

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XX.] TORONTO, OCT., 1887. [No. 2.

## Original Communications.

### OBSTRUCTED URINARY OUTFLOW.\*

BY F. L. M. GRASSETT, F.R.C.S., M.B. EDIN.,  
Professor of Surgery, Trinity Medical School.

MR. PRESIDENT AND GENTLEMEN,—It is with somewhat mingled feelings that I stand up before this Association to read and perhaps provoke discussion on some surgical topic. I feel pleasure, I confess, at the honor of being asked to thus occupy your time for a short space, but the pleasure is modified by the thought that one more fitted to do this—one who had been asked and had accepted the work—has, ere the time came, been removed by death. I need hardly say I refer to the late Dr. Fulton, my predecessor in the Chair of Surgery in Trinity Medical School. It is not necessary for me, I know, to bear witness to the able manner in which this task would have been done by him. His experience and judgment in surgical cases had been steadily ripening by constant observation and study. But last year he spent a large portion of his time among the hospitals of Britain and the Continent. This, combined with his peculiar aptitude for, and his long experience in teaching, makes his loss as a professor of the science and art of surgery a marked one. As his substitute at a rather late date, when my hands were to be fully occupied in the preparation of a course of lectures for the coming winter session, I feel I can confidently claim the special indulgence of this Association.

The surgical field is now so wide, and yet is ever widening, that it is not an easy matter to choose from its ample fold a particular subject of moder-

ate dimensions that it is interesting and profitable to discuss. I have ventured to bring the subject of obstructed urinary outflow before you, because it has several claims to our attention. It is a common affection in this country. What is common ought to come home to us all, ought to interest us all, seeing that it is not limited to the hospital surgeon, whose opportunities are larger, nor has it with us been marked out as a preserve requiring a special keeper. Rather it falls to the lot of every general practitioner. It frequently requires to be dealt with at once. Its urgency is, or may be, so great as to leave but scant time for consultation with books or even with a fellow-practitioner—the over-distended bladder prays for relief, and we are looked to for that relief as speedily as possible.

Among all the causes of obstruction to the outflow from the bladder, two are specially prominent, and are most frequently the offending cause. They are stricture of the urethra and enlargement of the prostate.

*Stricture as a Cause.*—If we believe the statements of our patients as to their ailments, stricture of the urethra would be a very common affection; for many patients consult the surgeon, and when asked the question, What do you complain of? reply at once, I am suffering from a stricture, or a touch of stricture; but a little further questioning and examination shows no indication of such, the reason being that any discomforts in the act of making water, however trifling and temporary, is to their minds indicative of this complaint. I shall endeavour to regard stricture in its most practical, if not in its most exhaustive light as a cause of obstructed urinary outflow. There are three classes of stricture. The inflammatory group, which some surgeons decline to consider as a form of stricture at all, preferring to restrict the term stricture to the organic form alone. Yet, this inflammatory swelling of the urethral canal is an important factor, under two conditions, in producing more or less complete obstruction to the passage of urine. We meet with it in cases of acute gonorrhœa. The patient, a young man with his first attack, not estimating the importance of care sufficiently, disregarding the advice given him by his attendant surgeon, indulges freely in alcoholic liquors, at the same time unduly over-exerting and exposing himself to cold and damp, and

\*Read before the Canadian Medical Association, Hamilton, Sept. 1st, 1887.

even, perhaps, indulging in sexual intercourse, finds that he is suddenly unable to pass water at all. His outflow is obstructed—inflammatory swelling has closed his urethral canal. The surgeon is called upon for relief. The diagnosis is so plain that any surgeon, I think, after trying the effect of a warm hip-bath for some time and not obtaining relief, would not temporize any longer, but pass a soft, flexible catheter and relieve this retention.

In the other class are those who, having a permanent organic structure by much the same line of conduct, induce congestion of the urethra at the strictured part, and the small inconvenience of the permanent stricture is all at once aggravated into a more or less complete retention of urine. Here also the catheter is to be used.

Spasmodic stricture is the second group. Now and then the calibre of the urethra is narrowed by the contraction of the muscular fibres of the canal. It is met with in the deeper parts, for there the muscular bands are the most numerous. When pure, that is to say, not associated with inflammation nor a concomitant of organic stricture, it is due to some reflex irritation, temporary, as in cases of operation on the lower end of the bowel or verge of the anus, and in fractures of the femur; now and then more permanent, and then liable to be mistaken for real stricture, in those cases in which true organic stricture exists near the meatus, and as a result a spasmodic closure occurs by reflex irritation of the perineal muscles in the neighborhood of the bulb. Chloroform by causing relaxation of such strictures, indicates their origin. Should they produce obstruction to the urinary outflow, relief is easily obtained by the passage of a fairly large-sized catheter; for while the spasms may be an impediment to the outflow it ought to be no hindrance to the entrance of the instrument.

But the most interesting and practical stricture is the true organic stricture. Bearing in mind that, at rest, the walls of the urethra, by elastic and muscular contractibility are drawn closely together, that this position is maintained until the outflowing stream of urine separates them, or when an instrument is passed down the canal, it is easy to understand how a deposit of lymph round the canal of the urethra, at some point in the submucous and vascular tissue, and this deposit subsequently becoming rigid and contracted causes the natural distensibility of the canal over a limited

area to be lost. The causes producing this deposit and its resultant stricture are gonorrhœa or some injury to the perineum, implicating perhaps the urethra directly, as falls, kicks or blows. Starting with a history of one or other of these causes to help us, we base our diagnosis on (1) smallness of the stream, depending on the narrowed state of the canal. I have often fruitlessly tried to get a clear answer from patients as to size of their stream. They can say if it is forked or twisted, which has comparatively little value, but they do not seem to notice the gradual diminution in the size, so I am in the habit of asking them to make water before me, so as to judge for myself. The splitting or twisting of the stream may depend on a narrowed meatus where no real stricture is present, and is not to be relied on as of much value. (2) Frequency of making water is nearly always present in cases where the stricture has existed for some time, and even in comparatively recent cases. (3) Pain, I find, a very varying and unreliable symptom, whether it be at the point of contraction or above the pubis—in this latter situation it depends on sympathetic cystitis. The whole of these symptoms taken together strongly point in the direction of stricture. Next, (4) the physical examination by the passage of a fairly large-sized catheter, No. 8 or 9, tells quickly if an obstruction exists, and also the exact site of such obstruction. As regards the endoscope as an aid in the physical diagnosis of structure I have no experience, but I think it is not likely to come into very general use at present, nor do I think the cases in which it would be really serviceable to be many. The presence of stricture being diagnosed, and its site made out, the next question is how to meet and abolish its being any obstruction to urinary outflow. This, in its entirety, is a very large question. It is not my intention to try and grapple with it fully. I would rather direct attention to one method that, I think, is worthy of being tried in many cases—I mean gradual interrupted dilatation, procured by the passage of sounds or bougies through the stricture, beginning at that size which will just pass through, and at subsequent times increasing the size of the instrument until the full calibre is reached without wounding the urethra. When passing instruments on the urethral canal, I think we would do well to bear in mind Sir Henry Thompson's simple axioms, viz.: That the

