn, B. A., Montreal; W. O. Lambly, Montreal; J. F. Lewis, Hillsboro', N. B.; G. S. MacCarthy, Ottawa; J. McCrea, Detroit, Mich.; J. T. McLaren, Bell Creek, P. E. I.; J. A. McLaughlin, Avonmore, Ont.; C. M. McLean, Cambridge, N. B.; L. Y. McIntosh, Strathmore, Ont.; L. F. McKenzie, Montreal; G. H. Manchester, Ottawa; G. H. Mathewson, B. A., Montreal; W. Mitchell, Lachute, Que.; A. G. Nicholls, M. A., Montreal; E. J. O'Connor, Ottawa, Ont.; C. L. Ogden, B. A., Warrensburg, N. Y.; J. Prichard, B. A., North Wakefield, Que.; J. Reeves, Eganville, Ont.; A. Richardson, South March, Ont.; H. J. Richardson, Spencerville, Ont.; F. E. Rimer, Bryson, Que.; A. A. Robertson, B. A., Montreal; D. W. Ross, Peel, N. B.; H. Ross, Thorburn, N. S.; W. O. Lambly, Inverness, Que.; S. E. Launder, Durham, Que.; M. Lauterman, Montreal; F. J. Lee, Port Hope, Ont.; J. T. Lewis, Hillsboro', N. B.; D. P. Lynch, Chapeau, Que.; A. W. McArthur, Williamstown, Ont.; D. McEwen, St. Elmo, Ont.; A. V. McGannon, Brockville, Ont.; G. J. McNally, Kingsclear, N. B.

LAVAL UNIVERSITY, MONTREAL.

The following gentlemen received the M. B. degree :

Louis Noé Albert, J. P. A. Archambault, Georges Bourgeois, Honorius Baulne, Ernest Bélisle, S. David Belhumeur, Paul Berthiaume, J. A. J. Chevigny, Isaïe Charbonneau, Gustave A. Côté, J. E. Dainour, E. B. Desmarteau, Hormisdas Dubreuil, Eugène L. Désaulniers, Aristide Ferland, Adélard Fecteau, Arthur, E. Gélinas, A. T. Germain, Athanase Hurtubise, L. Amédée Lamarche, Joseph Lapierre, Luger Labelle, Omer Ledoux, Joseph Latour, Thimthée Lebel, Joseph Marion, Eximère Martin, J. Paul Ostiguy, C. Eugène Prévoist, Emile Pelletier, Ernest Pelletier, Florian Ruest, Philippe Sainte-Marie, Eugène Saint-Jacques, N. Arthur Sabourin, Paul Trudel, Albéric D. Trudeau, Pierre Vandandaigue.

The following received the M. D. from this University :

Arthur Asselin, J. B. Archambault, J. Nicéphore Aubin, Jean Bergeron, Frs. de Borgia Bergeron, Joseph Beauchamp, Victor J. Bourdeau, Fortunat N. Belleau, Joseph Bachand, Narcisse Bellemare, J. Armand Charette, Ernest Charon, Tous-saint Cabana, Isidore Côté, Eugène G. Courteau, H. Ernest Chaput, J. B. Théophile Dorion, J. Edmond Dubé, A. Albert Dufresne, Joseph Pierre Deschatelets, G. Henri A. Dufresne, Oliva G. Duhamel, Léopold Désilets, Hormisdas Fréchette, C. Hector Godin, F. X. Pierre Goyette, G. Arthur Girard, Antonio Internoscia, Ulric Jacques, Hector Omer Joyal, J. Albert Lesage, J. B. E. Tessier dit Lavigne, Arthur Lefebvre, Napoléon Lambert, J. Wilfred Lebluis Lavergne, Gaspard L. Marsolais, Alphonse Mercier, Zénon Malo, L. Valmore Masse, L. F. Alfred Ouellet, R. L. Odilon, Poliquin, J. Arthur Pineau, J. Alphonse Rouleau, Honorius Ricard, David Roberge, Just. E. Robillard, Joseph Henri Riopelle, Henri St. Germain, J. Delphis Salvail, Raphaël Trudeau, Arthur Trudeau, J. N. Damien Vézina, Hector Valois, J. B. Wilfrid Yvon.

TORONTO UNIVERSITY.

The following fifty-six gentlemen having completed their course of study, and successfully passed the necessary examination, will receive the degree of M.B.:

T. Agnew, W. H. Alexander, W. A. Ball, J. Becket, W. L. Coulthard, G. M. Ferris, L. O. Fiset, E. B. Fisher, A. E. Gardner, E. D. Graham, G. B. Gray, W. A. Hackett, R. G. Laycock, K. C. McIlwraith, J. W. McIntosh, H. MacLaren, J. Park, G. D. Porter, H. H. Sinclair, F. W. Smith, J. Stenhouse, W. Stephen, F. W. Stockton, T. Wickett, H. L. Reazin, D. J. Armour, W. B. Boyd, J. Bull, B. Campbell, F. Coleman, W. E. Cram, J. Crawford, J. D. Curtis, H. A. Cuthbertson, J. W. Ford, A. Galloway, A. B. Greenwood, H. Guelph, N. M. Harris, R. H. Hastings, T. C. Hodgson, H. A. Johnston, A. H. Jones, J. A. Lawson, R. M. Lipsey, D. A. McClenahan, W. J. McCollum, J. F. McKee, J. R. Mencke, H. N. Rutledge, J. P. Sinclair, C. E. Smyth, N. C. Wallace, K. B. Wells, J. A. White, T. H. White-law.

Medals.—Faculty gold medal, W. J. McCollum; first faculty silver medal, H. N. Rutledge; second faculty silver medal, W. E. Crain; third faculty silver medal, H. A. Johnston.

Scholarships.—Third year—First and second scholarships divided between M. Currie and A. K. Merritt; second year—first and second scholarships divided between W. Goldie and E. L. Roberts; first year—first scholarship, J. H. Elliott; second scholarship, A. H. Addy.

George Brown memorial scholarship in medical science—in order of merit—W. E. Crain, C. E. Smyth, J. D. Curtis, K. B. Wells, W. J. McCollum, J. Bull.

Of the third year, 38 passed, 1 starred. Primary, 2 passed, 5 failed. Second year, 54 passed, 4 starred, 11 failed. First, 54 passed, 9 starred, 6 failed.

TRINITY UNIVERSITY.

M.D., C.M.—Class I.—Gold medal and certificate of honour, C. B. Shuttleworth; silver medal and certificate of honour, C. D. Parfitt.

