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# Dominion Medical Monthly

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VOL. I.] TORONTO, ONT., SEPTEMBER, 1893. [No. 3.

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## ORIGINAL ARTICLES.

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

### URIC ACID IN THE BLOOD.

BY JOHN FERGUSON, M.A., M.D., TORONTO.

The most extensive investigations show without a shadow of doubt that that amount of urea formed in the system daily, and eliminated from it, varies with the diet and the healthy condition of the excretories. It will be readily granted that 1,000 days is a fairly lengthy trial. Making use of Charteris' ureameter, and testing my own urine for the above period, I found that the total amount of urea eliminated was 363,458 grains, or a daily elimination of 363 grains. During the same daily tests, using Haycraft's and other methods, I found that the daily elimination of uric acid was eleven grains. On many days the collection, for the entire twenty-four hours, was used; on other days, the calculation was made from samples, and estimated for the entire day. Knowing the average amount of urine voided daily, I found that the days on which I estimated from samples, corresponded very closely with those when I had used the entire day's collection. The results may be taken therefore as practically accurate.

The researches of several careful observers, including Berlioz, Lecanu, Duckworth, Garrod, Haig, Haycraft, Laudois, Heidenhain and myself, prove beyond any doubt that the formation of uric acid is in the ratio of one to thirty-three of urea. Now note carefully that I say formation, and not elimination. The formation of uric acid to urea may go on in the proportion of one to thirty-three, and the elimination not hold this ratio. This may be caused by a number of conditions that hold back in the system some of the daily formation of the uric acid. This quantity, held back, is stored up within the system.

If, for any given period, the elimination of uric acid stands to the urea as one to forty, there is a retention of some of the uric acid formed. If, on the other hand, the uric acid eliminated in any period should be, to the urea, one to twenty, there is an elimination going on in excess of the daily formation; and this excess must come from

what has already been stored up in the system. The most careful researches all go to show that the formation of these two important urinary products is in the standard just given of one to thirty-three. This important fact must be held firmly in mind.

Now, when the nature of the foods and drinks used are of a healthful nature, the formation and elimination alike hold the above ratio. In such a condition there could not be a storage of uric acid in the system. If, however, the person used an unduly large amount of nitrogenous food, or drank freely of acid ale or wine, the acidity of the urine is increased, and, per contra, the alkalinity of the blood is lessened. But it is well known now that when the alkalinity of the blood is reduced its solvent power over uric acid is impaired. This product will not therefore be held in such perfect solution and some of it, under these conditions, is deposited in different organs of the body, as the liver, spleen, etc.

On the other hand, if the person should use a vegetable diet freely, and avoid the acid drinks above named, the urine is lowered in acidity, or may become actually alkaline. Laudois and Heidenhain have worked this out with great care. When the acidity of the urine decreases, the alkalinity of the blood increases.

But Roberts, Haig, Lange and myself, have shown that when the alkalinity of the blood is increased, its solvent power over uric acid is greatly increased. If there should be a quantity of uric acid stored up in the system, and the alkalescence of the blood increased, it would hold in solution the daily formation of the acid; and, in addition, dissolve out of its hiding places some that had already been formed. During such a condition, the elimination would be in excess of the formation. The ratio of the uric acid to the urea might be increased to as much as one to twenty. I had one case where, for a time, it stood at one to thirteen. Thus a vegetable diet often increases the elimination of uric acid by increasing the alkalescence of the blood, and thus washing out the store houses.

Grant that a man retains one grain of uric acid daily. In three years the amount stored away in his system would be 1,095 grains, or more than two ounces. This would be quite enough to do serious damage. The retention in many cases is much greater than the above.

I have just mentioned that a vegetable diet decreases the acidity of the urine, and increases the alkalinity of the blood. Fever does the same thing. Suppose then that a person had a large quantity of the urates in his blood, and the alkalinity of the blood was above normal. At such a juncture he is exposed to wet and cold. As a result, he becomes very feverish, and the alkalescence of his blood falls. It can no longer hold in solution the urates it contains. They are precipitated anywhere and everywhere—around the joints, in the muscles, in the pericardium or endocardium, in the cerebral meninges. Thus we have an attack of inflammatory rheumatism in its varied forms. Just think of your cold bath and alkalies! Use both, and presto the reaction of the blood begins to become more alkaline. The uric acid is taken up, gets back into the blood again, and, by free diuresis and diaphoresis, it is washed out of the system.

If a person has a large amount of uric acid stored up in the system and begins the use of alkalies, and puts himself on a vegetable diet, the acid is dissolved and comes into free circulation in the blood. The effect of this is to make the person feel very ill. A large amount of uric acid in the blood deranges the circulation seriously, and gives rise to severe headache and mental depression. This accounts for the violent headaches that so many experience in connection with a uric acid wave. The arteri

oles are contracted, and the circulation through the brain is decidedly deranged. Certain drugs and acid drinks will throw down the uric acid out of the blood; but at the expense of a recurrence of the rheumatic pains in the joints.

Prof. Lange has given a great deal of study to the important fact that suicides prevail in the hot months. Indeed, July has been called the month of suicides. This can, to a great extent, be explained by the fact that the blood at this season of the year is in the condition of uric acidæmia. The arterioles are contracted, and the cerebral circulation not free. Mental depression follows. In these facts we have an explanation for the facts that suicides are more frequent during the hot months than at any other season of the year.

In various papers during the past four years, I have shown the relationship existing between uric acid in the blood and epilepsy, migraine, neuralgia, uræmic convulsions and some allied conditions. These papers have appeared at different times in the *Medical News*, *Therapeutic Gazette* and *Alienist and Neurologist*. So far as these observations go, they all tend to confirm the ground so ably maintained by Haig.

It is a well-known fact that during fasting the alkalinity of the blood falls very considerably. Any uric acid in the blood would tend to be precipitated. This fact was specially emphasized by Sir W. Roberts a short time ago. He made it clear that, to those who are subject to renal calculi, the greatest period of danger is toward morning, when the acid wave sets in. To guard against this acid wave and the formation of renal calculi, he urges that the person should live on a non-gouty diet, should take some digestible nourishment a short time before retiring, and some alkali at bed time. For this purpose he recommends a good dose of citrate of potash in a glass of water. All this is thoroughly scientific. The alkali, in these cases, may do good or may do no good, just as it is given at the right time or not.

Those cases of dead hands, where the circulation is almost arrested in the fingers, due to contraction of the arterioles, are due to the uric acid diathesis. This distressing condition is an ally of gout. The great majority of those intense headaches of the migrainous type are nothing other than one of the protean forms of the same condition.

The treatment of these cases is of much interest. Drugs will do much to assist, but will not cure. The gouty diathesis is a food diathesis, and can be cured only by regulating the diet. The diet should be largely a non-nitrogenous one. Milk should take the place of meat to a great extent. A vegetable diet, which raises the alkalinity of the blood, is to be advocated. All indulgence in ales, beers, wines, etc., which lower the alkalinity of the blood, and consequently favour retention, within the system, of the uric acid compounds, should be prohibited. From what has been said the *raison d'être* for the water cure, the hot springs' cure, the grape cure for chronic rheumatism and gout, will readily be seen.

The action of drugs would require too much time for this paper. One thing I may urge, namely, that the sodium salts are not so good as the potassium salts, for the sodium compounds with uric acid are not so soluble as the potassium compounds with the same agent. Further, it may be mentioned that lithium salts are almost valueless in the treatment of the uric acid diathesis. Potassium salicylate is better than sodium salicylate. The views that rheumatism is due to some nervous condition, to a germ, or to lactic acid, may be dismissed at once; and the treatment consequently directed in proper channels.

## A CONTRIBUTION TO THE STUDY OF DISEASES OF THE NERVOUS SYSTEM.

BY EDWARD C. MANN, M.D.,

President of New York Academy of Anthropology, Member Medical Society of the County of New York; Fellow and Gold Medalist, Society of Science, Letters and Art, London; Member Royal Asiatic Society of Great Britain and Ireland; Physician-in-chief, Sunnyside private Hospital for nervous and mental diseases, Flatbush, Brooklyn, N.Y., U. S. A.

### ÆTIOLOGY OF MENTAL DISEASE.

There are few of our asylums where, in the annual report, there does not appear a table setting forth the cause of the mental attack; but for myself I do not regard these facts of the highest value when accumulated year after year, or think that they furnish very important data, and they do not demonstrate, to me at least, the etiology of insanity. In the first place, these reports are compiled on no common plan, and therefore the statistics cannot be reliable. For each case of insanity in an asylum case-book, a single cause, or two causes, are allotted. It is decidedly the exception, I think, to find a single cause producing insanity in any given case, and we entirely lose sight of the collateral causation influences of the attack of cerebral disease, which to me are very important, and, I think, to any thoughtful physician. Instead of finding out one cause which I can say is the cause of a given patient's insanity, I prefer to know primarily whether hereditary tendency has contributed to the production of the mental disorder in any given case, and then to be acquainted with all the influences which have been concerned in the production of the mental disease. I think that, in most cases of mental disease, we are apt to find several factors which we cannot separate properly, and that all have played a part in inducing cerebral disease. Statistics, therefore, of the causes of insanity, are too apt to be inadequate and unsatisfactory to the student of psychological medicine, and he will gain more by studying the detailed records of individual cases and extracting his facts from such study.

Insanity is often a preventable malady. *Prevention.* Primarily, do not exhaust the brains of children by cramming process in education, which cannot fail to injure the nutrition of the brain and impair it. An immense harm is done in this way, by producing premature mental decay and nervous exhaustion, appearing about the age of puberty. The body must be developed in all its parts and organs if we want healthy mind. At present we are developing a race of children whose nervous system is far in excess of their physique, who are predisposed to the acquisition of nearly all the various forms of nervous disease upon slight exciting causes, and many of these types of nervous disease readily lapse into insanity. See to it, you who are family physicians, that the children who grow up under your care, are developed physically, even if it be at the expense of the neglect of early education. It is not the precocious child who makes the strong man mentally. Discourage all precocity and keep such children from study until they have a sound, healthy body for a foundation, and then avoid overstimulating the mind by too many studies at once. A young girl recently came under my care for complete nervous exhaustion, who was trying to master thirteen different branches at once, at her most trying period of bodily development. A system of education which allows such nonsense, cannot be too severely condemned by physicians. It is absurd for young girls to be put through a cramming process of education, which, at the critical period of life, cannot fail to weaken their nervous systems, and when this is combined with a society life, the result is a superficial education, a broken-down nervous system, and an inability in women to go through the trying duties of maternity. It is for the family

physician to say which children shall study hard and which shall not. Teachers of the young are not qualified to give any such advice. The prevention of disease should be the highest aim of the physician, and too often an indifference is displayed by him respecting his duties as the family adviser in such matters.

Insanity is also to be prevented by an education of the masses, which will make them understand sanitary and hygienic laws and live in accordance with them, so that they may develop the highest moral, physical and intellectual health. Respecting men, I think that modern nervousness is largely due to the abuse of tobacco and sexual excess. These two things in combination, especially if the use of stimulants be indulged in, will break down and shatter the strongest constitution, and induce ataxy, paresis and insanity in those who inherit weak and nervous systems from their progenitors. Regular hours, amusements to divert the mind from the care of business, freedom from alcoholic stimulants, nourishing food at regular hours properly digested, absence from tobacco during the year previous to puberty and until twenty years of age, and daily attention to the bowels and free bathing will keep most men sound and hearty.