use of instruments down the sinuous passage of the urethra with its delicate vascular walls lying in contact with each other is an evil—a small one, or a great one, according to the manner in which they are employed—and should not be used unless there is good reason to believe there is a greater evil present, which they may mitigate or cure; further, that as the passage of an instrument, even on a healthy urethra, is a source of irritation, no one should pass an instrument on another, until he has passed one on himself, for it is obvious that the amount of irritation will depend greatly on the manner in which it is passed, and also on the kind of instrument used. One object should be to effect gradual dilatation with the least possible irritation. With this purpose in view, what instrument or bougie should we choose? I must confess I have modified my views somewhat. In my student days I saw numerous cases of stricture in the surgical wards of the Edinburgh Infirmary, and Sir Joseph Lister—whom I specially followed—was a strong advocate of the rigid instrument. Of these, he had three different sets; one like the ordinary silver catheter, one short and straight set, and one which bears his name—the steel, conical bougie. Seldom did he, with one or other of these kinds, fail to dilate the stricture, however contracted, or peculiar. Strongly prejudiced in favor of the rigid instrument at the outset, experience has compelled me to admit that, in many cases, much may be done by flexible bougies; further, I think that in all cases they should be given a trial first. As to the particular pattern of flexible instrument that is most useful, I cannot speak positively. I do not know any general rule that should govern, each case must be judged separately on its merits, the quality and site of the stricture being considered. At one time the English pattern, with its special quality, viz.: that when heated in warm water, and given any required curve, then plunged into cold water, that curve will be maintained—will be useful. On other cases it is easier to pass the French pattern, which is extremely flexible, and has a tapering point, with, or without a bulbous end. Probably, with the flexible ones we are more likely to succeed in strictures of recent origin that have not been irritated much, and in which the amount of inflammatory induration is not great nor firm. Failing with the flexible ones, I next try the rigid instru-

ments—either the catheter pattern, or the conical, silver-plated steel instruments—using these last with great gentleness, remembering that I possess in them a powerful factor for good, when properly and discreetly used, but an equally potent factor for mischief, if carelessly used or abused. I find I need myself to continually remember this, for one's patience is at times severely taxed in difficult cases, due either to extreme narrowness, or some complication of false passages or other like obstruction—cases where after trying methodically, patiently, and gently, we find the instruments decline to enter, then the temptation is to use just a little force in what we might call the anatomical urethra, and with disastrous results.

How much should we endeavor to do at one time? As a rule, I think that as soon as we reach a size that is firmly grasped we have done enough for one day, and yet cases not infrequently report to us at the hospital that surgeons try and do pass instruments day after day for a lengthened period.

As to the lubricant to be used, I think few surgeons in the present day would use one that does not contain a germicide or antiseptic in some form, for the evidence is so greatly in favor of the view that decomposition of urine is due, in all cases, to the introduction of microscopic organisms from without, and that these organisms find their way into the bladder frequently by instruments introduced by the surgeon. If introduced, the consequences of putrefaction extending to the kidney are so grave that the surgeon who neglects to use them incurs a heavy responsibility.

I have tried cocaine as a local sedative to overcome the painful and disagreeable sensation during the passage of instruments, and also to thereby lessen the instinctive muscular spasm so produced. I find it acts very satisfactorily. Half a drachm of a four per cent. solution injected into the urethra, and held there some minutes, unquestionably facilitates the introduction of instruments. In one case, I am sure, it enabled me to pass a small instrument which I am doubtful if I could have done without using it. In another case it reduced much the fever following the use of instruments. In this case the stricture was the result of injury to the perineum by the patient's falling on the wheel of a carriage. An endeavor was made by a surgeon to pass instruments, but without success. Three or four days afterwards he

came under my care, and with cocaine I passed No. 2.5 conical steel sound, and finding that he seemed to suffer very little I passed the rest up to No. 12.

After the first attempt his temperature at night rose to 105°, and he had great general discomfort. After the dilatation with cocaine anaesthesia, his temperature rose only to 101.3°, and the general discomfort was slight.

Strictures complicated with fistula in perineo I have also successfully dilated and temporarily cured. Cases which are due to loss of tissue, and constant inflammatory action over a considerable area of perineum, are not usually the most promising for simple dilatation, but frequently require some operative interference, urethrotomy, or generally external perineal section.

I said temporarily cured, because I think most surgeons find that, no matter in what manner the strictures may have been dealt with in order to effect a cure, such a state of full dilatation does not remain. Slowly, but certainly, the strictured part contracts and requires to be kept patent probably for the rest of the patient's life.

I have advocated in this paper but one method of treating strictures, and I have done so purposely. I believe that to the great bulk of practitioners in Canada this mode of treatment is most available, most simple, most safe; and in many cases of urethral stricture, especially those in the neighborhood of the bulb, I feel confidence in advising a trial of interrupted gradual dilatation. Again, the limits of such a paper as this forbids entering into the merits and demerits of all the ways and modes of treatment. I am aware that many may prefer to combine dilatation and internal urethrotomy, especially in tough undilatable strictures in anterior portion, or in those cases in which, owing to grave constitutional symptoms, which may occur as a result of dilatation compel it to be thus modified, or in cases where contractibility or resilience is strongly marked, and all our efforts at dilatation are neutralized by this peculiarity.

I am inclined to believe that internal urethrotomy is not yet undertaken by many, because they fear the possibility in unpractised hands of very serious consequences; for it cannot be denied that incision of the urethra is not infrequently followed by special dangers, chief among which are hemorrhage, urinary fever, extravasation, and

abscess, as well as blood poisoning in all forms of pyemia, septicemia, phlebitis, embolism, and thrombosis. Others, again, neglect to give a trial to the simpler and safer method, preferring to incise each and every case of organic structure of the urethra, quite independent of site, character, or anything else. I do think that though I am privileged to open the discussion, and in doing so strongly advocate dilatation, our good president will not object to any member favoring us with his view on urethrotomy, internal or external; dilatation, gradual, or interrupted, or continuous; by splitting rapidly, by electrolysis or any other recognized method.

The second cause of obstructed urinary outflow that I propose shortly to review is hypertrophy or enlargement of the prostate—that disease incidental to advanced age, the morbid anatomy of which is sufficiently precise, but the etiology of which is unknown, affecting as it does all sorts and conditions of men, from the judge on the bench to the coachman on the box.