Certificates of Honour.—A. L. Danard, A. K. Ferguson, equal; H. R. Frank, S. H. Field, T. G. Devitt, J. S. Goodfellow, E. L. Proctor, equal; J. L. Bradley, C. C. Field. Class I.—T. Kerr, J. McMaster, J. Semple, equal; H. E. Armstrong, J. D. Windell, H. N. Rutledge, equal; J. R. Mencke, W. H. Millen, M. Baker, H. D. Livingstone. Class II.—S. H. Murphy, C. H. Thomas, M. S. Lane, J. D. Leith, T. C. Hodgson, D. A. McClenahan, W. H. Scott, J. Park, J. T. Somerville, F. W. Smith, C. M. Kingston, P. D. White, E. R. Brown, F. A. White, A. Galloway, T. Agnew, W. W. McQueen, J. S. Matheson, E. D. Graham, A. G. A. Fletcher, T. A. Manes. Class III.—H. H. Sinclair, Miss J. S. Shirra, G. M. Ferris, W. B. Boyd, Miss N. W. Judger, D. Thomson, R. R. Macfarlane, W. H. Alexander, S. N. Insley, Miss G. W. Hulet, T. Wickett, T. W. H. Young, F. S. Nicholson, W. J. Bray, Miss E. A. A. Burt, W. A. Ball, W. W. Bredin (M.B., 1873.)

QUEEN'S UNIVERSITY, KINGSTON.

The following passed for the M.D. and C. M. degrees:

James Ross Allin, Bath; William J. Anderson, Glen Stewart; Jos. A. Boucher, Charlo, N.B.; W. T. Connell, Spencerville; F. J. Farley, Brighton; G. D. Fitzgerald, Peterboro'; Cyril Fulton, Iroquois; P. J. Kinsley, Wolfe Island; B. J. Leahy, Kingston; J. W. Morden, Picton; A. R. Myers, Forfar; F. C. McCutcheon, Seeley's Bay; A. B. Partou, Iroquois; W. W. Sands, Sunbury; James Seager, Ottawa; J. A. Stevenson, Stella; H. G. Williams, Kingston; W. A. Young, Kingston.

University Medals—Gold, Walter T. Connell, Spencerville, Ont.; Silver, J. W. Morden, Picton, Ont.

MANITOBA MEDICAL COLLEGE, WINNIPEG.

M.D.—J. N. Andrew, F. W. E. Burnham, F. G. Brien, George Camshell, J. S. Conklin, E. A. Crokot, S. J. Elkin, J. R. Gunne, Robert Goodwin, John Gahan, J. K. McLennan, Don. McDonald, H. C. Norquay, William Stevenson, J. S. Stewart, A. E. Versailles, C. M. Vanstone.

C.M.—F. G. Brien, F. W. E. Burnham, J. S. Conklin, E. A. Crokot, George Camshell, S. J. Elkin, John Gahan, Robert Goodwin, J. R. Gunne, Don. McDonald, J. K. McLennan, William Stevenson, C. M. Vanstone.

Scholarships.—Intermediate—A. Hamman, \$80; J. A. Watson, \$60; H. P. Hargrave, \$40; A. S. Munro, \$100; J. R. McRae, \$80; G. E. Curtis, \$60.

WESTERN UNIVERSITY, LONDON.

M.D.—C. F. New, — Hughes, H. J. Ferguson, C. A. Elliott, A. F. Franklin, J. D. McLean, D. M. Dunn, D. McBiain, H. Stevenson, J. C. Forsyth, W. Northrup, D. M. Kelly, A. J. Peel, B. F. Leys.

HALIFAX MEDICAL COLLEGE.

M.D., C. M.—Annie Isabel Hamilton, Arthur A. Dechman, Wm. F. Cogswell.

ONTARIO MEDICAL ASSOCIATION.

Programme of the 14th Annual Meeting, to be held in Toronto, June 6th and 7th:

THE PRESIDENT'S ADDRESS—

L. McFarlane, Toronto.

DISCUSSIONS.

"Some Remarks in the Treatment of Chronic Diseases," J. E. Graham, Toronto; R. W. B. Smith, Seaforth; R. H. Preston, M.P.P., Newboro'. "Treatment of Strangulated Hernia," J. Wishart, London; F. W. Strange, Toronto; R. Whiteman, Shakespeare; G. S. Rennie, Hamilton. "Use of Strychnine in Ordinary Practice, with Special Reference to

Pneumonia and Chronic Heart Disease," J. H. Duncan, Chatham; J. T. Fotheringham, Toronto; A. C. Gaviller, Grand Valley. "Placenta Prævia," J. Algernon Temple, Toronto; A. McKay, M.P.P., Ingersoll; J. H. Burns, Toronto; G. T. McKeough, Chatham.

SYMPOSIUM.

"Influenza: Its General Features," L. M. Sweetnam, Toronto; "Its Nervous Phenomena," S. Lett, Guelph; "Its Thoracic Phenomena," C. Sheard, Toronto; "Its Digestive Phenomena," J. S. Harrison, Selkirk.

PAPERS BY GUESTS.

"Cancer of the Breast in its Clinical Aspect," J. Hingston, Montreal.

PAPERS BY MEMBERS.

"Atrophic Rhinitis," J. Price-Brown, Toronto; "The Contagiousness of Diphtheria," J. R. Hamilton, Port Dover; "The Artificial Feeding and Care of Infants," J. W. McCullough, Alliston; "Placenta Prævia," J. Campbell, Seaforth; "McGill's Operation for Prostatic Enlargement" (with cases), A. McKinnon, Guelph; "The Photography of Pathological Specimens," N. A. Powell, Toronto; "Treatment of Consumption," E. Herbert Adams, Toronto; "Law vs. Theory in Therapeutics," G. M. Aylesworth, Collingwood; "Inflammation of the Frontal Lines," F. N. G. Starr, Toronto; "Cholecystotomy," R. Whiteman, Shakespeare; "Cephalæmatoma," E. Bromley, Bright; "Hip-joint Disease: Diagnosis and Treatment," W. W. Bremner, Toronto; "The International Congress of 1894," E. E. Kitchen, St. George; "Uncured Gonorrhœa: Causes and Sequences," E. E. King, Toronto; "Placenta Prævia, with Hydatids," A. Bethune, Seaforth; "Paralysis Agitans," E. H. Stafford, Toronto; "Treatment of Morphia Poisoning by Permanency of Potash" (report of experiments), Graham Cham-

bers, Toronto; "Headache," D. Clarke, Toronto; "Report of Cases of Abdominal Section" (with remarks on same), H. Meek, London.