The subject of education in its relations to mental disease is a very interesting one. It is very important, as the elaboration of cerebral structure is taking place in childhood and youth, that suitable exercise and stimulation should be carefully applied so that the brain may be brought to its highest possible development, and while we must remember that brain centres that are not properly stimulated and exercised do not develop, and must consequently insist on proper physical and mental training and education, and moral and religious training. We must, on the other hand, as carefully avoid undue educational pressure, and brain fatigue and exhaustion by over stimulation, especially in badly nourished or sickly children, or in those who are precocious and excitable, as too many American children are. It must be carefully borne in mind that injudicious stimulation of the brain in the teaching of children may not only induce nervousness, but even structural disease itself. While I believe most firmly in the advantages accruing from stimulation of the nervous centres, by education wisely applied in those who are strong and vigorous, and consider that ignorance induces a poor development of imperfectly acting brain tissues which tends to degenerate, I deprecate the present cramming process so common, which too often menaces the mental integrity of naturally delicate children, who, in a great many cases, have inherited a disproportionate development of the nervous system at the expense of their physique.

#### HYSTERICAL INSANITY.

In cases of hysterical mania in young unmarried women, we often have at first, for a few days, a wild mania, and I have known some specialists give very unfavorable prognoses in these cases, which were not at all to their credit. These cases, if properly managed, are very curable, and if they are not cured, it is generally owing to the incompetence of the physician in charge. Fothergill's solution of hydrobromic acid, in half-grain doses at bed-time after a warm bath, with cold to the head, and the mono-bromide of camphor (Clin's capsules) in two or four-grain doses, *t.i.d.*, will generally produce marked results, with seclusion of the patient at once, away from her friends, with a well-trained nurse who will in moral treatment carry out your orders to the letter. In the worst case I ever saw, I had my patient under the charge of the best nurse I ever knew, and in a very few days she was down-stairs, and made a very rapid and complete recovery. This case was pronounced incurable by a physician

connected with an institution for the insane. In these cases, where the emotional faculties are so involved, everything depends on prompt seclusion and rest for the patient. I never treat such patients at home, but insist upon their being brought to me and placed under experienced nurses, and I always see prompt recoveries. Central galvanization and electricity to the brain in these cases after the mania passes off, is invaluable in the treatment. I think it is only when these patients are allowed to be with their friends that their trouble becomes permanent, or where the physician does not understand the kind of case he has to deal with.

One of the most charming combinations to reduce maniacal excitement with which I am acquainted, and one which I use a great deal, is a combination of sodium bromide, lithium bromide and tr. cannabis indica; fifteen gr. of each of the former, and thirty minims of the latter, may be given three times a day with no ill effect, for a long time if necessary. I premise the treatment with a mercurial cathartic, followed by salines, and the system is then freed from the often long retained excrementitious matters and is ready for treatment. Warm baths of a half-hour's duration are ordered at bed-time, with cold towels on the head. This mixture of cannabis indica and the bromides of sodium and lithium, should be made at the time of administration. It does not disturb digestion, it quiets the nervous system better, in most cases, than chloral or opium, and its long continued use does not injure the patient at all. On the contrary, patients gain health, strength, appetite and weight. The dose can be increased to ʒi of the bromides (thirty grains of each) and sixty minims of tinct. cannabis indica if necessary, with no fear of evil results. In melancholia, even in the worst cases, with suicidal impulses, I have had rapid cures from persistent warm bath treatment, pills of aloes and ox-gall and opium, in gradually increasing doses. In puerperal insanity, we have a condition of septicæmia from the absorption into the blood of some of the retained products of conception, and here a full dose of calomel will, in nine cases out of ten—if the insanity is not hereditary—start our patient on the road to recovery. It must be given at once and be followed by salines and appropriate sedatives, and I have seen in a few days rapid progress toward recovery in these cases.

#### IDIOCY.

An idiot—according to Lord Coke's definition, is "one who from his nativity, by a perpetual infirmity, is *non compos mentis*."

Idiocy is a condition in which the intellectual faculties have never been developed sufficiently to enable the idiot to acquire such an amount of knowledge as persons of his own age, and placed in similar circumstances with himself, are capable of receiving. This latter is essentially Esquirol's definition of idiocy. The process of modern science is such, however, that we no longer believe that the faculties of the idiot must remain stationary.

In idiocy there is an impairment of the functions of organic and animal life. Any of the special senses may be more or less involved. There are various degrees of idiocy, from the idiot who exhibits nothing beyond reflex action to those whose ideas produce some intellectual operations and consequent will. In deciding whether a child is idiotic, we must examine the special senses, sight, hearing, smell and taste, the general aspect of the child, the form of the head, whether microcephalic or hydrocephalic. Most cases of idiocy present more or less malformation of the skull. The ears should be examined, as in idiocy they are large and ill-formed. The eyes in idiocy

have a vacant stare and do not follow objects held before them. The hand of an idiotic child will not grasp your finger properly. The grasp is feeble and powerless, and the hands are cold and blue. If old enough to talk, notice the character of the vocal sounds.

*Treatment.*—In treating idiocy, we must rescue the child from a solitary life, and surround him by influences calculated to make existence pleasant. "We must attain to the happy combination," says an eminent authority, "of medical, physical, moral and intellectual treatment." The highest possible health is the great desideratum. The dietary must contain a fair supply of nitrogenous elements, and at the same time be rich in oleaginous and phosphatic substances. The daily use of sponge baths is of paramount importance, as there is a peculiar exhalation common from the skins of imbeciles. As regards physical training, the attenuated muscles should be carefully and fully exercised to obviate the simple automatic movements so common to the imbecile and idiot. The moral education must inculcate obedience, although corporal punishment should never be resorted to. The idiot should be made to understand that right is productive of pleasure, and wrong followed by the reverse. Study the peculiarities of the patient and you can then control him morally. The intellectual training must teach the idiot the qualities, form and relation of objects, by the sense of touch; color, size and shape by the sense of sight; the varieties of sound by the ear. The idiot must be taught habits of neatness. Imperfect speech is best overcome by a series of tongue gymnastics. We must provide varied amusements, especially of an object teaching character, and we can get good results by patience and perseverance.

#### DEMENTIA.

The chief moral cause of acute or primary dementia, is mental inanition or monotony of thought or feeling. If our mental food is not varied it ceases to nourish us, and we pine into dementia. Acute dementia follows exhausting diseases frequently and right here let me say, that at such times the chloro-phosphide of arsenic (Routh's formula) is invaluable to prevent brain wasting. Acute dementia begins in one or two ways, either gradually by imperceptible encroachments, or by maniacal excitement. The acme of dementia is a mental state of profound stupidity. The pathology of dementia is generally a venous congestion which affects the whole encephalon, but the frontal and parietal lobes are chiefly implicated. The vessels become œdematous from the accustomed want of tone, this causes pressure on the brain, and if of long continuance atrophy results. Acute dementia, therefore, is a disease of venous congestion.

#### FOLIE RAISONNANTE.

There are equivocal states of mental alienation, or so-called reasoning insanity (*folie raisonnante*) which may exist alone and disappear before the appearance of the ordinary attack. The slightest form of *folie raisonnante* is that in which the patient is more or less aware of the morbid conception; if he conceals it, we are unable to detect it; if he acknowledges it, it is in such a way that we hesitate to believe him insane. A more decided form is that in which the patient is just conscious of his insanity. He accepts the insane notion, but understands that it is for his interest to hide it. Still further along, the same patient does not conceal his delusion. Those patients who remain very long in an uncertain mental condition are those who most frequently manifest abnormal forms of insanity. There are prolonged lucid intervals



in every kind of mental alienation. Between reason and confirmed insanity there is every shade of reasoning power. The whole subject of moral or emotional insanity proper, or *Psycho-Sensory Insanity*, is replete with interest and medico-legal significance to both physician and lawyer. They are a class of cases in which the insanity is manifested more by conduct and actions than by conversation, the intellect being often apparently comparatively unaffected, while the conduct is outrageous, especially in a patient's own home. For a full study of this form of insanity I refer the profession to the subject as I present it in my forthcoming "Medical Jurisprudence of Insanity," now in press of *Bender*, law publisher, Albany, N.Y. Many of the greatest crimes are committed either by epileptics or by these of cases of *Psycho-Sensory Insanity*.

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## CLINIC NOTES.

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### ATRESIA OF THE CERVIX UTERI—REPORT OF A CASE.

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

Total occlusion of the cervical canal is extremely rare as a congenital condition. It is, however, quite common about the period of the menopause when the changes which take place in the uterus favour its development. The condition is found in about twenty-eight per cent. of women who have attained the age of fifty years or over.

The most common causes of atresia of the cervix in women during the child-bearing period are: (1) Cicatrisation after abortion or labour at full term. (2) The application of caustics. (3) Any operation which leaves a raw surface to granulate, and so adhere to the portions of cervix which come in contact. (4) Cervical catarrh, and endometritis.

The condition owes its importance to the menstrual blood or mucus which may collect behind the obstruction, giving rise to a set of symptoms which are extremely distressing.

Mrs. W., aged thirty years, the mother of three children, has always been healthy, though she was subject to leucorrhœa both before and after her menstrual periods, which were otherwise normal. About six months ago she had an abortion at about the tenth week, from which she made a good recovery, but since that time she has not been regular and has suffered more pain than usual—the pain was especially severe in the back. Ten weeks ago she did not menstruate at the regular time, but she had all the pains and the usual feelings just as if she were "going to be ill." Again in four weeks there was no appearance of "regular sickness," so she applied for medical advice.

I found her general health in a fair condition, but there was a constant bearing down pain in the region of the uterus, with pain in back, bowels irregular, micturition frequent, no morning sickness, no changes in the breasts or nipples, abdomen slightly enlarged. On palpation the uterus could be felt somewhat enlarged. The cervix small and hard, a total absence of Hegar's sign and all ordinary signs of pregnancy. Sending her to the Toronto General Hospital, I had her prepared for operation. After antiseptic douches, etc., she was chloroformed, when a thorough examination confirmed my diagnosis of atresia of the cervix.

Taking hold of the anterior lip of the cervix with a double tenaculum, I drew down the uterus, straightening out the cervical canal in so doing. Neither ordinary sound

nor small probe could be made to pass the internal os, which felt like gristle. With a tenotomy knife I incised the cervix in four directions, making an opening into the uterus through which I could pass Ellinger's dilator. With this instrument the canal was stretched until it would admit the index finger. The menstrual blood and mucus flowed out quite freely.

After using a bichloride of mercury douche, the opening was packed with iodoform gauze for twenty-four hours, after which the douche and packing were again resorted to. Recovery was uneventful, though it was found necessary to continue the passage of the sound once or twice a week, as the opening had at first a tendency towards narrowing. The points in these cases are, that it is better to use a knife at once, rather than attempt to force a blunt instrument through, and that we must recognize the importance of thorough antiseptic precautions.