It is important to make the diagnosis as early in this case as possible, and to relieve by mechanical means at an early period also. I do not think this is sufficiently appreciated. It is not usually done as early as it might be. Let me give a typical case of delay in the use of the catheter:

C. S. G., aged 68, a particularly well made, healthy-looking man, consulted me for a pain in the eleventh interspace on left side, not far from the angle of ribs, and dribbling of water into his bed at night, generally between the hours of 5 and 6 a.m.; now and then in the day time into his trousers as well. Questioning revealed that during the day the calls to micturate were infrequent, but that he made water first thing on rising, after partially dressing again, and just after he was dressed, or three times in an hour, and a fair amount passed each time. The stream was normal in calibre, but not well projected, and towards the end dribbled a good deal. Chemical and microscopic examination of urine revealed nothing except that urine was rather light colored and of low specific gravity. He had quite distinct fulness and dullness in the hypogastric region; advised to have a catheter passed to relieve the bladder, but the idea was very distasteful to him, and he declined to allow its use, preferring to go to England and seek advice there. He first of all consulted a

homœopathist ; he said he had many such cases, but six weeks' trial of the remedies of that school failed to in the least degree benefit his case. Another medical man said, "I'll take the bow window off you," evidently thinking adipose tissue was the cause of the enlargement in the hypogastric region and not over-distention of the bladder. Another surgeon told him he had water in his bladder, and that he might require the use of a catheter. It was not until on board ship that he was persuaded by the ship's surgeon to allow a catheter to be passed, and though he went through a sharp attack of cystitis afterwards, and passed bloody urine even as dark as porter at first, he is now in good health, and for some years has passed water on every occasion only by the use of the catheter.

This condition of enlargement is to be suspected when the stream of urine becomes dribbling, and there is an obvious difficulty in emptying the bladder. Micturition especially frequent in the night or early morning, for it is after some hours of sleep or by taking of stimulating fluids freely that the frequent attempts to empty the bladder are made—perhaps a little pain before the act and none afterwards ; no alteration in the character of the urine ; no passing of blood. The diagnosis is completed by making the patient pass water before us. Then passing a catheter to ascertain how far the enlargement is a barrier to the exit of the urine for the quantity left behind, or residual urine at each act, determines the future treatment. One caution is necessary—it is often wise to ascertain a second time, by this passing of the urine, *ante oculo*, for the nervousness of the patient may produce a temporary inability to thoroughly micturate, and this gives us a false idea of his powers. If these symptoms are neglected or overlooked inconvenience follows, depending on over-distention of the bladder, and later on, from the same cause, cystitis, dilated bladder and ureters, and important renal changes.

Mere size of the gland is not of much assistance in diagnosis, for so long as the prostatic urethra is not encroached upon, the gland may assume considerable proportions by enlargement of the lateral lobes ; while if the so-called middle lobe be only slightly enlarged, difficulty in micturition is sure to result, even if the enlargement is so small as to be undetectable by the surgeon per rectum.

It is useful to feel the gland per rectum in all cases to ascertain its size and general condition, which can easily be made out by the finger above and on each side ; but I do not think anything is to be gained by introducing short-beaked metal sounds down the urethra and endeavouring to measure the amount of enlargement, and there is a decided objection to their use. Our diagnosis of hypertrophy being clearly made out, and also that this is acting as obstruction to urinary overflow, it may then be proper to direct and teach the patient to use an instrument at least once in the twenty-four hours. Catheterism being necessary, we select that form that will produce the least irritation. Trying, perhaps, first of all, a soft rubber catheter, Jacques' pattern, these sometimes slide in easily, sometimes they won't go in at all and no amount of persuasion or skill with instruments can make them. Or an English gum elastic, or French, olive shaped, may be preferred. Yet I think, of all the soft or flexible catheters, the one most likely to be the most serviceable and to pass the easiest, is the French catheter Coudée. This is especially easy to pass if you keep the beak upwards and allow the catheter to ride into the bladder. If this fails withdraw it about an inch and rotate it on its axis, so that the beak points to the right—if you fail, similarly to the left, and see if it will not slip on into the bladder, for at times the passage is circuitous. Silver catheters are to be used if the soft ones fail, and the introduction of the left forefinger into the bowel is often of service by pressing the point of the catheter forwards.

That this catheterism is necessary is very plain to the surgeon for relief of the more or less complete retention, but should it unhappily be the starting point of serious and perhaps fatal illness, it is not easy to convince the friends of the patient that it is not because the catheter was used, but that it was not used early enough, that the illness is so grave.

I have seen a metaphorical illustration of this possibility by Mr. B. Browne, which I consider very apt : "An elderly man requiring catheterism for a partial or complete prostatic retention of urine may be looked upon as a blind traveller unconsciously approaching the brink of a precipice, and his surgeon may be compared to his friend, who, aware of the danger, hastens to . . . 'ance

The friend must interfere or else the man is lost ; but if he rush unskilfully to his aid he may cause him to stumble and so actually hasten his end, although by a very brief period of time ; or the man may already have lost his equilibrium, the most skilful aid is unavailing and he falls, and in failing may drag his would-be saviour with him." In other words, the on-lookers, ignorant of the danger, may attribute the loss of the patient to the surgeon and his catheter, and the surgeon's credit, dear to him as his life, be gone. Therefore with regard to prostatic catheterism it is incumbent on us to act from the very outset cautiously and judiciously, that no one may have occasion to reproach us.

What is it, it may well be asked, that makes catheterism in these cases so fraught with danger at times. The reason is that it may be followed by fever of varying intensity. In one case slight, in another serious or even fatal. This causes us to further inquire : What is the cause of this fever that may be so serious ? so that we may try and prevent it or lessen its severity. The starting point of irritation being the catheter, some have ascribed it to septic invasion of the kidney, due to the introduction from without of septic matter on the instrument. That this can and does happen I firmly believe. I like to carry it always in mind, and by my actions eliminate it as a cause, but that it is frequently a cause, I do not think.

Of course, if the urethra be torn or injured by the introduction of instrument, absorption of septic products might, and probably would, result in fever, just as a breach of surface anywhere in the body ; but we know that this fever may follow the most skilful catheterism conducted with the most strict antiseptic precautions. The theory advanced, that this is due to absorption of urine, through the injured mucous membrane of the urethra, is not tenable either, except in the rarest of instances.

The most probable explanation is, that the fever is the result of shock to the sensitive excretory apparatus of the kidney through the nervous system. That the connection between the genito-urinary organs, and the cerebro-spinal and sympathetic nervous systems is extremely close, can readily be illustrated in cases where the shock of an instrument passed is sufficient to cause complete suppression of urine, even for 24 hours.

In many cases the shock to the kidneys is with-

stood, the resulting constitutional disturbance overcome, and the patient after a time recovers. In all cases, probably, this is the result where the kidneys are healthy at the time of catheterism ; this is much more likely to be their state when the obstruction to the outflow has not existed very long. Now, I do not know how we can, by examination of the urine, tell what the exact state of the kidneys is, whether they are sufficiently healthy to bear the shock, so the lesson is brought home very clearly to us, " Use the catheter early in the disease."

I am aware some cases of enlarged prostate only suffer from occasional more or less complete retention, and therefore require only the occasional use of the catheter. The use of instruments will, sooner or later, be demanded in all likelihood by some strong emotion or sudden congestion, or other similar cause, rendering the bladder unable to expel its contents. But these cases are usually compelled in the end, as are the great majority of cases of enlarged prostate, to regularly use the catheter, and they require to be taught to pass it for themselves once, twice, or more frequently per day, and not to trust to the surgeon's visits.