Papers are also promised by: Drs. A. R. Robinson, New York; G. W. Fox, New York; A. B. Welford, Woodstock; J. M. Cotton, Lambton Mills; R. King, Peterboro'; G. A. Bingham, Toronto; L. Brock, Guelph; W. J. Gibson and J. E. Eakins, Belleville.

SECOND QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH.

The Provincial Board of Health began its quarterly meeting at 11 a.m., May 3rd, in Dr. Bryce's office at the Parliament Buildings. Dr. Cassidy occupied the chair. There were present Drs. Covernton, of Toronto; Rae, of Oshawa; Macdonald, of Hamilton; Vaux, of Brockville; and Dr. Bryce, secretary. Dr. Kitchen, of St. George, was absent attending the meeting of the International Congress of Medicine, at Rome. The morning session was taken up with Dr. Bryce's report of the work done by the department in the last three months.

The Board met again at 2.30 p.m., and occupied the afternoon in listening to and discussing the quarterly report of the Committee on Epidemics. The report noticed with pleasure the continued relative healthfulness of the Province as regards the more prominent contagious diseases, the only exception has been the outbreak of small-pox in East Oxford, which has been stamped out, the Province being now free from that disease. There have been local outbreaks of scarlatina and diphtheria, but owing to the special energy displayed in 1893 by the local Boards of Health, in preparing for cholera, more serious outbreaks have been averted. The report, however, calls attention to the existence of cholera in Portugal, and cites it as a proof

that local boards should be as vigilant as they were last year. It also calls attention to the presence of small-pox in the various States of the Union.

The Board considered the report fully, and finally passed the following resolutions:

"(1) The Provincial Board of Health, having considered the report of the Committee on Epidemics, in which the prevalence of small-pox in the neighbouring States of the Union is set forth, is of opinion that in order to provide for the adequate protection of the people of Ontario against this disease, local Boards of Health should, under the Vaccination Act still more actively than hitherto, prosecute the work of vaccination and revaccination within their several jurisdictions, by providing stations for systematic public vaccination, and by keeping fresh vaccine always on hand for the convenience of practising physicians.

"(2) In order to have the work of vaccination systematically performed, the Board is further of the opinion that medical health officers should supply physicians within their municipalities with blank certificates which shall be returned to them containing the names of all persons successfully vaccinated by them.

"(3) That, depending on the active co-operation of local medical health officers at the various points on the borders with the collectors of customs, who, under the quarantine regulations have been instructed to act as quarantine inspectors, the Provincial Board of Health does not, in the meantime, deem it necessary to add further to the defences of such borders against small-pox, but trusts to the alertness of physicians and medical health officers to detect and promptly isolate any first cases of small-pox which may at any time make their appearance."

A report by Mr. J. J. McKenzie, P. B. H. laboratory, was read by the secretary, describing an outbreak of typhoid fever at a

farm house in the vicinity of Lorne Park. The well used by the family was so situated that the drainage from their stables flowed towards it. A bacteriological examination of the water showed that it was loaded with bacteria.

A letter from the M. H. O. of Winnipeg, requesting information respecting a method of disposing of town garbage, and Dr. Bryce's reply, were read; also a letter from the Sanitary Inspector of Aylmer respecting an outbreak of typhoid fever at that place, and the reply of the secretary.

Correspondence was also read urging that the expenses, incurred in treating the typhoid outbreak at Sault Ste. Marie, of men from lumber camps, be divided between the Board of Health of that town and the Provincial Government. The Board adjourned about 5.30 p.m.

MAY 4TH, 11 A.M.

The first thing that engaged the attention of the Board was the proposed sewerage system of Goderich. Mr. Alan Macdougall, C. E., attended, and explained the plan which it was proposed to adopt, and after a full discussion the Board decided to approve of the scheme for a temporary discharge of raw sewage into Lake Huron at the point indicated, on the understanding that, as soon as the Town Council decides to use the lake as the source of its water supply, other means of disposing of the sewage, satisfactory to the Board, must be adopted.

A plan and description of the proposed system of sewers, and one for the disposal of sewage by filtration, for Waterloo, were submitted to the Board by Mr. Bowman, C.E., and, after a full discussion, approved.

The question of the nuisance caused at Weston station by a market gardener of that town, was disposed of by a recommendation that the offending party procure a siding sufficiently removed from

the Weston station, and satisfactory to the local Board of Health.

During the afternoon session the question of the Isolation Hospital, at Ottawa, was reported on by Dr. Bryce, who had been requested by the local Board of Health of Ottawa to examine into and report on the condition and suitability of the site and building for the purposes intended. The report stated that the site was unsuitable, that the specifications for the hospital had been imperfectly made and improperly carried out, and offered a series of recommendations as to the means of improving the hospital until a better site could be procured. The Board considered the report fully, and adopted it after a discussion of considerable length.

The report of the Committee on Water-Supply and Sewerage, regarding the public water supply of Ingersoll, was then taken up. The report stated that the stream which is at present the source of the town's water supply flows through swampy and pasture lands, that the supply pipe leaks, and that the water is liable to pollution. The committee detailed certain methods by which the water supply could be maintained in a pure condition. The report was adopted.

MAY 5TH, 11 A.M.

At this session a report was introduced by Dr. Bryce, recommending that tuberculosis be placed on the list of diseases of which notice should be given to the M. H. O. The report was received, but no action was taken; it being decided that the further discussion of so important a question should be deferred until the next quarterly meeting. A resolution was passed instructing the secretary to issue a circular informing medical health officers that the Board, through its laboratory, is prepared to examine and report on specimens of membrane in cases of suspected diphtheria, and sputa in cases of suspected phthisis. This

was not intended to interfere with the work of pathologists in the larger cities. The construction of a wooden building for hospital purposes, at Port Arthur, was reported on by Dr. Bryce, who stated that the various interested corporations were prepared to pay their respective shares of the cost, and that there is a prospect of the building being built.

Dr. Bryce was instructed to settle Dr. Birdsall's account, for treating indigent patients who had typhoid fever near Fort Francis, to the extent of the Act dealing with such cases.

It was decided that the third quarterly meeting should take place at Chatham, next August, at the time of the annual meeting of the Association of Medical Health Officers. The Board then adjourned.

Obituary.

DR. JOSEPH WORKMAN.