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### LAPARO-ELYTROTOMY.\*

BY A. GROVES, M.D., FERGUS.

Some years since I saw a case with Dr. Chisholm, now of Wingham, an account of which may be of some value in arriving at a decision as to the best treatment to be adopted in those cases of labour where delivery per vias naturales is impossible. A young woman in her first confinement had been in labour many hours, in fact, I believe, two days and nights, when Dr. Chisholm was sent for. He found a solid tumour of bony hardness filling up the pelvic cavity, leaving just room to pass a finger between the pubes and the anterior surface of the tumour. Within a few hours I saw her, and entirely agreed with Dr. Chisholm that nothing except delivery through some part of the abdominal wall offered the slightest hope of saving either mother or child. The mass in the pelvis arose apparently from the whole anterior surface of the sacrum, was perfectly firm and immovable, and the antero-posterior diameter of the passage was under one inch. After thoroughly considering the case, having also the benefit of the advice of Dr. Mennie, now of Toronto, who had also been called in, it was decided to perform laparo-elytrotomy, as it appeared to be more favourable to a woman weakened by long continued labour than the more commonly performed Cæsarean section. The situation was anything but encouraging. The patient, an exhausted woman; the place a shanty in the edge of a swamp; the hour midnight, and the light a smoky coal-oil lamp. Such were the circumstances and surroundings when the operation was undertaken, and such is too often the situation when a country surgeon must undertake the most serious surgical procedures. Chloroform having been administered and the bladder emptied, the catheter being left in as a guide by which to avoid wounding the urethra, an incision was made, beginning close above the pubic symphysis and extending on the right side, parallel to, and near Poupart's ligament. This incision was about six inches in length, and all the tissues down to the peritoneum were cut through, the vagina being opened by cutting on the point of a sound. Bleeding was very moderate, no ligatures being required. The child, a girl of average size, strong and healthy, was easily taken away, as the head presented and the os was fully dilated; after a few minutes the placenta was expelled through the wound, which was then stitched up, an abdominal bandage applied, and the patient put to bed. During the following day she expressed herself as feeling well, but she was excessively weak, and

\*Read at meeting of Ontario Medical Association, June, 1893.

early the second morning she sank and died. The child is still living, and is now a robust, active young girl. Although the case terminated fatally for the woman, I believe the operation done gave her the best chance of life. Theoretically the operation appears much safer than Cæsarean section, inasmuch as the peritoneal cavity is not opened, nor is the uterus injured, the structures cut through are not important to life, and the operation itself not specially difficult. My practical experience of it leads me to think very highly of this operation, for although the mother died, it did not appear that any other operation would have afforded her a better chance of life. I believe laparo-elytomy will yet take the place of Cæsarean section, which appears to be incomparably more formidable and dangerous. I believe also, that this operation ought to be done in those cases where, the child being living, delivery cannot be accomplished without the use of that most horrible of surgical instruments—the perforator, whose primary purpose is the destruction of life; the doing of evil that good may come. In these days of advanced surgery the perforator should never be used upon a living child, unless, indeed, it be a case of monstrosity, such as hydrocephalus; nor should active interference be delayed until death of the child has taken place. When it is clearly impossible that delivery of a living child by the natural passage can take place, an opening ought to be made either through the uterine wall or into the upper part of the vagina, and an effort made to save both mother and child. I am persuaded that it is never justifiable to deliberately destroy one human life when there is a reasonable hope of saving both. In bringing this case before you, I do so with the hope that it may direct attention to what I conceive to be a most valuable method of treating desperate cases, also, because I am of opinion that in cases of this kind, which must necessarily be rare, success and failure should alike be published, in order that a clear understanding of the value of the operation may be arrived at.

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#### A CASE OF MYXŒDEMA TREATED BY DESICCATED THYROIDS.

BY C. M'KENNA, M.D., TORONTO.

The following brief account of the treatment of a case of myxœdema by desiccated thyroids may be of interest to some of your readers. The disease is not by any means a common one, and is not even mentioned in many of our text-books. The first published account of it was by Sir. Wm. Gull, and it has since been more fully described and its present name given to it by Dr. Wm. Ord, of London. The disease occurs principally in women, although a few cases have been noticed in men. Nothing definite is known as to its causes, but it has been shown that a majority of the cases thus far reported have occurred in women at the climacteric period. The appearance of the patient is so very much like that of one in an advanced state of albuminuria, that it is highly probable many cases of myxœdema have been set down and treated as cases of "Bright's kidney," a mistake more likely to occur in the advanced stages when true œdema, uræmic poisoning and cerebral coma are often present. In fact, I must confess to a belief that I have made one or two mistakes of that kind in the past. It is only at the close of the malady that these symptoms make their appearance however. During the first two or three years, although the face is very puffy and pale and the eye-lids swollen and œdematous looking, there is no pitting and no albumen or sugar in the urine, the only change consisting in the increased excretion of water owing to the lessened activity of the skin.

Mrs. W. came under my care some months ago, at which time she had, according to her own statement, been suffering for two years. Being a woman of more than ordinary intelligence, she was able to inform me that she had taken all the usual remedies, jaborandi, iron, arsenic, strychnia, etc., etc., without any permanent benefit. About that time I read the paper of Dr. W. A. Hammond on "Certain effects of certain organic extracts, their physiological and therapeutical effects." Feeling that I had a case of true myxœdema, I sent to Parke Davis & Co. for, and received from them, a supply of desiccated thyroids which I immediately began to administer in doses of seven grains three times a day. After the first few days a visible improvement took place which has been going on ever since, the change in the patient's appearance being most marked, the swollen and mask-like look has almost disappeared, and the patient, to use her own words, says, "I can go out now, I used to be ashamed to do so on account of my face."

This patient is apparently cured of her myxœdema, and I hope these few imperfect remarks hurriedly penned may induce others to give the remedy used in this case a fair trial. Myxœdema was, under the usual treatment, a disease in which the prognosis was *very bad*.

## Progress of Medical Science.

### MOLLUSCUM CONTAGIOSUM.\*

BY D. W. MONTGOMERY, M.D.,

Professor of Diseases of the Skin in the Medical Departments of the University of California.

In cancer there is an increased vegetative activity of epithelial cells, which act as parasites, destroying all before them. It is not surprising that they are able to do so, for they are perfect individual entities, receiving and digesting the food brought to them by the blood, and discharging, together with their fellows, such duties as fall to their lot in the human make-up. Although from what is known of the physiology of epithelial cells, it is perfectly comprehensible that any slight irritation acting through a long period of time may bring about this malignant change; yet many men have supposed there must exist, and some have really asserted the existence of, some special parasite, which probably lives in the cell, and exerts a spermatogenic and stimulating action on it. If such a parasite exist, and its possibility must be admitted on theoretical grounds, its discovery would in

\* Read before the San Francisco Microscopical Society, April 5, 1893.

all probability lead to most valuable results, as we might then be able to diagnose this terrible disease much earlier and much more certainly than at present; and, also, if proven a disease due to a micro-organism, better means would likely be evolved from our knowledge of the life-history of the parasite, for the prevention of cancer.

If in any disease a parasite could be discovered having its habitat within the epithelial cell, causing an increase of its activity, giving it aggressive properties, and leading it to a quick degeneration, the right lines would seem to be laid down along which investigators might patiently tramp to the final solution of the question.

At one time the disease under consideration, *Molluscum contagiosum*, seemed to furnish this starting point. *Molluscum contagiosum* consists of little pearl-like tumours, having a central depression on the summit, and appearing usually on the face. It is a perfectly innocent affection, causing trouble only by its disagreeable appearance. The disease, however, is highly interesting histologically, for it is a variety of epithelial tumour in which the epithelial cells proliferate rapidly, degenerate quickly, and grow downward against the subjacent

connective tissue, the resistance of which forces it outward again, causing it to form a tumour-like projection on the skin. Cancer is also a rapidly regenerating, down-growing epithelial tumour; therefore the facts that *Molluscum contagiosum* is an epithelial tumour growing downward, and formed of rapidly proliferating epithelial cells, which quickly degenerate, are all suggestive of and analogous to cancer. Furthermore, a great number of facts have been collected going to show that *Molluscum contagiosum* is, as its name suggests, a parasitic disease,<sup>(1)</sup> as some observers suppose cancer to be. Now, if *Molluscum contagiosum* is contagious and comparatively simple, because of its simplicity the contagium ought to be all the more easily got at. Long ago there were noticed in this disease peculiar little clear bodies which form in the epithelial cells, and which grow larger and larger, finally coalescing and filling the entire cell, shoving the nucleus away out to one side. These are called molluscum bodies. Neisser supposed them to be coccidia, or psorosperms, a class of monocellular organisms belonging to the sporozoa.<sup>(2)</sup> From the fact that coccidia do cause a disease of the bile ducts and intestines of rabbits called "wet snout,"<sup>(3)</sup> which form large tumours very much like some forms of cancer of these regions, it was thought the cause of cancer was at last in a fair way to being discovered, and also its connection with several other diseases characterized

by epithelial proliferation; for within a short time Paget's disease of the nipple, which is a superficial cancer, and *Psorospermo folliculaire vegetante*, a disease characterized by the formation of large, horny, epithelial masses at the openings of the fat glands of the skin, were also attributed to coccidia. "We apparently had a well-defined class of diseases caused by psorosperms, and therefore called psorospermoses, consisting of (1) *Molluscum contagiosum*, (2) Paget's disease of the nipple, and (3) *Psorospermo folliculaire vegetante*; but Neisser, on further investigation, has been inclined to doubt the presence of coccidia even in *Molluscum contagiosum*, and to deny all proof of their existence in either of the other two diseases,<sup>(4)</sup> and the majority of observers have been inclined to go with him.<sup>(5)</sup> So this fine structure, from which so much was expected, is in a fair way of being tumbled down again; but although it has not been proven that cancer is contagious, or that it is due to a parasite, yet many details have been added to our knowledge of the diseases under investigation, and the study of the coccidia is being pushed with a vigour never before brought to bear upon them. As coccidia undoubtedly do cause diseases in the lower animals, we cannot foresee what a far-

(1) In 1889 Darier and Thibault (*La Semaine Medicale*, 1889, page 101, quoted by J. Warren Collins in his article, "The Parasitic Origin of Cancer," *Boston Medical Journal*, Vol. 122, No. 3), discovered what they supposed to be a psorosperm in the affection called *Psorospermo folliculaire vegetante*, and in 1899 Darier and Louis Wickham (*Maladie de Paget*, Paris, 1899) found constantly, and in numbers corresponding to the intensity of the disease process, bodies which they supposed to be psorosperms in the "disease of the mammary areola preceding cancer of the mammary gland, now called Paget's disease.

(2) Neisser: "Ueber den gegenwartigen Stand der Psorospermenlehre," *Verhandlungen der Deutschen Dermatologischen Gesellschaft*. Dritter Congress, September, 1891 (Erganzungshefte zum *Archiv für Dermatologie und Syphilis*).