We plan, then, our measures to reduce the shock of passing the catheter, occasional or habitual, as the case may be, to a minimum, and to do that I think we ought (1) To use a soft, flexible catheter, preferably the highly polished silken-webbed gum catheter of the Coudée pattern. (2) To use an antiseptic lubricant, either carbolic acid and oil, or carbolic acid and vaseline, or Lund's oil, or some like preparation. (3) See that the catheter used by the patient is at all times kept most scrupulously clean. (4) Use some sedative to soothe the nervous system, either a single dose of morphia shortly before the passage of the instrument, or quinine and morphia administered in several doses for some days before. As a local sedative, cocaine, to me, does not seem so applicable as in cases of stricture, for it is to the deeper parts of the urethra chiefly that we wish it to be applied, and this cannot be done without using a urethral instrument.

One other point I would mention in these cases of prostatic disease. It is that the bladder, after the habitual use of the catheter, requires to be washed out. Urine in the later stages may accumulate in pouches, and the catheter may not be able to evacuate it entirely ; it decomposes, and the unpleasant effects of this are best met by thorough irrigation of the viscus. In doing this, we should be careful not to allow the entrance of air into the bladder, nor to use any force with the injection. This is easily and conveniently managed by attaching to the catheter, already passed, a rubber injecting bottle, of the capacity of three or four ounces, by means of a piece of tubing, filling

it completely, first of all, with the fluid to be used, warmed to the temperature of the body. The fluid may be a solution of borax and glycerine, or Barff's boro glyceride gr. xij. ad ʒi., or Hg. Cl<sub>2</sub>. ½gr. to ʒi., or some other such. Inject not more than two ounces at a time, allowing it to run off, and then repeating the process as many times as desired.

One caution, too, in those cases where, by slow accumulation, there has been great distension of the bladder and a catheter is to be used, it is not wise to empty the bladder completely at one time, for fatal consequences even have followed such a course.

Lastly, those advanced cases where life is in danger, or at any rate existence is rendered miserable, due to the frequent calls for catheterism day and night, I do not propose to discuss. My friend Dr. Groves, of Fergus, at the last meeting of the Ontario Medical Association, favored us with the report of cases in which he had performed perineal incision, followed by very marked benefit. This, I believe, to be the best means of obtaining the requisite drainage, and superior to any supra pubic or rectal operation.

---

### DOMINION MEDICAL ASSOCIATION. ABSTRACT OF THE PRESIDENT'S ADDRESS.

BY J. E. GRAHAM, M.D., TORONTO.

After thanking the Association for the honor done him, the President made some remarks upon the importance of Medical Associations, and quoted as follows from the report of the Committee on Organization, and presented at the recent meeting of the American Medical Association in Chicago: "The three objects of paramount importance to be accomplished by medical organization, are (1) The promotion of direct personal and social intercourse between physicians, by which mutual respect, personal friendship, and unity of sentiment are greatly promoted. (2) The more rapid diffusion of medical knowledge—scientific and practical—and (3) The developing, unifying, concentrating, and giving efficient practical expression of the sentiments, wishes, and policy of the profession, concerning its educational, legal, and sanitary welfare, and the relations of the latter to the community as a whole."

He then went on to speak of the great necessity for *unity* in the profession, and regretted that in Canada we are not in this respect on a par with

other countries. Referring to specialties, the speaker believed that specialism would continue to grow and that it should be provided for. He then spoke of the losses the profession had sustained by the death of prominent members during the past year, and this led him to the main text of his address, viz., "Overwork and its consequences, as exhibited in the lives of our medical men," upon which he spoke as follows:—

In these days of intense activity, we find frequent evidences of the effects of over-work in the members of the various professions and callings. In each profession, however, there are certain peculiarities, or peculiar methods of work, which are specially injurious to the human system. Of these, so far as they affect the medical profession, we wish to speak. The victims of over-work in our profession may be divided into three or four classes.

The first class may be illustrated by the following example:

A young physician enters into city practice, and, in his eagerness to succeed rapidly, engages in lodge and other contract practice. In this way he assumes at once work and responsibilities which ought to belong to riper years. Often, too, he acquires new patients by a spirit aggressive, and sometimes offensive, to his seniors. If he is a conscientious man he will become, more or less, intensely worried about his patients. He will constantly meet with cases entirely new to him, and will be in doubt as to the correct treatment to pursue. He is, at the same time, under the disadvantage of being considered a young man, and they who contract for the services of a physician are generally the most exacting and the most unreasonable. They often make remarks which are exceedingly galling to a sensitive nature. With this kind of practice there is always a good deal of night work. The patients are usually careless whether they send in the day or night so long as they have nothing extra to pay. If the young physician, as is often the case, falls into a large midwifery practice at the same time, his lot of drudgery—I was almost going to say slavery—is complete. For a few years he does not feel the strain, but sooner or later his constitution gives way. He is frequently subject to severe headache and palpitation of the heart. Symptoms of dyspepsia show themselves. He finds that he cannot



endure night work so well, and feels a general want of strength. If he is wise he will either give up contract practice, or else take a long rest.

A second class of cases are made up of those who early acquire a large country practice. The instances of premature decay are not so frequent in this class, unless the person becomes addicted to stimulants. Although there may be greater fatigue connected with country practice, there is the compensating advantages of pure air and less worry, as the number of patients under treatment is necessarily fewer and expenses of living are less. Many, however, have in the meantime assumed the responsibility of supporting a family, and may not be in a position to give up any of their work. Sometimes they resort to stimulants. This pernicious practice can only have one result, sooner or later—utter and irretrievable ruin. In other cases, the physician works bravely on and is suddenly cut off by a pneumonia or by a typhoid fever, or some other illness, which could easily have been withstood if the system had been in a sound and normal condition at the commencement.

The third class in which we hear of the saddest effects of overwork is composed of those who settle in a large city, and who wish to assume the foremost positions as consulting physicians and surgeons, and to become eminent as teachers or authors.

A young man of this character, with little means, settles in a large city. He sets before him the following tasks: (1) He must make a living from the first. To do this he probably undertakes to teach students in grinding or quiz classes. This, when largely engaged in is exhaustive work. He also frequently does the night work of an elder practitioner, and loses as much rest as one in large practice. (2) He must acquire a reputation as a practitioner. For this purpose he becomes connected with as many hospitals and dispensaries as possible, spending several hours each day in a close and unhealthy atmosphere. (3) He must acquire a reputation as a teacher. For this end he, if possible, becomes connected with a Medical School, where he is expected by the older heads to do an enormous amount of work for little or no pay. (4) His tastes and ambition lead him to become an original investigator of disease, and he has the laudable design of adding to our stock of medical knowledge. To do this he pursues some line of clinical or pathological investigation—a

work which may be exceedingly interesting but which must be carried on largely at night, thus robbing the enthusiast of hours which should be devoted to sleep. Then he desires a competence for himself and family. To some the fatal idea comes of becoming wealthy. As this cannot be done in the slow way of ordinary practice, they engage in speculation, and we all know how fortunate doctors are when they enter that business. There are a few of extraordinary constitution who can bear up for many years against such a heavy strain, but they are few indeed. From constant and unremitting work symptoms of brain tire show themselves.