On April 15th, 1894, Canada lost one of her intellectual giants, and medicine one of her most brilliant lights.

Dr. Joseph Workman was born at Lisburn, Ireland, in 1805, and graduated at McGill College in 1835. As a young man his career was marked by the vigorous ability that up to the last kept him far in advance of the majority of his associates. Although medicine was his profession, still he found it impossible to confine himself to practice alone, and took a deep interest in the burning questions that agitated Canada in those eventful years. In 1836, he came to Toronto, where his genius was soon appreciated, and he immediately took a prominent part in the affairs of the day. His literary tastes and interest in political questions forced him into journalism, and his writings made the *Mirror*, of Toronto, celebrated, and a strong force in Canada.

In 1846, or shortly after, we find him taking an active part in the affairs of the Rolph School of Medicine, and here as elsewhere his ability rendered him a conspicuous figure. As a lecturer he was brilliant and commanded the devotion of a little band of students, many of whom have passed away. Those who are alive have never ceased to regard Dr. Workman with love and respect. In 1853 he entered asylum life, almost by accident it might be said, and assumed the charge of Toronto Asylum. The task he undertook was a heavy one, and those not conversant with the difficulties to be encountered can scarcely understand the up-hill fight before Dr. Workman. The institution was in a wretched condition, ancient methods of treatment were in vogue, and the prospect before the superintendent gloomy indeed. Almost single-handed he fought a glorious battle in the interests of the insane, who in those days were regarded as little better than outcasts of society. Dr. Workman's ideas were far in advance of his time, and his work in Toronto Asylum earned for him the reputation of being the first alienist of the age. Not only was he without a peer in regard to his special scientific attainments, but as an administrator has been unequalled. His was an unselfish life, and so steadfast was he in the belief that asylums were for the patients rather than the officers, that no personal inconvenience was too great to endure so long as his patients were happy and their sufferings lessened. Only those who were fortunate enough to come under his gentle rule can form an estimate of this man's devotion to duty. Then again to hear him talk to his patients was a revelation. One knew that he appreciated their sufferings and he came as a glint of sunshine through the gloomy clouds that darkened the minds of many.

In these days of hurry and competition we are apt to overlook the importance of

such a work as that performed by Dr. Workman in Toronto Asylum, and its influence on the progress of psychiatry is easily underestimated, but as a matter of fact the impress of his good influence is to be found in every progressive institution in Canada to-day. For twenty-two years this faithful man laboured in official harness and then said good-bye to the work he loved so well rather than yield to pressure that he regarded as political in origin. He left everything in perfect order for his successor. After he retired from active life he still kept up his interest in medical work; was busy early and late, and his contributions to alienistic literature were frequent and of deep interest. His name was known the world over and he was made an honorary member of the Medico-Psychological Societies of Britain and Italy. Dr. Workman detested shams, and to one so fair and honest, the faintest semblance of humbug provoked an assault not likely to be forgotten. He had rare wit and humour, and yet his sarcasm was of the keenest kind, as many a legal gentleman found when attempting to worry him in the witness box. When such men as Workman and Blake were pitted against each other in a legal case, there was a battle royal, but the result was invariable, and all would admit that the witty doctor was too much for them.

As a pungent and trenchant writer he had few equals in Canada. It is to be regretted that he did not publish any work of magnitude, although he made numberless contributions to magazines; still, it is to be remembered that the life he led was a full one and it was not possible for him to relinquish duty that seemed imperative.

No man could have been more loved in his family circle than he was, no one could do more to encourage and inspire young men—and those who were fortunate enough to have his

intimate friendship felt that they were blessed indeed. His declining years were full of peace and happiness, his faculties were preserved till the last, and he died quietly in his chair, just as he wished, busy until the last moment.

C. K. C.

DR. JOHN H. RAUCH.

It is with great regret that we chronicle the death of Dr. John H. Rauch, which occurred on March 24th, at the place of his birth, Lebanon, Penn. At the time of his death, which was due to paralysis of the heart, the deceased was sixty-five years of age.

Dr. Rauch, who was a graduate in medicine of the University of Pennsylvania, served with distinction as a surgeon in the Northern army during the civil war. He held the office of brigade-surgeon under General Augier, and subsequently served as assistant medical director of the army of the Potomac, and later as medical director of the Gulf Department in the 19th army corps.

After the close of the war he was at one time professor of the Rush Medical College, Chicago, and in the College of Pharmacy in the same city. But it was as a sanitarian that he obtained the greatest distinction. It was through him that the first Board of Health of Chicago was organized. At another time he was made Superintendent of Public Health of that city. He was also first among the founders of the Illinois State Board of Health in 1877. Since then he was connected with that body as president, secretary and member until 1891.

One the many noteworthy facts of his biography is a most remarkable system of quarantine, under which he was chiefly instrumental in placing the valley of the Mississippi, during a terrible scourge of yellow fever that swept over it. Business was then in a state of stagnation. It was

his announcement of the extinction of the fever that restored to the plague-stricken territory the wonted activities of mart and trade. Another period finds him at New Orleans, fighting yellow fever, and exposing his life to dangers which few had the hardihood to risk. Again he visited the states of South America, in quest of information on sanitation.

But the crowning incident of his career was his service in fighting cholera in New York harbor, in the summer of 1892. In association with Dr. Jenkins, an effective system of quarantine was established at Camp Low, and the disease prevented from reaching the mainland. Upon the verdict from his lips, the authorities of the World's Fair depended for the successful fruition of their undertaking.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.
Correspondents are requested to be as brief as possible.

MEDICAL COUNCIL AFFAIRS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—On the 9th of April I sent a letter for publication to the Editor of the *Ontario Medical Journal*, asking for proof-sheets as soon as printed. On the 20th, not having heard from the Editor, I wrote again enclosing stamps and renewing my request. On the 28th, not having received any reply, I again wrote enclosing stamps and demanding a return of my manuscript. Believing that my letter had gone to rest in the waste basket, I wrote you, sir, asking permission for its insertion in the columns of your journal. You kindly assented, and I have accepted your generous and public-spirited offer to allow free and full discussion of all matters of interest and importance to the profession in the MONTHLY. In the meantime I received a

letter from Dr. Orr, dated May 1st, stating that my letter had gone to press, and that proofs had been sent some ten days previously—strange to say, they never reached me, and I now retire from the *Journal* for the following reasons :

1. The Council violates the law in entering into journalistic speculation by subsidizing a paper, just as clearly as when it entered into real estate speculation ; and by continuing to use the *Journal* I might be considered as giving a quasi-assent to the use of the money of the College for other purposes than those laid down by the Act.