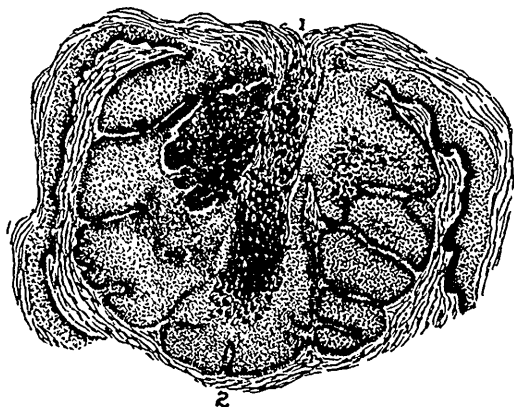
(3) For instance, Karg. See Festschrift, Herrn Prof. Dr. C. Thiersch (*Deutschen Zeitschrift für Chirurgie*, band. 34, s. 133). "Ueber das Carcinom," von Dr. med. C. Karg. McCallum, also, as the result of a very carefully worked-out series of investigations, is of the opinion the molluscum bodies are not parasites, but are extended or migrated plasmosomata—the term plasmosoma being used to designate an eosinophilous nucleolus. "The Histology of Molluscum Contagiosum," by A. B. McCallum, M.B., Ph.D. (*Journal of Cutaneous and Genito-Urinary Diseases*, March, 1892).

(1) Professor Pick has reported ("Verhandlungen der Deutschen Dermatologischen Gesellschaft, Ergänzungshefte zum *Archiv für Dermatologie und Syphilis*," April 15, 1892, p. 91) a family having *Molluscum contagiosum*, from one member of which he inoculated a child. After ten weeks a molluscum tumour appeared on the site of inoculation. Also many outbreaks of this affection have been observed in families, and in hospitals for children; for instance, that reported by Graham (*Molluscum contagiosum*, by J. E. Graham, M.D., *Journal of Cutaneous and Genito-Urinary Diseases*, March, 1892).

(2) "Ueber das Epithelioma (sive Molluscum) Contagiosum," von Professor A. Neisser. *Vierteljahresschrift für Dermatologie und Syphilis*, 1888, s. 553).

(3) For a good account of this disease, and the possible light it may throw on the relationship of coccidia to cancer, see "The Parasitism of Protozoa in Carcinoma," being the Morton Lecture on "Cancer and Cancerous Diseases," by James Galloway, A.M., M.D. (Aber.), (*British Medical Journal*, February 4, 1893).

reaching influence a perfect knowledge of them may have in the elucidation of many dark points in human pathology.



The accompanying illustration\* is taken from a tumour removed from a little boy, apparently the only member of the family affected, who came to my department of the San Francisco Polyclinic with *Molluscum contagiosum* of the face a short time ago. It is stained in hæmatoxylin, and the outlines traced with a Zeiss drawing apparatus, with an amplification of Oc. 4, Obj. 42. The details were afterward filled in with a free hand under a higher power. The striking resemblance of the tumour to a gland is well seen. Many observers have supposed it to be an altered sebaceous or fat gland, but as in most cases (the present instance included) neither hairs nor any trace of original sebaceous gland structure are found, most people have given up this view. Nor is it strange it should have this similitude, see-

\* EXPLANATION OF ILLUSTRATION

- Fig. 1. Central depression on the top of the tumour, out through which the plug consisting of molluscum bodies, and degenerated epithelial cells, protrudes.
- Fig. 2. Connective tissue forming an almost complete envelope for the tumour, and from the inner surface of which the fibrous septa of the tumour spring. The fibrous septa are the altered and compressed papillae of the skin, and divide the tumour into lobes.
- Fig. 3. Central plug of the tumour, consisting of molluscum bodies and degenerated epithelial cells.
- Fig. 4. Fibrous septum, being an altered and compressed papilla of the skin, and dividing two of the lobes of the tumour from one another.

ing that a gland is also an involution or downgrowth of epithelial cells.

Sections were stained for micro-organisms with carbolic acid fuchsin, and decolourized with a watery solution of iodide of potash, and alcohol. Micrococci were found, as it was expected they would be, in a tumour having an opening at its summit and filled with degenerated epithelial cells, but no micro-organisms were seen which could be looked upon as the cause of the disease. Other sections were stained in nigrosine, and in eosine, with a similar lack of positive results. — *Transactions San Francisco Microscopical Society.*

ALCOHOLIC NEURITIS.—In an article in the *Deutsches Archiv. f. Klin. Med. Bd.* 50, Dr. O. Reunert has an article on this subject based on the observation of twenty-five cases, about three per cent. of the total of alcoholic cases treated. An autopsy was made in five cases. Four groups of cases were represented: (1) Typical polyneuritis, 13 cases; (2) Localised muscle paresis and atrophy, 4 cases; (3) Slighter forms without pronounced paralysis and atrophy with disturbances of sensibility, sensation of pressure on nerves and muscles, or anomalies affecting the reflexes, 6 cases; (4) Cases with marked participation of the ocular muscles.

The complaints in the commencement of the disease were rheumatic pains, heaviness and stiffness of the limbs, generally the lower first, but twice affecting the upper extremities, increasing weakness, pains in the calves of the legs, muscæ before the eyes, and over diplopia. Pains were only to be considered as pathognomonic of the disease when associated with a feeling of pressure on the nerve trunks, and of the muscles. These symptoms assumed greater importance when anomalies of the reflexes, especially the patellar, are also present. Disturbances of sensi-

bility in the form of hyperalgesia which frequently accompanied chronic alcoholism not characteristic of neuritis. About thirty-three per cent. were delirious, or became so shortly after admission. During the course of the disease or at its commencement, physical disturbances were very frequent (feebleness of intellect, restlessness, sleeplessness, dementia, hallucinations, and imbecility). These only continued till death in two cases. Rapid improvement of excessive psychical disturbance with the character of dementia were in favour of the disease being alcoholic in its nature.

One of the most frequent complications was tuberculosis. Alcohol and tuberculosis were apparently common causes of nerve degeneration. The prognosis of alcoholic neuritis, not in itself unfavourable, was rendered almost lethal by tuberculosis. Amongst the nervous symptoms ataxia was to be named first.

The electrical behaviour was very varied, sometimes quite normal, and at other times atrophy of muscles accompanied distinct diminution of electrical reaction. Sometimes this was absent altogether, as was that of degeneration. As regarded disturbance of sensibility, the mildest forms were almost exclusively of a neuralgic character. In combined alcoholic and tubercular disease sharp pains were generally present. Hyperalgesia of the skin was very rare. The tendon reflexes were generally weak or absent altogether. In reconvalescence the patellar reflex returned slowly. Exaggeration of it was observed by Strümpell and Möbius. The cerebral nerves might be diseased. A relatively large number of neuritics suffered from disturbances of vision. As vaso motor disturbances, the author observed a tendency to sweating and œdema. Temporary cyanosis came on into two cases. Bowel or bladder troubles were generally absent or fugitive. As regarded the au-

atomical condition, the author confirms the opinion of Strümpell as to the simultaneous commencement of both central and peripheral changes.—*Medical Press and Circular, August 9th.*

SPINAL CONCUSSION.—In reality spinal concussion is a temporary condition and ordinarily of brief duration, lasting a few hours, or days at most.

Authors have erroneously considered under this heading many of its consequences, such as the psychoses and secondary inflammation of the cord and its membranes.

For the sake of convenience only, and in order to be in fashion, I have included under "concussion" the primary shock as well as the subsequent sequences after spinal injuries.

Spinal concussion, as thus considered, has no demonstrable pathology attached to it, and all secondary inflammations should be designated as myelitic or some variety of meningeal inflammation, and should be treated as such.

In this disease the injury is thrust upon the sympathetic system of nerves through the perceptive centres of the brain, and not through any inflammatory process of the cord; so that persons asleep or intoxicated at the time of an accident, and those whose attention is riveted upon some grossly injured member of the body, are always the lightest sufferers after such accidents.

In its nature, spinal concussion is a true hypochondriasis, and is kept alive by morbid suggestions and evil forebodings from self and others, as well as perpetuated by a lack of self-confidence and a neglect of proper exercise, both physical and mental.

Being a disease with few if any objective symptoms, it is often the avenue adopted by malingerers to claim pecuniary reward for home-manufactured injuries.

Absolute rest after injury, and mental diversion with light bodily exercise (especially remunerative exercise) in the secondary stages, are the best means known for averting chronicity and warding off incurableness in spinal concussion. Where the foregoing methods are properly carried out, the prognosis in this disorder, both as to life and future usefulness will be very good.—*Dr. Wilkinson, in Medical Age.*

THE USES OF THIOCAMF.—Duffey (*Dublin Journal of Medical Science*) has been led to use thiocamf as an intestinal antiseptic, a surgical application, and an antiparasitic in cutaneous affections. His communication has already been briefly alluded to in this journal. Thiocamf is described by Professor Emerson Reynolds, its discoverer, as a "liquid which results when sulphur-dioxide gas is brought in contact with camphor." In this liquid are dissolved several substances destructive of bacteria, among them benzoic acid and phellandrene. Thiocamf can be preserved without pressure in bottles at ordinary temperatures, but on its exposure in thin layers a steady evolution of large volumes of sulphur-dioxide gas, charged with the vapors of other disinfectants, takes place. From this action it has been much used for atmospheric disinfection, and, for the same reason, Duffey has applied it to the uses noted. For internal administration it was combined with pure butter fat in the proportion of ten per cent. of thiocamf. Of this, ten grains were given in capsule every two or three hours for four doses. The capsules were sometimes coated with keratin, that they might pass through the stomach and be dissolved in the intestines. The drug was thus used in a case of typhoid fever, in a case of phthisis in which the patient was suffering from pyrosis, in a case of dilatation of the stomach, and in a case of alcoholic peripheral neuritis in which the patient had

fœtid alvine evacuations. In all of these the signs of fermentation became less marked and the character of the movements improved. In two cases of scabies a four-per-cent. solution in olive oil effected rapid cures. In bedsores and unhealthy ulcerations it was used in oily solution (four to six per cent.) with the effect of quickly removing fœtor, diminishing the discharge, and promoting healing. No ill effect was noted in any case.—*N. Y. Med. Jour.*

ALBUMINURIA AFTER LABOUR.—Aufrecht (*Centralbl. f. klin. Med.*, No. 22, 1893) examined the urine in thirty-two patients, in good health and without gonorrhœa, before labour, immediately afterwards, and again twenty-four hours later. The catheter was always made use of and precautions as to cleanliness employed, the result being that no albumen was found before or twenty-four hours after labour, but eighteen of the above patients showed albumen, varying in quantities from 0.002 to 0.0005 per cent. in the urine drawn off immediately after parturition. Boiling, nitric acid, and Erbach's quantitative test were applied to each specimen, and microscopically the albuminous urine contained epithelial cells, and in one case blood corpuscles, but never casts. The labours were all normal, and the puerperal period gave no trouble. The author considers that the violent expiratory efforts cause a temporary venous obstruction and consequent albuminuria. From these observations he draws the following practical conclusions: (1) As regards labour, the urine should be examined immediately beforehand: if albumen be present, labour should not be allowed to continue too long, in view of the probable increase of albumen; should eclampsia occur, its cause may lie in the state of the urine, and parturition, if practicable, should be accelerated. (2)