The physician complains of frequent headaches, becomes irritable, suffers from insomnia, and finds he is unable to do the usual amount of work, his memory fails, especially in details; bodily weakness, indigestion, inactivity of the liver appear to warn him of his doom in the near future unless he changes his mode of life. Finding himself unable to work he takes a short holiday, feels much improved, returns to labor in the same way as before. Organic disease may now become developed. The heart becomes weak and irregular. Atheroma of the arteries and consequent apoplexy may lay him aside or may end his career. Bright's disease may show itself. If none of these organic diseases present themselves, the unfortunate may be cut off by some acute disease. Instances are not rare of degeneration of the nerve centres, with consequent melancholia and suicidal mania. This is not a fancy sketch, but one which could be substantiated by many instances. I will mention but one, that of the late Dr. Golding Bird. Dr. Routh, in his book on overwork, gives the following account of an interview with that distinguished man:—"I well remember a conversation I had with the late Dr. Golding Bird, a few weeks before his death. He was then in the zenith of his popularity, and recognized by all as one of the ablest of our London physicians. I called upon him one morning with a relative to consult him. Several other medical precedents preceded me. His rooms were full, and I had to wait three hours ere I could obtain admission to his study and consult about the case. I congratulated him on his success in practice. 'Yes,' he said to me, 'you are right; but I wish, nevertheless, to make your remark a text for a little parting advice. You see me at a little over forty in full

practice, my rooms full, and making my several thousands per annum,' (I think he said seven), 'and if I die to-morrow I do not leave as many hundreds to my family. All this I have done by sheer perseverance, unceasing hard work, and no holiday. But I am to-day a wreck. I have fatal disease of the heart, the result of anxiety and hard work. I know I cannot live many months, and my parting words of advice to you are these, never mind at what loss, take your six weeks' holiday. It may delay your success, but it will ensure its development. Otherwise you will find yourself at my age a prosperous practitioner, but a dying old man.' Six months after this conversation he had put off this earthly tabernacle."

It is my opinion that in such cases it is not the scientific labor which is the cause of trouble, but it is the worry, anxiety and fatigue of family practice, in addition to the scientific work. We all know from personal experience how exhausting it is to visit, day after day, upon a serious case of illness, especially if the patient is a near friend, or one of distinguished position in society. The amount of vital capital lost in these cases cannot be estimated. It is a singular fact that the large majority of cases of overwork occur among consulting physicians. Surgeons and specialists do not suffer to the same extent. The reason of this is not far to seek. The amount of brain work done by the physician, as a general rule, is very much greater than that done by the surgeon or specialist. The work of the latter, in most cases, is largely of a mechanical nature, and a great portion of their time is spent in manipulation. It is otherwise with the physician. Let us for a moment follow him in his every-day work. He must first attend to his correspondence. This is usually no slight task, especially if he answers all the letters sent by brother practitioners throughout the country asking for advice in the treatment of certain detailed cases. I hope you will pardon the digression while I make a few remarks on this point. Very often, in fact in the majority of cases, these letters of advice are sent and an answer expected without fee. To read the detailed history of a case, and to give an answer of any value, takes up the greater part of an hour, and incurs quite as much labor as any other consultation. A specialist in Toronto, who is very conscientious in answering these letters, has informed me that the

task frequently requires him to remain at his desk until after midnight. The late Dr. Darwin Hudson, of New York, when I was last there, complained bitterly of the same difficulty. So much labor ought not to be imposed without remuneration. In case the patient is poor and unable to pay, the consultant or specialist would always be glad to be of any assistance without any reward. In many instances, however, we believe the patients are well able to pay, and the attending physician need only state his intention of consulting by letter, and ask for the fee to have his wishes acceded to.

We will now return to our subject. After the physician has finished his correspondence he is ready to receive patients. Together with a number of minor cases he may have two or three of difficult diagnosis, which may bring into exercise all his resources. He will write a detailed history of each case and, perhaps, afterwards write his opinion and treatment in a letter to the attending physician. When he has finished a morning's work of this kind he is frequently so exhausted as to wish for the afternoon to rest. But he must then go to the hospital and, perhaps, for one or two hours he examines and tries to make clear to a class of students cases quite as difficult as those of the morning. He then visits his private patients. (On this continent we have yet very few purely consulting physicians.) This may occupy his time until six or seven o'clock. After dinner he works at his lectures or other literary matter, and is at the same time harassed by numberless interruptions until nearly midnight. Then he may, like all medical men, be called up at night, or, if allowed to sleep, wakes up perhaps tired to continue his ceaseless toil. Is it any wonder that so many break down under such a strain?

The development of specialties has also added to the work of the physician. He cannot act simply as a distributing centre, sending one patient to this specialist and another to that; but he must learn to diagnose and treat many local diseases himself. This entails upon him the necessity of acquiring a knowledge of most of the specialties; and now that familiarity with bacteriology is added as an almost necessary accomplishment, the field is too vast to contemplate.

Now what are the lessons to be learned from all this?

1. That the rapid acquirement of a large and lucrative practice is often a great misfortune. It subjects the physician to the enmity of his older colleagues, often with and often without reason. It imposes burdens under which many fall, and it robs him of a happy and useful old age.

2. In the case of those who are ambitious to acquire professional favor for scientific work, the lesson is to avoid overwork. One ought not to try to become a noted physician and a rich man at the same time. It is a rare thing for a physician to amass a fortune, too rare to make it worth one's while to attempt it. A very important lesson is to notice the first admonition of a general breakdown, and to act upon the warning given. One of the best remedies is a prolonged holiday. This serves the purpose of giving the mind a complete rest. A long holiday is but of temporary benefit; the work must be cut down at home. Eight hours' sound sleep must be had at any cost. If the rest is broken by night calls it must be made up in the morning. Some part of each day should be devoted to recreation. These are difficult rules to follow out in practice, but they are quite possible when a determined stand is taken. Those who habitually overwork must remember that they are thus defeating the very object of their ambition. In the medical profession the best work should be done between forty-five and fifty-five. The late Dr. Flint did not issue his celebrated work on "Practice of Medicine" until he was over fifty. We know from observation that medical men in health are at their best during those years. This being the case, it should be the aim of an ambitious physician, above all things, to maintain his health and vigour, until he can reap the fruit of his earlier labor. The most satisfactory, the most lasting, and the best work is done by those who are careful not to overtax themselves, but who so arrange their business as to take that recreation which the body so much needs.

I would not close this address without referring to the opposite condition: the spirit of apathy and inactivity which blights many physicians' lives. It is far better to live an active life of usefulness, even if one should be the sooner cut off, than to pass through this world as a miserable drone, of little use either to the family or community.

Our active professional and business men, those who shape our destinies as a nation, frequently

exhibit one trait of character which might almost be considered a failing, viz., the expectation of immediate results from their labor. This is particularly noticeable in our western provinces and territories. We work hard, and if in a few years the reward of our toil is not within our grasp we chafe under the disappointment, become discontented, and determine either to change the political character of our country, or remove to lands where fortunes are said to be more rapidly made. We have a vast territory, but one in which the material obstacles to rapid advance are great. These very difficulties ought to develop in us qualities of patient endurance and steady perseverance—qualities which will ultimately make this Canada of ours one of the greatest nations of the world.