2. The *Journal* is not, and cannot be, independent, for it holds a perpetual brief for the defence of its benefactor, the Council.

3. It has applied the gag to some of the most worthy men in the profession, and refused to publish their communications, to wit.: Drs. Lammiman, Jessop, Armour, Sangster, and how many others I know not.

Before entering on the subject of this letter, allow me one word in reply to the criticism of the Editor of the Council's journal on my last letter. That letter charges the Council with a well-planned and well-executed conspiracy to secure the Act of 1891 by curious and devious methods, calculated to keep the profession in profound ignorance not only of the character and scope of the legislation, but also of its very existence, and in pursuance of this plan the bill was introduced into the House in the closing hours of the session. What is the answer of the Editor? "Legislative enactment requires Bills to be on the paper before the meeting of the House . . . Surely it is known that delay or otherwise depends entirely on the members of the Legislature itself." This is a pure invention. There is no such legislative enactment applicable to such a Bill, and I challenge the Editor to produce it. On the contrary, there is no

power in the Legislature, nor in the hands of the Government, to prevent any member from introducing a Bill amending the Medical Act on the *fourth* day of the session instead of the sixty-fourth. All that is necessary is two days' notice of its introduction. The attempt to cast the blame off the shoulders of the Council upon the members of the Legislature is unjust and cowardly.

I desire, in this letter, to call attention to the composition of the Council. The heterogeneous character of its component elements constitutes the main point at issue between that body and the general profession. This overshadows every other issue, and out of it have grown those abuses of power on the part of the Council which have roused the profession from centre to circumference. The question is, shall twenty-seven men be allowed to dominate over 2,300 medical practitioners of this Province, demand, take and spend their money, make rules to govern them, and secure laws by which to relegate them "to the common gaol," when only twelve of the twenty-seven are subject to their votes. That's the question. Must the medical profession stand out unique amongst all the professions as the only one incapable of self-government, or if not incapable of self-government, to be deprived of it? Let us recall the composition of this curious relic of other days. It is made up of two radically dissimilar sections, one *responsible*, because elective by the general profession; the other *irresponsible*, because non-elective and in no way whatever under the control of the profession. A glance at the following tabulated statement will make its composition plain:

I. RESPONSIBLE.	No.
Elected by general profession.	12
II. IRRESPONSIBLE.	
1. Appointees.....	10
2. "Selectees" of homœopaths.	5
	— 15
Total.....	27

The twelve responsible members of the Council were elected by the medical practitioners of the general profession in the twelve divisions into which the Province was divided. According to the old law, the elections were to be held once in five years; according to the new, once in four years. Here I must digress to ask special attention to the last arbitrary and unjust escapade of the Council. The Legislature, by the amending Act of 1893, fixed the life of each Council at four years, and every fourth year an appeal is to be made to the electors. The last election was held in March, 1890, and hence the Legislature fixed the next appeal for 1894, so as to carry out the four years' limit. If the Legislature did not intend disturbing the five years' limit of the present Council, then the Act should have fixed the next election for 1895, for the five years' term will not be complete until March of that year. But it was the evident intention of the Act that the Council's existence should close with four years and four sessions, and hence the law fixed the election for 1894, at the usual time, which has not been later than the first week in June for twenty years, and always before the annual meeting of the Council. But the Council which spent a day and over \$300 of our money last June in solemnly demonstrating that they were gentlemen and honourable men, hesitates not to take advantage of a mere technicality of law to steal another session in defiance of the evident intention of the Act. I am informed that Sir Oliver Mowat has given the opinion that the Council can hold another meeting under the Act. But Sir Oliver has not said that the spirit and intention of the law contemplated anything else than an appeal to the electorate on or before March, 1894, at the termination of the four years' life of the Council. There is, however, another and a graver wrong involved in this arbitrary determination of the Council to hold a fifth session. The Act of

1893 provided for an addition of five members to the territorial representatives, increasing their number from twelve to seventeen. But the Council's action robs the general profession for one session of these five additional members, and for one year longer their voices must not be heard, nor their votes recorded against the maladministration of the Council. What think ye, men of the profession, that not one of our twelve representatives raised his voice against this gross infringement of our rights? But the Council boasts that those dissatisfied with their management of its affairs are only "a mere handful of disgruntled men." Then why do not these gentlemen, without delay, appeal to the great majority who are satisfied with their administration, for re-election? Why? Simply because they know their cup of wrong-doing is full, and they dare not. Another year's extravagance, with longing eyes turned upon the tribute box, is more congenial employment.

Let us now return to the consideration of the irresponsible section of the Council. As seen by the above tabulated statement, there are two branches: First, appointees, of whom there are ten. These are appointed by university senates and medical faculties. I have before me the names of the professors constituting one of these faculties, and I think I may fairly take them numerically, as representative of all the appointing bodies. This faculty is composed of twelve medical men. It must not be forgotten that these twelve gentlemen reside in one of the territorial divisions, and their voices are heard and their votes recorded for one of the above twelve representative members. But not content with this full measure of justice, this privileged class sits around its Faculty Board, and appoints another member of the Council. In round numbers, two hundred medical men in the territorial divisions elect one member. But these dozen men have the

same power as the whole two hundred, and each member of the faculty has, therefore, sixteen times the voice and power in the Council that one of the general profession has. And still farther, in thus exercising the franchise twice, they violate the principle of "one man one vote" established in this Province.

Let me now introduce the "selectees" of the homœopaths for consideration. A careful examination of the register reveals the names of forty-seven homœopaths in this Province. But it is said, in some way or other, there are more than this number. Let us assume there are sixty. These three score select five members of the Council, or one member for every twelve homœopaths in Ontario, and consequently, like their favoured comrades, the appointees, each homœopath has sixteen times the power in the Council as one of the general profession. Or, to take another view, these sixty well-favoured gentlemen select as many members of the Council as one thousand of the general profession. And yet, with this knowledge before him, the present homœopathic president of the Council has had the assurance to assert that "the profession has, under the present law, full power of self-government, and whatever it desires can be carried out through its representative body, the Council." What a farce to talk about a "representative body," when more than half of its members are appointees and selectees of two favoured classes. But this gentleman grows bolder, and goes farther, when he declares that if the profession dare to go to the Legislature for relief of these glaring wrongs, "then the Legislature should abolish the Council and vest the control of our affairs in the Education Department, which looks after the welfare of children, or in the Inspector of Charities, who looks after the feeble-minded." Now, the question is, shall these favoured appointees and selectees be longer allowed to sway an arbitrary sceptre