As regards the pathology of the kidney, it is shown that albumen may exist without casts; these are therefore probably an accompaniment of a congested kidney and a product of inflamed epithelial cells.—*British Med. Jour.*

skin and mucous membrane has been shown by various experimenters. In conclusion, it seems possible that some varieties of cold are traceable to air bacteria, acting under certain conditions of temperature.—*British Med. Jour.*

**ÆTIOLOGY OF COLDS.**—Schenk (*Centralbl. f. Bakt.*, July 18th) has investigated the effects of warmth upon micro-organisms. He finds that the bacteria examined in a hanging-drop preparation move towards the point at which, by means of a special contrivance, the temperature is highest. That this movement is a vital phenomenon and not the result of a mere flowing of molecules towards a point is proved by the fact that it is absent when fine granules of sepia are observed in place of bacteria. Upon this observation Schenk bases a theory of ordinary catarrh. The principal facts noted by him and the speculation based thereon may be summarized as follows: (1) Warmth excites movement in micro-organisms; they tend towards the centre of warmth (thermotaxis). (2) Thermotaxis is a vital phenomenon of bacteria; it is manifested even when the difference of temperature between two given points is only 8 to 10° C. (3) Single organisms illustrate this tendency in greater degree than those united in chains. (4) Ordinary colds may be arranged in two groups: those due to bacterial infection and those independent of this. In the former there is a well-marked interval (incubation period) between exposure to cold and the onset of the malady; in the latter the disease follows quickly upon the exposure. (5) When a person enters a cold room, air bacteria tend towards his body as towards a focus of warmth. (6) Thermotaxis is one condition necessary to the development of an infection cold; the second is penetrability of the skin or mucous membrane to microbes, or some possible circumstances permitting their entry into the body. The penetration of

**THE ÆTIOLOGY AND TREATMENT OF TYPHOID FEVER**—Klietsch (*Wien. Med. Presse*). Investigations during a typhoid fever epidemic in Wörth, showed the origin of the epidemic to be due to the cleansing of a water-closet which had for a long time been out of use. It was drained into the city sewer, and it was at this point where the first cases of typhoid occurred. Iodine proved to be the best therapeutic measure. It is well known that iodide of potash or iodine in solution is converted into sodium salts by the alkaline secretion of the small intestines; which salts, if they pass into glandular tissue, set free the iodine again. In the glands of the small intestines, *i.e.*, the Peyer's patches, solitary and mesenteric glands, the chief morbid changes are found in typhoid fever; therefore the iodine retards greatly these processes, and has great influence upon the course of the disease. After the exhibition of this remedy for 4-6 days, there was a considerable fall of the temperature, and in 8-12 days cure was effected. All the symptoms were improved, no crisis was present, there were less complications than when treated by other methods. The remedy was given in the following manner:

Kalii Iodati . . . . 6.0-8.0 gme. [dr. 1½-2].  
 Aq. dest. . . . . 10.0 " [fl. dr. 2½].  
 Aq. menth. pip. . . 10.0 " [fl. dr. 2½].  
 Aq. Iodi . . . . . 0.5-0.8 " [grn. 7½-12].

Eight to ten drops every two hours.

The larger the dose, the better the action. No toxic effects were noticeable. Eighty-one cases were treated with iodine, all of whom recovered.—*Am. Medico-Surgical Bulletin.*

**BENZONAPHTHOL.**—Huchard (*Rev. de Pharm., Am. Jour. of Pharm.*) prefers benzonaphthol as an intestinal antiseptic to salol or betol, because it is scarcely toxic and because he thereby avoids the possible dangerous effects of salicylic acid. Three hundred grains of benzonaphthol and seventy-five grains of powdered charcoal are mixed and divided into thirty capsules, of which from six to eight are given in a day.—*N. Y. Med. Jour.*

**USE OF ICHTHYOL IN DISEASES OF THE SKIN.**—Dr. Chatelain continues his clinical observations on the use of ichthyol in diseases of the skin (*Journal des Maladies Cutanées et Syphilitiques*, April, May, 1893). Apparently every dermatologist who has used the drug, no matter what the nature of the disease, has found it useful. It has been used hypodermically in zona and straightway considered a powerful analgesic (Unna, Dr. A. Damiens). Dr. T. Cranstown Charles finds Ichthyol, used internally and externally, to have been of value in cutting short an attack of zona. In eczema it has been extolled by Brocq, etc., who uses it in combination with sulphur, either in the form of a lotion or an ointment.

The illustrious Kaposi uses it for favus, and Dr. Chaletain states he has cured favus by stencilling the eruptions with pure ichthyol alone.

In short the whole gamut of dermatology has apparently derived great benefit from the introduction of this evil-smelling body. Oleum gaultheriæ (oil of wintergreen) or essentia coumarini, or oleum sassafras, may be used to cover the odour. *Provincial Medical Journal.*

**MESSAGE OF THE PROSTATE GLAND.**—Thure Brandt, the famous Scandinavian masseur, and the originator of pelvic massage as a means of relieving certain disorders of women, has made an application

of the same principles of treatment to certain forms of genito-urinary diseases in men, particularly enlargement of the prostate gland. It is evident that by means of the application of massage to the gland the absorption of pathological products may be stimulated, and by an improvement of the nutritive condition of the tissues it is possible that the hypertrophy may be relieved. The application is simple: the patient having emptied the bladder, the index finger lubricated with vaselin is introduced into the rectum of the patient, and with the top of the finger gentle pressures and frictions should be made upon the gland. Brandt directs that the pressure should be made from within upward—that is toward the pubic arch. Volianski directs that the movement should be in the direction of the bladder, or with the lymphatic current. The application should continue for from one to three minutes. A number of cases have been published illustrating the benefits to be derived from this application.—*Modern Medicine.*

**RESEARCHES ON CHOLERA.**—Metschnikoff (*Ann. de l'Inst. Pasteur*, July, 1893), concludes that the comma bacillus is without doubt the specific microbe of Asiatic cholera. He finds Deneke's and Finkler-Prior's spirilla to be but slightly pathogenic in man, although he suggests that some cases of poisoning by cheese may be due to the growth of Deneke's spirillum. *Vibrio Metschnikovi* or *Gamaleia* he found to be also devoid of effect on man. A considerable number of experiments with *B. virgula* obtained from different sources showed that large quantities might be consumed by man without producing the disease, a certain predisposition being necessary for its development. A tendency to indigestion does not, he states, predispose to cholera. In one person a mild attack of cholera followed the consumption of a third of a culture of *B. virgula*, and

in this case the bacillus was present in the stools for some time after recovery. He gives reasons for believing that vaccination by the digestive tract, after the methods of Klemperer and Sawtchenko, is much more efficient than that effected by the hypodermic method of Haffkine. Human cholera is, he states, another example of a disease the cure of which cannot be attributed to the development of any protective property of the blood.—*British Medical Journal*.

COMEDONES.—Dr. H. von Hebra prescribes the two following solutions :

℞ Rose-water,  
Alcohol,  
Glycerin.....āā 10 grms.  
Borax..... 5 grms.  
Shake before using.

℞ Green soap.....40 grms.  
Spir. lavender..... 10 grms.  
Alcohol.....80 grms.

Every morning wash the skin with No. 1, and then rub in No. 2. Then wash off with warm water.—*Med. and Surg. Reporter*.

INFANTILE CONVULSIONS.—Dr. Jule Simon prescribes (*El Siglo Medico*) :

℞ Chloral. hydrat.,  
Potass. bromid.....āā gr. xv.  
Syrup. codein.....gtt. x.  
Tr. moschi,  
Tr. aconit. rad.....āā gtt. x.  
Aq. aurant. flor......ḡijj.

M. Sig. : Teaspoonful doses or by enema if it cannot be taken by the mouth.—*Medical Bulletin*.

INTESTINAL PAIN OF NEURASTHENICS (*El Siglo Medico*) :

℞ Camphor. monobrom.....gr. viij.  
Ext. belladon..... gr. ss.  
Ol. theobrom.....q. s.  
M. ft. suppositor. no. j.

One or two suppositories in the course of the twenty-four hours.—*Med. Bulletin*.

## Dominion Medical Monthly.

*All literary communications, exchanges, and books for review, should be addressed to the DOMINION MEDICAL MONTHLY, 50 College Street, Toronto.*

*Address all business communications to the Publishers, THE MEDICAL PUBLISHING CO., OF TORONTO, Box 418, Toronto, Canada.*

TORONTO, SEPTEMBER, 1893.

### CANADIAN MEDICAL ASSOCIATION.

As stated in our last issue, the twenty-sixth annual meeting of the Canadian Medical Association will be held in London on Wednesday and Thursday, 20th and 21st September, under the Presidency of Dr. Sheard, of Toronto.

It is to be hoped that the interest hitherto taken in the Association will be increased this year, and, judging from the number of those intending to participate in the proceedings and the papers promised, the meeting will prove to be a successful one.

The following papers have been promised : "Address in Surgery," Dr. Hington, Montreal ; "Address in Medicine," Dr. McPhedran, Toronto ; "Treatment of Chronic Endo-metritis," Dr. Conerty, Smith's Falls ; "Sanitary Science—Some of its Features," Dr. Canniff, Toronto ; "An Angioma of the Eye-brow," Dr. E. E. King, Toronto ; "The General Practitioner and the Insane," Dr. Anglin, Verdun ; (1) Some Recent Changes in British Criminal Law ; (2) Reform in the Coroner Law, Dr. Johnston, M. F. Quinn, Esq., Q.C. ; "Is Alcohol in Doses and in all Cases a Sedative and Depressant," Dr. Harrison, Selkirk ; "Displacement of the Kidney," Dr. Eccles, London ; "Thyo-

tomy for large Sub-cordal Spindle-celled Sarcoma, with Presentation of Case," Dr. Birkett, Montreal; "Some Measures for the Prevention of Tuberculosis," Dr. Bryce, Toronto; "Some Unusual Conditions met with in Hernia Operations," Dr. Jas. Bell, Montreal; "Some of the Uses of Sulphurous Acid," Dr. Arnot, London; "Cosmic Consciousness," Dr. Bucke, London; "The Prophylaxis and Treatment of Puerperal Eclampsia," Dr. McKeough, Chatham; "Three cases (two sisters and a brother) of Friedreich's Ataxia, to be presented," Dr. Hodge, London; "Report and Presentation of a recent case of Successful Cholecystostomy," Dr. Ferguson, London; "Causes of Blindness in Ontario," Dr. Osborne, Hamilton; "Multiple Neuritis," Dr. Meyers, Toronto; "A case of Pernicious Anæmia," Dr. Oimsted, Hamilton. The following gentlemen have also promised to contribute papers: Dr. Hillary, Aurora; Dr. T. K. Holmes, Chatham; Dr. J. E. Graham, Toronto, and Dr. Macallum, London.