Let us as physicians, not under the influence of haste and worry, but steadily and perseveringly, work in building up our own profession, so that in all matters which pertain to excellence we may be equal to that of the foremost nations.

---

#### NOTES OF THREE CASES OF PUERPERAL ECLAMPSIA.

BY A J. HARVEY, M.B., C.M., ED., ST. JOHN'S, NF'LD.

The three following cases of eclampsia may be of some interest, illustrating, as they do, the occurrence of convulsions in the gravid, parturient and puerperal states, and ending in recovery.

CASE I. On the 7th September, 1885, I was called to Mrs. A., primipara, in the seventh month of pregnancy. She had been taken ill on the previous evening, but my services not being available she had been attended by another. During the night, and up to 10 a.m., had severe convulsive seizures, the later ones being very severe. She was unconscious, face swollen and distorted, feet œdematous; had previously complained of headache and swelling of extremities; had passed no urine since previous day, and a small quantity withdrawn was loaded with albumen; pulse full and quick. On vaginal examination the head was felt at the brim, no pains or dilatation. A hypodermic of morphine,  $\frac{1}{2}$  gr., was given at once, and two minims croton oil placed on the tongue. At 4 p.m., had no return of convulsions, and was somewhat more conscious; ordered a purgative enema, as bowels had not

acted, and a diuretic mixture. In the evening, had been freely purged; consciousness improved and no more seizures; ordered a chloral enema and pulv. jalapæ co., by mouth. On the 8th she was better, pulse fuller, and some secretion of urine, increasing through the day; vomiting had ceased and some milk was obtained. The improvement continued daily, but urine continued albuminous for a considerable time. In a fortnight she was sitting up, her recovery being delayed owing to the condition of the tongue which had been badly bitten; a milk diet and iron were administered. She had felt no fetal movements since the attack. On the morning of the 10th October, she was confined of a dead fetus after an easy labor, and made a slow but perfect recovery, and is now enjoying excellent health.

CASE II. Mrs. B., primipara, married in Feb., 1885, was taken ill on Sept. 10th, 1885, with convulsions. When I saw her at 6 a.m., she was in a semi-unconscious state, had two seizures since 5 a.m.; had been ill all night, with vomiting and headache, pain in the back and discharge of liq. amnii; legs œdematous, and of late, face had been swollen and general malaise; pulse rapid and rather full. I gave  $\frac{1}{2}$  gr. morphine hypodermically, and ordered strong purgatives. At 11 a.m., had two fits in the interval, not so severe; coma deeper. On vaginal examination, head was felt at the brim, os dilated and soft; gave a chloral enema. At noon os was more fully dilated, and, as another fit had taken place, applied Simpson's axis traction forceps, gave but a small quantity of chloroform as coma was deep, and delivered her of a full term living child with some difficulty. There was slight post-partum hemorrhage. There were no more convulsions and consciousness began to return. A diuretic was ordered and next day a pint of high colored albuminous urine was passed. After this the flow became abundant and the patient progressed rapidly and made a good recovery. The infant had several convulsions after birth, on the first day, but survived.

CASE III. At 2 a.m., Dec. 5th, called to Mrs. C., secundipara, in the ninth month of pregnancy. Her father died very suddenly on the previous evening; she had visited his home afterwards and when there was taken with severe epigastric pain which continued after her return home. She had been unable to give vent to her feelings in the

ordinary way and was complaining also of severe headache. Her previous health had been excellent and there was no indication of albuminuria. Labor had not set in and she was ordered a chloral and bromide draught. At 11 a.m., said she was better, but still had severe headache and epigastric pain. At 2 p.m. there were seizures of labor, and she was delivered at 4 p.m., easily. Chloroform was given; there was no hemorrhage and uterus was firm. At 8 p.m. complained of violent headache and loss of vision followed in a few minutes by a violent convulsion. I gave a  $\frac{1}{2}$  gr. morphine, hypodermically, at once. At 10 p.m. had another seizure and was ordered a sedative draught. I did not see her during the night, owing to some mistake of the nurse who could not get a messenger, but at 7 a.m. was called to her, and was told that she had a succession of fits through the night alternating with periods of maniacal excitement, throwing herself about and trying to get out of bed. At this time she was very pale and haggard, pulse over 100, and weak, passing urine unconsciously. Gave another hypodermic of morphine, followed in half an hour by a chloral enema, as convulsions continued. After this she slept for two hours, when the enema was repeated, as patient was again getting restless. Urine passed freely, contained no albumen. She was kept under the influence of chloral, and when I saw her in the evening was conscious of her immediate surroundings, but had no recollection of the birth of her child or death of her father. She was kept in ignorance of this latter fact for a week afterwards, when as she was worrying with the idea that something was wrong, the news was again broken to her. Even after this she had no recollection of the events of that evening, except that she went to her father's house. She made a slow but good recovery. In this case the patient had enjoyed good health up to the time of her confinement, which was somewhat premature, and there was no reason to suspect any renal mischief before or afterwards. The eclampsia seems to have been brought on by purely mental causes, operating at a time when the nervous system was excited and strained. The attacks were as violent and epileptiform as any I have ever seen. Such cases are, I believe, of the rarer forms of eclampsia in the puerperal state, but their existence cannot be denied.

The value of morphine hypodermically in the renal forms of eclampsia seems, in my experience, to be considerable, but in the nervous variety chloral seems to act most efficiently.

### Correspondence

To the Editor of the CANADA LANCET.

SIR,—Mr. Bryant in his excellent manual for the Practice of Surgery, states that "Dr. Crawford W. Long, of Athens, Georgia, was the first surgeon who in March, 1842, performed a surgical operation while the patient was completely anesthetized by the inhalation of sulphuric ether."

Those of your readers who have visited the thriving city of Boston must have noticed in walking through the public gardens, the neat and elegant monument erected to commemorate the introduction into medical practice of sulphuric ether as an anesthetic, and the first surgical operation performed under its use in the Massachusetts General Hospital in 1846.

Every day experience is bringing to light that what we are taught to believe were current historical facts, will not bear thorough investigation. It is quite easy to see how this could be in matters which took place at a very remote period; but in a question like the present, which had occurred within the lifetime of some persons, it is not easy to understand how there could be such a mistake. I have always been under the impression that ether was first used as an anesthetic in Boston, am at a loss to understand where Mr. Bryant got his information, but he states it as a *fact*; and of course a surgeon of so much practical experience and withal so cautious, must have positive and reliable information or he would not have said so.

It seems highly desirable that the history of anesthesia should be clear and reliable; and as I have no other medical work in which Dr. Long gets the credit of being the introducer of sulphuric ether for this purpose, it has occurred to me that some of your readers, or perhaps Mr. Bryant himself—if he ever reads your popular journal—might kindly throw some light upon the subject. At any rate it seems well worth ventilating in the columns of the LANCET.

C. H. L. JOHNSTON.

St. John, N.B.

### Reports of Societies.

#### THE DOMINION MEDICAL ASSOCIATION

The twentieth annual meeting of this Association took place in St. Paul's church school-room, Hamilton, August 31st and September 1st. There was a fair attendance from Ontario, and Montreal furnished a number of the profession, but the attendance as a whole was not what it should have been.