over 2,300 medical men, "children" and "feeble-minded" though they be? Has this same gentleman, whom the Council has made their king, sixteen times the education, sixteen times the intelligence, sixteen times the administrative ability of one of the common men of our calling, that he must be clad with sixteen times the power, and when exalted and lifted up must insult men who are, at least, his peers, by sneeringly referring to them as "children" and "feeble-minded." There is evidently a Pharaoh on the throne who knows not Joseph. But these "children" and "feeble-minded" will yet be free and self-governed. To have a profession purely self-governed, a Council strictly elective has been the main object of our struggle. The Council and their defence journal have time and again asserted our aim and object to be the destruction of the Council. I deny this. I challenge the production of one sentence or one word of the Defence Association pointing in this direction. On the contrary, we have sought and still seek the consolidation of the Council upon a just and equitable foundation. Our aim is and has been to make it strong in the confidence—affection, if you will—of the College of Physicians and Surgeons of Ontario, and this can only be accomplished by making it representative. The mere addition of five members to the representative section of the Council in no way alters the situation. So long as fifteen members remain who are irresponsible, the profession cannot retire from hostilities until the boon of self-government is secured.

In all these invasions of the rights and liberties of the profession the twelve representative members have been in the van of the battle. They joined with their irresponsible comrades in securing, clandestinely, as I have shown in a former letter, the most arbitrary legislation ever forced upon a learned profession in this province.

They have most vigorously defended the obnoxious legislation of 1891, and they have done so *unanimously*, for the present president, Dr. Campbell, said: "So far the law is sustained *unanimously* by the territorial representatives." Whilst President Williams, in his official speech, upheld the law, and denounced the recalcitrant members of the profession as dishonest men; the other eleven representative members sat around like so many Shylocks, with eyes turned zenithward, ever and anon exclaiming: "A Daniel come to judgment!" It is in the air, it comes from almost every division, that these gentlemen, when now necessitated to face an approaching election are on the stool of repentance. They are meekly confessing their sins, and saying: "We are the sons of Adam, and no doubt have erred, but give us your votes once more—give us place and power once more, and we will ever remain your humble and obedient servants." I appeal to my fellow practitioners to weigh well the situation, and withhold the sceptre from the hands of men who have been foremost in trampling under foot the rights and liberties of the profession. In my next I shall consider the so-called vested rights in virtue of which the irresponsible section of the Council claims representation.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, May 5th, 1894.

THE PROFESSIONAL TAX.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Permit me to say a few words through the columns of your valuable journal concerning the annual tax of the Council. Never before in our history has there been so much interest manifested by the profession in matters pertaining to medical legislation as at present. Let us hope that the outcome

may be a truer and better council than we have ever had, and one that shall more justly represent the profession.

The Medical Act protects and benefits to a greater or less extent three different interests: 1st, the medical schools; 2nd, the public, and 3rd, the profession. The first class, or the colleges, derive the greatest benefit. So great, indeed, is the protection afforded to them, that they may be said to have an almost complete monopoly of medical education for this province, and students who intend to practice in this province, and who consequently must pass the examinations of the Council, know well the advantages which Ontario College students possess over those educated outside the province. Then each College and University is entitled to send a representative to the Council to look after its interests, and this representative receives per diem, travelling and hotel allowances out of the funds of the Council, to which funds neither the universities nor colleges have ever contributed one dollar. Now, as all medical colleges are owned by private individuals or corporations who conduct them for their own personal gain, and on business principles, entirely devoid of philanthropy or benevolence, it seems most unfair that they should derive all these advantages without paying their proportionate share of the expenses.

The second class benefited by the Act is the public. The Act prohibits all unqualified men from practising in this province. Thus, the public are protected from the ravages of quacks and charlatans, and are assured that all who represent themselves as physicians are duly qualified. In fact it is doubtful if, in any other province or country in the world, the average standard of ability, of the profession in this province, can be equalled, let alone surpassed. For these advantages the public contribute nothing.

The third class to which we have

referred is the profession. It contains two sub-divisions, first, the regular profession containing about 2,100 members, with twelve representatives in the Council, or an average of one representative to one hundred and seventy-five members, and second, the homœopathsists, with about fifty members and five representatives in the Council, or one representative to every ten members—a most unfair distribution, the homœopathsists being represented seventeen and one-half times more largely than the regular profession.

The advantages which the regular profession derive from the Act are quite incidental. All its members have been compelled to submit to a long and laborious course of study, occupying many of the best years of early manhood, followed by an exacting series of examinations, and necessitating a large expenditure of money, before obtaining a licence qualifying them to practise. They then enter the ranks of an overcrowded profession, and struggle to exist. The Act protects them from competition with unqualified men, it is true, but the number of qualified men is so great, and even among them, are found a few, who are well versed in the tactics of empirics, that the result is, that the actual protection or benefit to regular men from the Act is almost infinitesimal. But there is one privilege which the members of the regular profession do possess, and that is the privilege of contributing almost every dollar that enters the exchequer of the Council. Before entering the profession, each candidate contributes \$100 in examination and registration fees, and thereafter a yearly tax of \$2.

I think the above fairly represents the relative advantages conferred by the Act on its different beneficiaries. Now, let us briefly look at another matter. The Council at present consists of twenty-six representatives, twelve representing the general profession, nine representing the colleges, and five representing the homœ-

opathists, or less than half of the whole Council to represent the whole regular profession, leaving fourteen entirely independent of the general profession, and over whom they have not the slightest control.

These fourteen, however, have equal rights and powers with the territorial representatives, and coolly sit and vote out our money as they may see fit, while those who contribute this money are absolutely powerless to restrain them or bring them to account, which is taxation without representation, a procedure to which no civilized people will submit at the present day, unless the profession in Ontario prove to be an exception. There is no doubt that much of the reckless expenditure by the Council in the past is due to this fact. And this is the secret of most of the discontent which at present exists, and which is so rapidly extending itself to all parts of the province. The remedy is not far to seek. If the colleges desire representation on the Council, let them pay their own representatives, and not throw them on the charity of the regular profession. Let the homœopaths do likewise. And as all the funds of the Council are practically contributed by the regular profession, the expenditure of these funds should be entirely in the hands of the territorial representatives, who shall render an account to their constituents for the proper expenditure of the same.