#### FRENCH CONGRESS FOR THE STUDY OF TUBERCULOSIS.

The third congress for the study of tuberculosis met in the amphitheatre of the Academy of Medicine, Paris, 27th July, Professor Verneuil in the chair. Among the distinguished physicians present on the platform were, Drs. Brouardel, Laboulbène, Larrey, Nocard, Proust, Poncet, Babes, Laveran, Straus, Hayem, Cornil, Frascot, Gamaleia, Weber, Nicaise, Legroux, and others.

At the close of the congress, the following conclusions were formulated:

1. Butchers' meat should be pronounced sound by a competent inspector before being prepared for the table; and meat should be inspected in villages as well as towns.

2. Encouragement should be given to those who wish to establish, in public

abattoirs, machines for sterilizing the meat of tuberculous cattle so that it may be used without danger.

3. All cattle entered for exhibition at meetings of cattle-breeders' associations, which are got up, or assisted, by the Government, should previously be tested by tuberculin.

4. Considering that tuberculous sputum dried and reduced to dust is the principal source of contagion in this disease, and that in order to prevent the bad habit of spitting on floors, children should be particularly looked after, the congress expresses the hope (*a*) that all public schools shall be provided with such a number of spittoons that spitting on the floor would become entirely unnecessary; (*b*) that set rules be laid down for the guidance of teachers, so that they will rigorously carry out this regulation.

5. Considering that the burial of the corpses of consumptives in the manner at present in vogue, may endanger the public health by causing infection of the earth from bacilli, the congress demands that these corpses be disinfected before burial.

6. That inasmuch as the promiscuous intermixture of consumptives with other patients in hospitals is injurious to themselves and others, the congress demands that all consumptive patients should be gathered together in special hospitals, in groups, according to the stage of the disease; and that in cases where the disease is far advanced the number of patients should be very much reduced.

7. That as in the present state of medical science continued exposure to pure air is one of the most potent remedies in the treatment of tuberculosis, these hospitals should be erected in country places.

Lastly, as a temporary measure pending the erection of special hospitals, the congress demands that the consumptives at present in hospitals should be placed in special wards separated from the other patients, and that once a month the walls,

floors and furniture of these wards should be suitably disinfected.

The fourth session of the congress will take place in 1896, under the presidency of Professor Nocard.

#### CHOLERA AND QUARANTINE.

At the present moment, when cholera is ravaging so many places in Europe, and has, during the past two years, made an actual invasion of Britain at several points, and has knocked with no uncertain sound at some of the ports on this side of the Atlantic, it becomes the authorities to take every precaution known to modern science to avert an outbreak of this dreadful plague.

Dr. Hunter McGuire, in his presidential address before the American Medical Association, at Milwaukee, dwelt very strongly on the value of a thorough quarantine. He showed that during the American War the Southern ports, that were under thorough blockade, completely escaped yellow fever; while those that were open ports suffered frightfully from this disease. In some ports, when the blockade was raised, yellow fever soon appeared in a very severe form. He points out, with much truth, that local trade jealousies are likely to render the enforcement of quarantine difficult, each port being more solicitous for its trade than the health of the people. He points out that governments should control quarantine, and remove all chances of local causes interfering with its efficiency. He further states that he strongly favors a quarantine of anticipation and prevention, rather than one of detention. He refers to the perfect "System of Maritime Sanitation" to be found at New Orleans. By it that port has been kept free from yellow fever for twelve years, and without in the least interfering with commerce.

In a lengthy and able editorial in the August number of the *Dietetic and Hygienic*

*Gazette*, strong ground is taken in favor of international notification of all diseased ports and suspected vessels. In the case of the United States, much good has resulted from surgeons at the leading European shipping ports being empowered by the United States Government to take cognizance of what is going on, and to report on the condition of the port of embarkation and ships clearing for the United States; and to insist on thorough disinfection in all cases. The editor contends that all vessels coming from cholera-infected ports should be suspected, and treated with the necessary caution. The double precaution should be taken of watching these vessels both at the port of departure and that of entry: disinfection and inspection should be insisted upon at the port of arrival, as if it had not been performed at the port of departure.

At the recent meeting of the British Medical Association a very decided opinion was expressed in favor of international notification. Much more confidence was placed in a thorough sanitary condition of things, and in complete and perfect disinfection than in the system of quarantine by detention, which had so often failed. The detention of healthy persons on board vessels was often a fruitful cause for the spread of the disease. They should be allowed to land; but strict watch should be kept over them for a sufficient number of days. Every vessel coming from an infected port should be detained for inspection before being allowed to enter port. This vigilance should be maintained day and night. Three very important resolutions were passed to the effect that the British Government make an effort to stamp out cholera in various places in India, and at Mecca; that all ports be placed under the control of efficient officers, with full power; and all expenses be defrayed by the country and not by any locality.

We urge that our own Government take

cognizance of the state of affairs at European ports, more particularly as many immigrants reach the United States through Canada. Too great care cannot be taken at the present time. With proper attention to the precautions mentioned, we think that this country has very little to fear from cholera.

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#### GENERAL PARALYSIS OF THE INSANE.

Dr. David Drummond, in his able address before the British Medical Association, argues strongly in favour of the view that general paralysis of the insane is due, in the great majority of cases, to syphilis. It is extremely gratifying to see that so eminent an authority takes this view. The same position was argued out at some length in an editorial on this subject in our July number. The advance made in connecting syphilis and general paralysis together as cause and effect is of more than mere scientific value. The diagnosis of cerebral paresis can now be made at a very early stage of the disease. This being the case, the timely and thorough administration of specifics will no doubt do much for this unfortunate class. Before the sclerotic and degenerative stage of the disease has been reached, and while there is only a condition of syphilitic inflammation, very much can be done. Specifics, however, must be pushed with a free hand.

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#### DOMINION REGISTRATION.

We take a great deal of pleasure in inserting in the present issue, letters from Dr. J. E. White and one "Scrutator" upon a subject of vital importance to the medical profession of the Dominion.

The magnitude of this question and the numerous interests affected by it render it necessary that the earlier steps towards bringing about the desired end indicated

by our correspondents should be taken after careful reflection and deliberation.

We urge upon the members of the Canadian Medical Association, about to meet in London, the duty of making this subject a matter of discussion, and strongly suggest the desirability of appointing an active and representative committee to carefully and critically consider and report upon the best method of bringing about the medical confederation of Canada.

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INSANITIES IN CHILDREN.—Dr. C. K. Mills (in August No. *Med. and Surg. Reporter*), treats of the above conditions. Paranoia, or primary delusional insanity, in its true form is not met with in children under puberty; but an imperfect form of paranoia is frequently met with in children. From an etiological point we have insanity following fevers, caused by masturbation and dementia due to inherited syphilis. Then again we meet with cases of moral imbecility and moral insanity in children.

Undoubted cases of true melancholia are met with in children. Hallucinations are found in some cases along with the depression. The depression is not usually as profound as in the adult. The child is usually blue, sad, anxious, weeps, is restless day and night, and lacks the changeability of childhood. The delusions of condemnation, sin, want, and disease, are often absent; but those of religion may exist when the child has been brought up in a morbidly religious manner.

Mania is the most frequent form. This form of insanity is a frequent accompaniment of imbecility or partial imbecility, or of those cases where there is some form of cerebral arrest in development, as the spastic palsies of children. In one case that the author cites, the patient, a girl of 12 years, passed through the stages of depression and sadness, excitement, torpor or lethargy, and gradual convalescence.

In the case of moral insanity, as distinguished from moral imbecility, the child is born with all moral and intellectual capacities. The perversion of the affective life has been caused by injury, disease, or bad surroundings. Many of these cases are very incorrigible. All efforts at reformation equally fail. Kerlin states, "that in educating moral imbeciles we are training experts for the later role of so-called moral insanity." Zuke takes much the same ground and contends "that life-long detention is all that can be done with some of these cases." In educating them at all, except to do physical work, we are adding to their armament of deception and misdemeanor.

Many cases of quasi-insanity are met with among children. This may show itself in the form of endless phobias, as those of open spaces, fields, diseases, &c. These psychoses arise from an imperfectly developed mental condition. Some of these cases are quite temporary in character, others are very obstinate, and come under the head of paranoia. Those forms of insanity with morbid doubts and fears, are more likely to occur just after than before puberty. This form of quasi-insanity in children is very rarely the result of overwork in school. The cause is generally to be found in the child's progenitors.

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SKIN GRAFTING.—Dr. C. L. Gibson (in *New York Medical Journal* for Aug. 5), writes that skin grafting should be done as follows: 1. The preparatory stage consists in making the parts to be covered by the grafts and the parts from which they are to be taken thoroughly antiseptic and keeping them aseptic thereafter. This is done by washing thoroughly and shaving. The parts should be irritated by bichloride 1 in 1,000. In the event of grafting a fresh wound, the best solution to use is sodium chloride 7 parts and boiled water 1,000 parts. 2. The operation. When the parts are not ready to receive the

grafts they should be converted into the condition of a fresh wound. The sharp spoon may be employed, or the blunt edge of some instrument may be drawn over flabby granulations. The success of the grafting depends upon the freedom with which this stage is performed. All bleeding must then be arrested. Sterilized salt compress is laid on the wound until the grafts are prepared. The best instrument for cutting the grafts is a razor ground flat on one side. The grafts should not be too thin. The thicker grafts have yielded better results. The grafts are thrown into a warm salt solution 95 F. They are then floated on strips of protective tissue, raw surface uppermost. The frayed edges of the grafts are straightened out and trimmed with scissors. The graft is then laid in position and pressed down with the fingers. The tissue is then removed. The edges of the grafts must not overlap.

3. The after treatment. The grafts are covered with strips of protective, about one inch and a half wide. These are applied so as to overlap a little. Cover this with a thin layer of sterilized crumpled gauze. On this lay a few soft rubber drainage tubes, the ends extending beyond the dressing, and with holes in their centre. Above these place a pretty voluminous dressing of the same gauze, a layer of dry absorbent cotton, and then a sheet of protective. All is firmly kept in position by a gauze bandage. The sole after treatment for five or seven days consists in keeping the dressings moist by means of salt solution introduced through the tubes, the ends of which are to be closed by a ligature or clamp. The dressings must be removed with the greatest care. The whole surface gently irrigated and redressed as in the first place.

The wounds made by the removal of the grafts are dressed with dry antiseptic gauze and cotton. It should not be disturbed for two weeks.

THE TREATMENT OF SARCOMA BY THE TOXIC PRODUCTS OF ERYSIPELAS.—Dr. W. B. Coley (in *Post-Graduate* for August, 1893), gives the results of his observations on Carcinoma and Sarcoma treated by Erysipelas. Of twenty cases of carcinoma, three were cured and one greatly benefited. The remaining cases were improved, and the duration of life prolonged. One case died from the inoculation. With regard to sarcoma, eight cases out of nineteen were well at periods varying from one year to seven years after the attack of erysipelas. Two died as the result of the erysipelas. Repeated injections of living cultures of the streptococcus of erysipelas are made. These injections have more or less effect in reducing the size of the tumor. A true attack of erysipelas is not always induced by the injections. In one case while the tumor was not entirely removed it ceased to grow. In another case it returned in a few months, but disappeared under a second attack of erysipelas, and has never returned. The active principle of the germ seems to give equally good results.