At 10 a.m. Dr. Holmes, of Chatham, took the chair. After a short address, he introduced the new President, Dr. J. E. Graham.

Dr. McCargow, the chairman of the local committee, then read an address of welcome, and extended to the visitors an invitation to a *conversazione* to be held that evening.

Dr. Graham replied, accepting on behalf of the Association the kind invitation given.

After routine business had been disposed of, the Association adjourned until 2 p.m.

In the afternoon Dr. McPhedran delivered the address on Medicine, on "The Pathological Conditions and Behaviour of Fluid in Empyema," which will appear in our columns in full in another issue.

The discussion was opened by Dr. Mullin, of Hamilton, who, after speaking of the difficulty of making an early diagnosis between pneumonia and empyema, cited cases to establish his views on the point under discussion.

Dr. Sheard, of Toronto, referred to the cases cited by Dr. Mullin, and believed that both conditions might have been present. The illness might have commenced as a pneumonia and terminated in empyema. He believed the temperature chart was a very important element in the diagnosis of empyema.

The discussion was continued by Dr. Teskey, of Toronto, who opposed the germ theory in this disease. He was of opinion that pus was simply necrosed exudation, the result of severe inflammatory process, and that the presence of bacteria was not a *sin qua non*. He was averse to the use even of the hypodermic syringe in exploring the chest, except in those cases where the diagnosis could be made in no other way. He thought that even so light a traumatism as the introduction of

a syringe might determine the destiny of an exudation. One which might have remained sero-fibrinous, could in this way become purulent.

After some further discussion of the subject by Dr. Whiteman, of Shakespeare, the President, Dr. Graham, read the annual address, the major portion of which appears in this number.

The address on Surgery was then delivered by Dr. Grasett. It appears in this number. Dr. Hingston, of Montreal, and Sir James Grant, of Ottawa, took part in the discussion of the paper.

In the Medical Section, Dr. Macdonell, of Montreal, read a paper on "Knee-jerk in Diphtheria," in which he stated that, of eighteen severe cases of diphtheria which he had under his care in the Montreal General Hospital, the knee reflex had been absent on the day of admission in ten cases. He believed that in many cases absence of this reflex is the only sign of nervous disturbance, that it often precedes other nervous symptoms, and remains after they have disappeared. His conclusions are:—(1) That in a considerable number of cases knee-jerk is lost from the first beginning of the disease, and thus affords a valuable means of the diagnosis of the nature of the throat affection. (2) That loss of knee-jerk is the first evidence of the disease having attacked the nervous system. (3) Absence of the knee-jerk has no influence on the prognosis.

Dr. W. H. B. Aikins then gave some interesting facts relating to the epidemic of Anthrax at Guelph, and a paper on the "Detection of Typhoid Bacilli in Drinking Water."

In the Surgical Section, Dr. Malloch, of Hamilton, read a "Report of Nineteen Cases of Tracheotomy in Diphtheritic Croup." He advocated:

1. The high operation.
2. Frequent cleansing of the tube with a solution of sodæ carb., followed by one of bichloride.
3. Early operation.

After much interesting matter, given by Drs. Atherton, of Toronto, Trenholme, of Montreal, Bell, of Montreal, Dr. Malloch closed the discussion.

Sept. 1st.

The President took the chair at 10 a.m. After routine business, it was moved by the President, seconded and carried, that Drs. Ross and Stewart, of Montreal, and Graham, of Toronto, be appointed a "Committee on Organization," to consider the best means of maintaining and increasing the use-

fulness of the Association, and report at next meeting.

Dr. Eccles, of London, then gave an excellent address on "Subinvolution of the Uterus." It provoked an animated discussion, which was taken part in by Dr. Powell, of Ottawa, Dr. Cameron, of Montreal, Dr. Trenholme, of Montreal, Dr. Holmes, of Chatham, and Dr. Bantock, the celebrated surgeon of London, England, whose contributions to the *Lancet* have made his name well known in this country. He did not recommend the use of such powerful agents as nitric acid, which he believed was a dangerous remedy in many cases. Neither did he advocate excision of a part of the cervix as a necessary procedure. He used applications of iodine and glycerine in varying strength, corrected existing misplacements, and in some cases of lacerated cervix adopted Emmet's method.

At the special request of the members, the paper of Dr. Gardner, of Montreal, on "The Year's Work in Abdominal Surgery," was transferred from the surgical section to the regular session. Dr. Gardner is an ardent admirer of Dr. Bantock, and after the reading of his paper, in which a number of exceedingly interesting cases in abdominal surgery which had come under his notice were fully described, Dr. Bantock consented to deliver an impromptu address before the Association, taking as his text some of the points raised by Dr. Gardner in his paper. He deprecated the giving of opium and stimulants after cases of abdominal surgery, and also took occasion to object strongly to men performing such operations, unless they have extended knowledge and experience in this class of surgery. He advised young men who get such cases to send them to older practitioners having large experience. When he himself began the treatment of cases in abdominal surgery, he was unsuccessful in nineteen cases in the first hundred, while in later years the ratio was only about one per cent., showing that practice and experience is an important factor in this description of surgery.

Dr. Rosebrugh, of Hamilton, and Dr. Hingston, of Montreal, followed with further illustrations and descriptions of cases, and then Dr. Bantock answered a number of special questions from the members present.

The Association then adjourned until 2 p.m.

At 2 p.m., the President being in the chair, Dr. Stewart gave an address on "The Present State of Cardiac Therapeutics," of which the following is an abstract:—The means to be employed when treating an acute inflammatory process of the endocardium is to give as much rest as possible to the inflamed valves, and in order to effect this, measures must be taken to lower the blood pressure. To accomplish this, the patient should have complete bodily rest in bed and have as little fluid in his diet as possible. During the continuance of

compensation in cardiac disease all is well, but one of the first signs of failure is shortness of breath. In cases of this description a German theorist, Oertel, taking the view that the heart is a muscle, and consequently will be strengthened by anything that strengthens the muscles, advises violent and continued exercise to cause palpitation of the heart. He also recommends the keeping up of a good state of nutrition, by a diet rich in albumen, and when diaphoresis is not obtainable by exercise, he recommends Turkish baths. Great stress is laid on the importance of preventing fat formation, especially in cases after the restoration of a previous loss of compensation. By following this course of treatment, it is claimed that a patient may maintain his original state, dating from the early compensation, for many years. The exercise should not be overdone, however, and should always be followed by a period of rest. Dr. Franz thinks that there is no danger whatever in patients with heart disease exercising as long as the palpitation induced thereby is quickly relieved by taking forced deep inspirations, which diminish the increased tension brought about in the pulmonary vessels. Other physicians recommend judicious exercise, but not of so extreme a kind as Oertel advises. In the opinion of the speaker, it is more adapted to cases of commencement of fatty degeneration and cases of threatened heart failure from deformity of the chest or disease of the lungs. There is a time in cases of loss of compensation where exercise is no longer possible and where medicinal agents have to be resorted to. Of all these agents none is to be compared to digitalis, but there is a very imperfect knowledge among many practitioners of how and when digitalis should be used. The essential therapeutic action of digitalis consists in its power of raising the blood pressure; this increases the secretion of urine; the effused fluids are absorbed from the cavities and tissues of the body, and the respiratory distress disappears. So long as digitalis continues to increase the secretion of urine it is safe to use it, because in health digitalis has no such influence. In cases of dangerous heart failure the patient should, to secure the best results, have absolute rest in bed, combined with digitalis in full doses.