If these fair and just concessions were granted it would remove the objections which at present exist to the annual tax, and obviate the necessity of retaining clause 41A in the Medical Act, and have the effect of tending to the production of harmony among the different elements of discord. Thanking you, Mr. Editor, for the space so kindly granted.

I remain, very respectfully yours,

L. F. MILLAR.

86 Brunswick Ave., Toronto.

THE DOCTORS' DEGREE, ITS SIGNIFICANCE AND HONOUR FAST DISAPPEARING.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Having for many years noticed that the title of "doctor" has been given to those who are not of the learned professions—divinity, law, medicine—and that especially during the last few years, said title is being given to those persons whose diplomas or certificates do not contain any evidence that their holders are given the doctorate. I have studied the best authorities on the subject and find that in very ancient times the word was, according to its etymological derivation, the same as *teacher*. In Horace's Satires (Book 1) we find: "Ut pueris olim dant crustula blandi *Doctores*, elementa velint ut discere prima"—from this we learn the correctness of the statement—*Doctus* was an appellation given to *Catullus* the Roman poet, this term is equivalent to expression "knowing and accomplished," or to "cunning," as "cunning in music or mathematics," of old English usage. In the 12th century distinguished scholars, not engaged in teaching, were given the title, and expressions intended to characterize their excellency or gifts, were added, thus: "Thomas Aquinas, Doctor Angelicus;" "Roger Bacon, Doctor Mirabilis," etc. Thus we find the word was long used as a common expression for teacher before it became recognized as a distinction for a degree or rank in the learned hierarchy to which only the united body of teachers could advance or promote the candidate.

The first reception of doctors took place at Bologna (the seat of the first legally incorporated university) in the 12th century, and in 1145 at the University of Paris. "The title of doctor," says a good authority (Mitchell's Encyclopædia, London, 1838), "seems to have been created in the 12th century, instead of

master, by Peter Lombard and Gilbert Porrens, chief divines of the University of Paris."

The emperors gave authority to universities to give the doctorate in laws after this period; the popes gave corresponding rights in regard to the canonical law. "In modern times," says Alden, "the title of doctor has been applied almost everywhere to the three faculties, theology, law and medicine. In Germany and in the United States it extends to that of philosophy. The degree of doctor was introduced into English universities in the reign of John or Henry III."

The title under consideration is one which rightfully belongs to the learned professions (theology, law and physic), and when unconnected with them, it loses its significance as evidence of culture or merit. "In Germany the doctor ranks before the untitled nobility and next to the knight; and among themselves doctors take the rank of the faculties to which they respectively belong, the first theology, the second law, and the third medicine" (Alden's Encyclopædia).

Academic degrees, as has been mentioned, were first instituted at Bologna, and the forms designative of the various orders of academic dignity in that university are stated to have been the *Baccalarius*, *Licentiatius* and *Doctoratus*.

Besides the well known and highly honoured degrees of D.D., LL.D., D.C.L., M.D. and Ph.D. (which last degree was bestowed by the University of Göttingen, in 1787, on Dorothea Schlozer), we have the Mus. Doct., Sc. D., Pharm. D., Litt. Doct., and recently we notice that veterinary surgeons, dentists and others have been given the doctorate. We imagine that before long the title of *doctor* will be *extremely* common, and that blacksmiths, barbers, etc., can get diplomas; for it would seem as if our universities and colleges are very anxious to establish new faculties, and even colleges, organized

by shrewd medical men are granting doctorate degrees in medicine, dentistry and veterinary surgery. In these times we do not hear of academies or seminaries, as we did not many years ago; we now have our colleges in their place, and the scholar would be astonished if he were to visit Belleville, Ont., and see the words, "Belleville Short-Hand University," painted in large white letters on the brick wall of a business college. Thus with the degradation of the honoured title of *doctor* to others not of the learned professions of divinity, law and medicine, we thus notice the degradation of the word *university*.

In further illustration we find that (according to *London Freemason*) "The Sovereign Grand College of Allied Masonic and Christian Degrees of the United States," held recently a convention at Richmond, Virginia, and conferred the degree of Doctor of Universal Masonry on several prominent masons. The Rev. Hartley Carmichael, D.D., 33rd degree, is the Sovereign Grand Master, and Bro. Wm. Ryan, 33rd degree, is Deputy Grand Master. This is the only masonic body in the world conferring academic degrees." Think of W. J. Hughan, of Torquay, England, receiving the Doctorate of Universal Masonry—the M.U.D. degree! "Oh, shades of Cagliostro and Baron de Hund!"

But a short time ago a number of negroes in a southern State, called a convention and freely bestowed the degrees of D.D. and LL.D., on each other.

Yes, the time is fast approaching when we of the learned professions will not think it an honour to be addressed as *Doctor*, and the plain *Mr.* will be more appreciated, if our universities do not discontinue the conferring of the doctorate to others outside of the learned professions.

Since writing the above, we learn that a Toronto university will, at an early date, grant the degree of Ped. Doc. (Doctor of

Pedagogy)! "Angels and ministers of grace, defend us," since our schools are bestowing the doctorate on dentists, drug clerks, farriers, school teachers, music teachers, etc. Certainly, our universities have eclipsed the "South Sea bauble" and "Mississippi schemes."

J. S. S.

May 9th, 1894.

UNIVERSITY OF TORONTO
MEDICAL FACULTY.

EDITOR DOMINION MEDICAL MONTHLY.

SIR,—To a graduate of the University of Toronto, the news of strife and bickerings among her faculties will always be a cause for regret. During the past two or three years the air has been full of the rumblings of discontent and ill-feelings in various quarters.

The Medical Faculty was established in 1887, and after an existence of five years, underwent a stirring up, known to some as a reorganization. During the period from 1887 to 1892, it was thought by some that the Medical Faculty was getting advantages at the expense of the University.

There are many features about the present construction of the Medical Faculty that does not indicate well for its future. One of these features is its relationship to the Senate and the manner in which it is governed by the Senate and a committee of the Senate. The Faculty has almost no control of its own affairs.

Another feature of weakness is the present strained condition in certain quarters. That friendly relations are strained among some of the leading lights in medical faculty matters, is not saying too much. With this condition of things, how can the graduates be expected to give the Faculty their support? My own opinion as a graduate is simply this, that the Medical Faculty is a standing

menace to the prosperity of the University, and that the sooner the University goes back to the plan of having medical colleges affiliated, as was formerly the case, the better.