THE THERAPEUTIC USES OF COCILLANA.—Dr. R. W. Wilcox (in the *Medical Age* for August), states that he has found this drug of very great value in acute bronchitis, in subacute and chronic dry bronchitis, and in chronic diseases of the pulmonary tissue. The writer much prefers cocillana to ipecacuanha. In the case of cocillana, the expectorant effect of the drug is obtained by a dosage far short of what is needed for emesis. With ipecac the expectorant dose is often emetic as well. Of the fluid extract, from five to twenty-five minims may be given. It is less depressing than apomorphia, and equally certain as an expectorant. In chronic bronchitis of the dry variety it is specially valuable. Its action in these cases is very certain in liquefying the bronchial mucus. It has also the good effect

of increasing the appetite. In chronic disease of the lung tissue, where an expectorant is required, this drug should be chosen on account of its action on the appetite.

SALOPHEN.—Dr. Edmund Koch, in (*Deutsche Med., Woch.*, No. 18, 1893,) speaks highly of the use of salophen in rheumatism and neuralgia. It is a derivative of salicylic acid and acety paramidophenol. It is a white and tasteless powder. As much as six grammes per day may be given. In neuralgia, sciatica, hemicrania, etc., usually doses of gr. x are generally effective. In quantities of 3 to 5 grammes it is devoid of any unpleasant after effects.

NEW METHOD OF DIRECT FIXATION OF FRAGMENTS IN COMPOUND AND UNUNITED FRACTURES.—Senn, in *Annals of Surgery*, makes an earnest plea in favour of a more frequent recourse to direct means of fixation in the treatment of compound and ununited fractures. In preference to suturing, metallic spikes and screws, or ivory cylinders and clamps, Senn prefers, as absorbable interosseous splints, hollow perforated cylinders of bone introduced into the medullary canal; these do not interfere with production of callus, and are more quickly absorbed than ivory or metal. But the safest and most efficient means of direct fixation of oblique fractures is by a bone ferrule, applied in such a way as to surround both fragments. Such a circular absorbable direct splint prevents to perfection lateral and longitudinal displacement, and rotation of the limb below and angularity at the seat of fracture must be prevented by plaster-of-paris splint. Senn has employed this method in three cases with excellent results.

THE THERAPEUTICS OF BROMIDE OF STRONTIUM.—William Murrell (in the *Medical Week* for 25th August, 1893), details at



some length his experience with this salt in epilepsy. The results have been generally satisfactory. It seems that this salt is not so liable to cause acne as the potassium bromide. It does not disagree with the digestive organs so much, and does not cause so much depression. The dose ranges from gr. x. to  $\bar{z}$ i., after meals.

#### PROVINCIAL BOARD OF HEALTH.

At the third quarterly meeting of the Provincial Board of Health, held August 18th, there were present: Dr. Cassidy, in the chair; Drs. Vaux, Brockville; Macdonald, Hamilton; Kitchen, St. George; Rae, Oshawa; and Bryce, Toronto.

A report from New York State showed that there are a number of cases of smallpox in that State. A report from Grosse Isle was also read, respecting smallpox on the steamer *Montevidean*. A report from Reading, Penn., showed that in the two weeks ending August 1st there were 184 cases of smallpox and two deaths, forty-one of the cases being new. A communication was read from Halifax, reporting the formation of a Provincial Board of Health for Nova Scotia. Another, stating that the application of the Minneapolis & Sault Ste. Marie Railway Company against the State Board of Health of Michigan, asking that an injunction be granted restraining the Board of Health from stopping passengers, and enforcing quarantine, was refused by the judges, and putting costs on the applicants. The court held that the railways were responsible for all the charges consequent on delay.

The report of the Committee on Sewerage and Water Supply, with regard to the proposed system of sewerage for Walkerton, was read, and the Board went into committee of the whole, Dr. Macdonald in the chair.

The Committee recommended a system of sewers with disposal of the effluent by filtration, similar to the method in use at Lawrence, Mass., or at the Agricultural College, Guelph. The report was adopted after some minor amendments had been made.

A report by J. J. Mackenzie, B.A., of the P. B. H. laboratory, with regard to a nuisance caused by the drainage from a tannery at Huntsville, was considered, and the local Board of Health was advised to take action by notifying the owner of the tannery to take such steps as will remove the cause of complaint.

The Board resumed its quarterly meeting on the following morning, Aug. 10. Dr. Cassidy presided, and the members present were: Drs. Rae, Oshawa; Macdonald, Hamilton; Vaux, Brockville; Kitchen, St. George; and Bryce.

The report of the Committee on Epidemics was of a congratulatory nature. It expressed pleasure that not only the Province but the whole Dominion enjoyed an immunity from cholera. The freedom of England and Germany from the scourge was ascribed to the splendid efforts of those countries since the outbreak in Hamburg last year. A word of warning was to the effect that in Italy, France and Spain the policy of suppressing information was probably, as in former years, being carried out. This naturally causes a belief that matters in those countries are worse than has been reported.

"The necessity for continued vigilance at all points, notably at points of entry, is thus made very apparent, and it is with much comfort that we believe the St. Lawrence still able to report the absence of a single case either in 1892 or 1893," said the report. The fact is pointed out, in closing, that this summer has enjoyed an almost unexampled freedom from the diseases which usually prevail at this season. This is ascribed to the stringent regulations adopted last year and to the

great advances in local sanitation throughout the Province, owing to the stirring-up which local boards of health received.

Dr. Bryce read a description of a new disinfecting apparatus of which he is the devisor. The Board discussed its improvements with expressions of approval.

Dr. Bryce was appointed to represent the Board at the meeting of the Pan-American Medical Congress, Washington, and Drs. Rae and Kitchen, at the meeting of the American Public Health Association, Chicago. The Board then adjourned.

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### Items, Etc.

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#### PROFESSOR CHARCOT.

Professor Charcot, whose unexpected death from angina pectoris was announced by cablegram, was born in Paris, November 29th, 1825. The *British Medical Journal*, in an extended obituary notice, speaks thus of this highly gifted and world-wide known physician and scientist:

"Early in life M. Charcot was rescued by marriage from that struggle for existence in which the eager flame of scientific ambition must so often be spent in making the domestic pot boil. Thus he was free to devote himself to the advancement of medical science, and in the Salpêtrière, with its 4,000 beds, he found a quarry of clinical material out of which he was able to raise an edifice of intellectual achievement, at once solid in structure and artistic in finish, which will form a *monumentum ære perennius* to his memory. He set aside three days in the week entirely for hospital work, and he was always most punctual in his attendance. By his influence the Salpêtrière was transformed from something corresponding to a poor-law asylum into a great clinical school fully equipped for research as well as for teaching, and open to the whole profession. There he made the observations and delivered the lectures which made his name famous;

there he trained several generations of pupils, some of whom are carrying on his work with a zeal for truth equal to his own, and with hardly inferior ability; there, too, came crowds of practitioners from all parts of the world to sit at the feet of the Gamaliel of neurology. His demonstrations were attended at one time or another by nearly all the leaders of contemporary medical thought, and the fledgling just escaped from the academic nest might sign his name in the visitors' book between those of Rudolf Virchow and Grainger Stewart.

Though limiting his time for private practice to the extent that has been mentioned, M. Charcot was consulted by patients from the very end of the earth. He seldom undertook the treatment of sufferers, preferring to act purely as a consultant. So far did he carry this mode of action that, we believe, he seldom prescribed, contenting himself with pointing out the clinical and pathological relations of the case and indicating the general principles on which the treatment should be conducted, leaving the practitioner in charge to apply them according to his lights.

M. Charcot was emphatically a hard worker all through his career, though in later years he applied the principle of devolution to a considerable extent. He was as fortunate in his assistants as they were in their master, and the excellence of their work must in great measure be credited to his inspiration and wise direction. Though fond of comfort and of luxurious surroundings, he was always at his desk by 6 a.m.; nor did he ever allow himself to be swept away by the vortex of social enjoyment, though his position might have made him free, had he so chosen, of all the inner mysteries of the fashionable world of Paris. He was passionately fond of art, and he had a highly-cultivated æsthetic sense; he was also skilful with his pencil

and illustrated his demonstrations with sketches of considerable power. His house in the Boulevard St. Germain was a museum of artistic treasures, collected by himself with rare taste and judgment. His intellectual tastes were by no means limited to the field of medicine, he took a keen interest in natural history and was well versed in archaeology. He was happy in his home life, and his only son is now qualifying himself to follow in his father's footsteps by going through the invaluable scientific discipline of the *internat* (house-physicianship) at the Salpêtrière. \* \* His literary style was in harmony with the excellence of his scientific matter, clear and strong, with happy turns of phrase which stamped a clinical fact or an ingenious explanation deep in the memory. He was an effective lecturer, generally speaking from notes which had been dictated at the bedside. His clinical lectures were generally delivered while sitting on an empty bed in the ward.

In person M. Charcot bore a striking resemblance to the first Napoleon; he had the same dome-like head, the same stooping shoulders and the same deep-set eyes, the physician's, however, being dark instead of grey, as the Emperor's were. He had for some time been in failing health, and about a fortnight before his death fainted while delivering a lecture. Nothing serious, however, seems to have been suspected by himself or by those about him, and he looked forward with confident anticipation of benefit from a short rest. He accordingly started on an archaeological expedition to Morvan in company with Drs. Debove and Straus.

After a pleasant day, during which M. Charcot seemed to enjoy himself most thoroughly, and delighted his companions with conversation at once sparkling and profound, the party stopped at a little inn at Settons, near Chateau Chinon. Plans were formed for the next day, but in the morning M. Charcot was found dead-

his room with a half-finished letter to his son on his desk."

MEDICAL RELIEF.—Herbert Spencer, in dealing with the subject of "private relief of the poor" (*Popular Science Monthly*), states that thirty per cent. of the people of London are frequenters of the hospital and dispensaries, and the largeness of this proportion makes it clear that most of them are able to pay their doctors.

"The out-patients begin by getting physic and presently get food; and the system 'leads them afterward openly to solicit pecuniary aid.' This vitiating effect is proved by the fact that during the forty years from 1830 to 1869, the increase in the number of hospital patients has been five times greater than the increase of population; and as there has not been more disease, the implication is obvious. Moreover, the promise of advice for nothing attracts the mean-spirited to the extent that 'the poor are now being gradually ousted out of the consulting room by well-to-do persons.' People of several hundreds a year, even up to a thousand, apply as out-patients, going in disguise: twenty per cent. of the out-patients in one large hospital having 'given false addresses' for the purpose of concealing their identity. Swarming as patients thus do, it results that each gets but little attention: a minute being the average for each, sometimes diminished to forty-five seconds. Thus those for whom the *gratis* advice is intended get but little. Often 'the assistance given is merely nominal'; and 'is both a deception on the public and a fraud upon the poor.' These gratuitous medical benefits, such as they are, 'are conferred chiefly by the members of the unpaid professional staffs' of these charities. Some of them prescribe at the rate of three hundred and eighteen patients in three hours and twenty minutes—a process sufficiently exhausting for men already hard-worked in their private prac-

tice, and sufficiently disheartening to men with little private practice, who thus give without payment aid which otherwise they would get payment for, very much needed by them."