The remedy, then, is this: Give up the Faculty as it now exists and revive the old Toronto School of Medicine, with a teaching staff in whom the graduates have confidence. This would cure the trouble at once, and place all the medical colleges on the same footing, so far as being free from any State control or State aid is concerned.

AN OLD T.S.M. BOY.

CONTRACT PRACTICE.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—I beg to forward you a copy of an appeal from the London Medical Society to the Ontario Medical Council regarding lodge or contract practice and to solicit the co-operation of the DOMINION MEDICAL MONTHLY as well as sister societies in promoting the object of the appeal.

Sincerely yours,

OCTAVIUS WELD,
Secretary.

London, April 23rd, 1894.

LONDON MEDICAL SOCIETY,

London, April 6th, 1894.

To the President and Members of the Ontario Medical Council:

GENTLEMEN,—The London Medical Society hereby appeals to the Medical Council to devise, if possible, some means of abolishing or restricting the system of contract or lodge practice.

This Society, in common with the profession in general, recognizes the necessity of some steps being taken to check this evil. The Medical Council has ren-

dered valuable service in protecting the profession and the public from *unlicensed* practitioners. There has, however, grown up within the ranks of licentiates themselves this pernicious system which is making greater inroads upon the field of regular practice than all forms of quackery combined; and this Society but voices the current sentiment of the profession in condemning the system, and appeals to the Council as the guardians of the profession to adopt some means of abolishing or minimising the evil.

The Society begs to offer the following suggestions:

1. Apply for legislative authority to prohibit contract practice. With the prevailing contract rates at \$1 and \$1.50 per member this prohibition might be shown to be in the interest of the public as well as the profession, inasmuch as indifferent service is a natural result of inadequate remuneration, or,

2. Apply for legislative power to fix a minimum tariff of contract rates. The *DOMINION MEDICAL MONTHLY* for December, 1893, claims on the authority of a distinguished actuary, that the proper remuneration for contract practice in Canada is \$4 a year per member, or,

3. Apply to the legislature for power to frame and enforce a code of medical ethics, with a view to control the evil; or,

4. Address an appeal to every registered practitioner to discountenance the system. The influence of such an appeal coming from the representative body of the profession would tend to bring the practice into disrepute.

Signed on behalf of the London Medical Society,

OCTAVIUS WELD, M.B.,

Secretary.

J. H. GARDINER, M.D.,

President.

Book Notices.

Diseases of Women. By HENRY J. GARRIGUES, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate School and Hospital; Gynæcologist to St. Mark's Hospital, N.Y.; Gynæcologist to the German Dispensary, N.Y.; Consulting Obstetrician to the New York Infant Asylum, etc., etc. Richly illustrated. Price, cloth, \$4; sheep, \$5. Philadelphia: W. B. Saunders, publisher.

The author of this book is well known to the profession of America as a diligent worker in his special line, and the book he has published contains much that will be welcome to the busy practitioner.

In this era of book-publishing, it is almost impossible to determine the relative value of works on special subjects because of the similarity of one production to another, and a marked absence of originality in all. Of course one cannot expect in a book of six hundred and sixty pages that all will be new, and the result of the author's labours only; but we may reasonably look for a careful winnowing of grain from chaff in compending past treatments and methods.

The reader of Prof. Garrigues' work will find that the best methods only are described, and he will also learn from his description much that will instruct and please him. In addition, there is in the book much that is new and original. The illustrations, of which there are three hundred and ten, are attractive and well explained, and the author intends them to form a complete atlas of the embryology and anatomy of the female genitalia, and many of them are from his own operations, dissections and microscopical examinations.

We believe Professor Garrigues has prepared a very practical work for both practitioners and students, and one which will repay careful investigation.

A Manual of Therapeutics. By A. A. STEVENS, A.M., M.D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, Philadelphia; Physician to St. Mary's Hospital and to the South-Eastern Dispensary; Pathologist to St. Agnes' Hospital. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price \$2.25.

The book consists of 435 pages. The matter is taken up under the following headings: Physiological Action of Drugs; Drugs; Remedial Measures other than Drugs; Applied Therapeutics; Incompatibility in Prescriptions; Table of Doses; Index of Drugs and Index of Diseases. It will thus be seen that while the book is not a large one, the scope is comprehensive. In order to condense so much matter within the limits laid down for himself by the author, the book, as a consequence, partakes of the nature of a manual rather than a text-book. The work will prove very useful to the student who wishes to review his work for examinations; and to the practitioner who wishes to look up points in some short and ready form. The information contained is reliable, and the publishers have done their part of the work very well.

The International Medical Annual and Practitioner's Index. A work of reference for medical practitioners. 1894. Twelfth year. Price \$2.75. New York: E. B. Treat, 5 Cooper Union.

The plan which has met with such warm approval in former years has been followed in the general arrangement of this volume. The object has been to make the annual an exact and impartial record of the advances of medical science, and the end has been achieved, for in this work we have mirrored in condensed form what is newest and best in medical literature. Every practitioner should

procure a year-book of treatment, and this work can be safely recommended. It is sectioned as follows: Dictionary of New Remedies; Dictionary of New Treatment; Sanitary Science; Progress in Pharmacy; New Medical and Surgical Appliances; Publications of the Year, with General Index.

A Retrospect of Surgery: January, 1890—January, 1894. Prepared by FRANCIS J. SHEPHERD, M.D., C.M., Surgeon to the Montreal General Hospital; Professor of Anatomy and Lecturer on Operative Surgery, McGill University.

This is a small volume of about 250 pages, reprinted from the *Montreal Medical Journal*, and consisting of cullings from various sources, and furnishing a good epitome of all that is new and interesting in the surgery of the years over which it runs. Here and there are interspersed remarks by Dr. Shepherd himself, the whole constituting a valuable little book for those who make more or less a specialty of surgery. The general features closely resemble those of Sajous' "Annual of Medical Sciences," but its contents deal solely with surgical questions. It ought to render good service as a means of ready reference for those who have not the time to wade through for themselves all the surgical literature of the last few years.

A. B. A.

SYPHILIS.—In the case of a woman suffering from extreme tenderness of the periosteum over the sternum, with a thickening of the walls of the blood vessels, Dr. Porter prescribed with advantage:

R Hydrarg-biniodi gr. i-iss
 Amm.-iodidi ℥iij.
 Kali-iodidi ℥iv.
 Syr. auranti cort. ℥j.
 Tr. auranti ℥j.
 Aquæ q. s. ad ℥iij.

Sig.: T. i. d.—*Post-Graduate.*