THE COST OF A MEDICAL EDUCATION.—This question is discussed at some length in the educational number of the *British Medical Journal*. The following summary is of interest as showing the cost of a medical training in London.

"As regards London, taking one of the more expensive schools and living at 40s. a week on the one hand, and one of the less expensive with living at 30s. on the other, and adding in each case the conjoint examination fees and £20 a year for clothes, we find the total expense of the five years' curriculum in London as follows:—

	£	s.	d.	£	s.	d.
Composition fee for school and hospital.....	157	10	0	115	0	0
Fees for instruction in vaccination and fevers.....	4	4	0	4	4	0
Materials (biology and chemistry), and "parts."	6	6	0	5	5	0
Clubs.....	8	8	0	5	5	0
Instruments, about.....	10	10	0	10	10	0
Books, about.....	10	10	0	10	10	0
Diploma fees.....	36	15	0	36	15	0
Five years of forty weeks at 40s. and 30s. a week respectively.....	400	0	0	300	0	0
Five years' clothing at £20.	100	0	0	100	0	0
Total.....	£734	3	0	£587	9	0

To this must be added provision for three vacations a year, with the necessary railway fares, or else proportionately increased charges for living. The only points in which this sum might be contracted are that in the fifth year it might be possible to act as assistant to a practitioner, and so diminish the expense of living; but it must be remembered that in this fifth year a good deal of hospital attendance has to be put in, besides preparing for the final examination; and that it is out of the question to expect to be able, even in that year, to pay one's way, and we would say at once that the examinations are now so severe that any at-

tempt to combine the work of a student with that of assistant, in the early years, is merely to court failure.

In the provinces we believe that the curriculum can be gone through at a considerably cheaper rate. Not only are the hospital and school fees somewhat lower, but the expense of living is less."

[Taking a very low estimate, and allowing the student to be six months each year in Toronto, the most careful student could not in Toronto go through his four years on less than \$1,500. If he did not live in the most economical manner, the amount would easily exceed the above. Indeed, to one who does not live in the city, when board, travelling, clothing, instruments, books, hospital, council and college fees are estimated, the above sum will not be found large. Then there is the student's time, at say \$400 a year, or a total of about \$3,000 all told.]

The death is announced of Dr. Graily Fiewitt, for many years Professor of Obstetrics in University College, London, aged 65. His name is known wherever obstetric medicine is taught.

In the article on Cholelithotomy, by Dr. Albert A. Macdonald, which appeared in our August number, the second word in the first line should have been "cholelithiasis."

The death is announced of Surgeon-Major Parke, who accompanied Stanley on his last expedition in Africa.

## Personals.

Dr. D. W. Montgomery has been appointed Professor of Diseases of the Skin both in the undergraduate and in the post-graduate department of the University of California.

Dr. James Bell, of Portland, Oregon, is spending his vacation with friends in this city.

Dr. M. R. Brown, professor of Laryngology and Rhinology at the Chicago Polyclinic, has been appointed professor of Laryngology and Rhinology College of Physicians and Surgeons, Chicago.

Dr. W. Godell, owing to the demands upon his time by private practice, resigned the position of Professor of Gynæcology in the University of Pennsylvania. The trustees accepted his resignation and created an Honorary Professorship of Gynæcology with the right of lecturing attached and unanimously elected Dr. Godell to the chair.

## Correspondence.

### DOMINION LICENSE QUESTION.

EDITOR DOMINION MEDICAL MONTHLY.

SIR,—For a long time desultory discussions have taken place on the need of a uniform license for the whole of Canada. In the *Maritime News*, of this month, the editor, Dr. Campbell, says: "The first thing necessary is a scheme which will be accepted by all the Provinces."

This need not be very difficult, as I feel certain the general sentiment of the profession will force the Councils of every Province to take down their ridiculous barriers to interprovincial freedom.

One instance, permit me to give, to show to what an absurd length one Council has already gone. Any gentleman holding an M.R.C.S. Eng., M.R.C.P. Eng., L.R.C.P. Lon., M.D. Lon. Univ., *must go in as a student*—attend their lectures *for a year, pay for them*, and pay \$100 for examination and pass (?) before allowed to practise !!!

To be able to take charge legally of a patient from Halifax to Victoria, through each Province, would take *about five*

*years, seven examinations, and about \$500 tribute to the respective Councils !!!*

To remedy such a glaring state of things permit me to offer the following, as suggestions which may serve to get the subject into a practical shape.

Respect for your space, Mr. Editor, prevents me elaborating them, but they may aid in getting something done at the coming meeting of the Dominion Medical Association at London.

1. The presidents of all Provincial Councils form the Dominion Medical Council, together with a General Registrar.

2. It should be purely and distinctly a licensing body, absolutely free from the influence of any teaching body.

3. The examination papers of all Provincial Councils to be submitted to it, through their respective registrars, on the first day of annual meeting in Ottawa, and equalized in every subject to a just and high standard, or that a special series of questions be placed upon each Provincial paper distinct from those for Provincial License, only to be answered by those wishing Dominion License—either to be detached by the presiding examiner and forwarded to the Dominion Registrar—to be valued by one examiner appointed by the Dominion Medical Council or by the Provincial examiners, as thought best—contingent always upon having secured the marks necessary to pass on the Provincial paper.

4. These examination papers should be of sufficiently high standard to be approved by the Dominion Medical Council in every subject.

5. These papers being satisfactory, the percentage being the same in every case, the Dominion Medical Council should accept the results in each Province and a Dominion license should be issued.

6. That one examination suffice for both Provincial and Dominion license.

7. That all charges by all Provincial

Councils be the same for examination, registration and license.

8. For Provincial graduating examination, say \$75, including license and registration. For Dominion license, \$25 paid to Provincial registrar before examination.

9. When a student desires a Dominion license he should notify the Provincial registrar before his final examination, and pay to him \$25 for Dominion Medical Council. Succeeding in his examination, he should be registered as being entitled to a Dominion license, and a certificate to that effect along with his Provincial license should be given him without charge by the Provincial registrar; and this on presentation to Dominion registrar should entitle him to Dominion license and to practise in any other Province upon paying to its registrar a registration fee of \$5.

10. For those coming to practise in Canada, not from our own schools and holding foreign degrees, the Dominion Medical Council, at their discretion, should hold quarterly examinations, through the selection of an equal number of the last approved examiners from each Province, being retained for this purpose to act when called upon; the fees paid to be the same as the Provincial examination, but paid to the Dominion registrar. (After the expenses of the examination have been met, the surplus to be given to the Provincial Councils in proportion to the numbers from each taking Dominion licenses at last examination.)

11. The Dominion Medical Council should have the power to refuse to issue a Dominion license in any Province whose Council examination papers are not up to a satisfactory standard, but this should not prevent any one holding a Dominion license from another Province practising in that Province upon payment of the ordinary registration fee of \$5 to its registrar.

12. That all men now on Provincial registers, or entitled to be, shall upon pay-

ment of \$50 receive a Dominion license, half of which sum shall be paid by the Dominion registrar to the Provincial registrar of the Province selected. On any subsequent change of residence to another Province, only the ordinary fee for registration, \$5, be paid.

These, Mr. Editor, fairly cover the ground, though they are sketched out rather roughly and no doubt may require modifying somewhat. The details and elaboration need present no difficulties, and it will serve to set the ball rolling, that no individual local interests shall stand in the way of the general public good and the convenience of our much burthened and over legislated profession.

Yours truly,

Toronto, Sept. 12. J. E. WHITE.

#### DOMINION REGISTRATION.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—The idea of starting a journal with the professed object of having first and foremost in view the union of the various medical licensing bodies of the different provinces comprised in the Dominion of Canada is a good one, and accords with the hopes of most of the thoughtful members of the profession.

That such a movement should not have been instituted long ago by the older journals is a matter of surprise. That you have set out in so good a course is decidedly your advantage.

As matters stand at present, neither the schools nor the profession are benefited, and the public who view such subjects impartially and critically, are at a loss to know why such an absurdity has been allowed to exist for so long a time.

Canadians are taught and readily learn the lesson that Canada exists for them, but Canadian students in medicine must become resigned to the inevitable decrees that Ontario is for residents of Ontario

only, British Columbia for British Columbians, and Quebec for Quebecers. Would such a condition be tolerated elsewhere? Such provincialism is a diseased and weakened condition, and must be removed.

We do not believe that much difficulty should stand in the way of its removal.

There are members of our profession holding high political places in every province, and we look to them to bring about a meeting of prominent representative physicians for the discussion of this important subject.

We look to Surgeon-General Bergin, to Sir Charles Tupper, M.D., and to very many others, whose duty we feel it is to set in motion the machinery necessary to fabricate a system which will guarantee to the profession and the public a simpler means of supplying capable physicians than now obtains.

I shall not hazard an opinion as to what is the best course to take in this connection, but for the present shall be satisfied to appeal to our profession throughout the whole Dominion to agitate this subject in season and out of season, until some means may be discovered of removing so manifest an evil as the provincialism which now prevails in the matter of medical licensing.

Yours, etc.,

Toronto, Sept. 9. SCRUTATOR.

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NOT FOR SALE.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—I have been asked by various medical men lately if it was my hospital that was advertised for sale in your paper. Will you kindly permit me to contradict, and oblige.

Yours truly,

HOLFORD WALKER, M.D.

Toronto, August 26.

EDITOR DOMINION MEDICAL MONTHLY :

DEAR SIR,—I notice in the August number of your MONTHLY in its quotation from the *North American Practitioner*, on the treatment of facial erysipelas, two of the following pills (with other treatment) are to be given every two hours until the temperature comes down, etc. :

R Sulphate of quinine . . . . . gr. xxx.  
Iodoform . . . . . gr. vj.  
Balsam of tolu . . . . . }  
Extract of gentian . . . . . }aa q. s.

Is that a correct quotation? And if so, what is the MONTHLY's opinion of it?

Yours truly,

Toronto.

A. R. GORDON.

[The above quotation is correct as taken from the *North American Practitioner*. It has not been our custom to prescribe such a combination of quinine in such heroic doses. Even though it be recommended by Prof. Petrini of the Medical Faculty of Bucharest, the MONTHLY will hesitate to adopt it.—ED.]

ANTISEPTIC INTRO-PLEURAL INJECTION.

—Sarbony (*Journal de medecine et de chirurgie pratiques*) has employed antiseptic intro-pleural injection for the treatment of thickening of the pleura with marked benefit. He uses an injection of 20 grammes (5 drachms) of liquor of Van Swieten in acute pleurisy after performing thoracentesis. In sero-fibrinous pleurisy the same method has been attended with remarkably good results. In purulent and encysted pleurisy, and in cases where resolution or absorption cannot be expected, this form of injection is advised.

Another injection has been employed, consisting of iodine 1 gramme (15 grains), iodide of potash 4 grammes (1 drachm), distilled water 35 grammes (9 drachms), which is used daily and continued for eight or ten days. But this is not attended with such satisfactory effects, in the pleural trouble, as the injection of Van Swieten's liquor in quantities ranging from 5 to 35 grammes (1¼ to 9 drachms).—*Medical and Surgical Reporter*.