The Association then divided into sections. In the medical section, Sir James Grant read a paper on "Renal Calculus and Cheyne-Stokes Respiration." Specimens of calculi were exhibited.

Dr. Buller then read an exhaustive paper on "Headaches in connection with certain Optical Defects." He believed that headache was frequently caused by an abnormal condition of the superior and inferior recti.

Dr. Macdonell, of Montreal, then read an able paper on "Thoracic Aneurism." He believed that the best results may be obtained with iodide

of potassium, with quiet and generous living. He cited some interesting cases, showing the favorable results of such treatment.

Dr. Campbell, of Seaforth, read an interesting paper on "The Albuminuria of Pregnancy," and the following papers were accepted as read: "The Treatment of Pneumonia," by Dr. Bruce Smith; "A Physiological Basis for an Improved Cardiac Pathology," by Dr. Mills, of Montreal.

In the Surgical Section, Dr. Cameron read a most interesting paper, entitled "Some Practical Points in Aseptic Midwifery." He believes that the direct cause of puerperal fever are germs. He advocates the adoption of every means to prevent the invasion of the enemy. But if the germ has entered and symptoms are showing themselves, douche out the uterus thoroughly; if this fail, curette to bring away any clot, membrane, or placenta. If these means do not control the fever, attend to the nourishment and stimulation.

A discussion on the paper was taken part in by Drs. McCargow, of Hamilton, Wright, of Ottawa, Dupuis, of Kingston, Taylor, of Goderich.

Dr. Hingston, of Montreal, gave an excellent address on the "Removal of Naso-pharyngeal Tumors," which we hope to give our readers in another issue. Then followed a paper by Dr. Johnstone, of McGill College, on "Puerperal Peritonitis"; one by Dr. Dupuis, of Kingston, on "The Removal of the Astragalus," and one by Dr. Sweetnam, of Toronto, on "Stricture of the Rectum."

Section adjourned.

The Association resumed its session, the President in the chair. The President stated that he had received the Report on Hygiene from Dr. Cassidy. Owing to want of time, it was taken as read.

Votes of thanks were tendered to the President, Secretary and Treasurer, and to the profession in Hamilton for their great kindness and courtesy. A vote of thanks was also given to the authorities of St. Paul's church for the use of the school-room.

During the afternoon session, the following were elected officers for the ensuing year:—Dr. George Ross, Montreal, President; Dr. James Bell, Montreal, General Secretary; Dr. Charles Sheard, Toronto, Treasurer.

The following local officers for the several Provinces were appointed:

For Ontario—Dr. Eccles, London, President; Dr. J. A. Grant, Jr., Ottawa, Secretary.

For Quebec—Dr. Christie, Lachute, President; Dr. Armstrong, Montreal, Secretary.

For New Brunswick—Dr. Currie, Fredericton, President; Dr. Lunana, Campbelltown, Secretary.

For Nova Scotia—Dr. Nickwin, Halifax, President; Dr. Trueman, Sackville, Secretary.

For Manitoba—Dr. Blanchard, Winnipeg, President; Dr. Chown, Winnipeg, Secretary.

For British Columbia—Dr. N. True, New Westminster, President; Dr. Milne, Victoria, Secretary. The next place of meeting will be Ottawa.

## PROCEEDINGS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.

### SECTION OF GENERAL MEDICINE.

Monday, Sep. 5th, 1887.

The President, Prof. A. B. Arnold, of Baltimore, read an opening address on "The Practice of Medicine at the Present Day."

The next paper was entitled "Some Suggestions upon the Pathogenesis of Yellow Fever," by Dr. Ignacio Alvarado, a delegate sent by the Mexican government.

The third paper was upon "Pneumonia, as met with in various parts of Canada," by Prof. Walter B. Geikie, Dean of Trinity Medical College, Toronto. A somewhat lengthy and most interesting discussion took place after the reading of this paper, during which many practical matters of great importance were brought out.

### SECTION OF GENERAL SURGERY.

The section of General Surgery was opened by an address by its President, W. T. Briggs.

The section having been formally declared open by the President, Dr. C. I. Parkes, of Chicago, presented a paper entitled "A Contribution to the Study of Gun-Shot Wounds of the Intestines."

Dr. N. Senn then presented a paper entitled "A Contribution to Experimental Intestinal Surgery," and presented numerous specimens showing the great advantages gained by making intestinal anastomosis rather than resection, in case of intestinal injury. The paper called forth rapt attention from the audience, and Dr. Senn was allowed to speak for more than hour, instead of the legal twenty minutes. The subject was too elaborate to be briefly reported, but the coming report in the published transactions of the Congress will be eagerly awaited.

### SECTION OF OBSTETRICS.

The Obstetric section was opened by an address from Prof. Miller, its President, on 1, "The due Restriction of the Operation of Craniotomy"; 2, "The Careful Diagnosis of Extra-Uterine Pregnancy"; and 3, "The Desirability of Rendering

the Condition of Patients during the Puerperal State Aseptic, and doing this safely." Then

Dr. J. Braxton Hicks, of London, England, had sent his paper "On the Contractions of the Uterus throughout Pregnancy, and their Value in the Diagnosis of Pregnancy, both Normal and Complicated," which was read by Prof. Earle, of Chicago. The paper presented in detail five points: 1. During the whole period of pregnancy, contractions of the uterus occur at intervals of from five to twenty minutes, which last for from three to five minutes. 2. If external palpation is made during contraction, the uterus will be felt hard and distinct; if during relaxation, it will be felt soft and indistinct. 3. This phenomenon is of value in the diagnosis of normal pregnancy from tumors. 4. The physiological importance of the contractions is to empty the uterine veins of the carbonized blood. 5. There is a constant relation between the presence of the carbonized blood in the uterine veins and the movements of the fetus, and between the latter and the uterine contractions.

Dr. Duncan C. MacCallum, of Montreal, presented a paper on "Vicarious Menstruation."

Prof. T. Lazarewitch, of St. Petersburg, sent a pair of forceps and a paper describing them, which was read by Dr. Jaggard.

### SECTION OF THERAPEUTICS AND MATERIA MEDICA.

Opened by an address by Dr. Phillips, the Vice-President.

Dr. J. M. Carter, M.D., of Waukegan, Ill., read a brief synopsis of the "Medical Botany of the United States," including 140 orders, 620 genera, and more than 1300 species, which are indigenous in the United States.

Dr. J. E. Stewart, of Wilmington, Del., read—"A proposed investigation of the Materia Medica of the world, by the government of the United States.—A plan to promote progress in the science of drugs."

### SECTION OF MILITARY AND NAVAL SURGERY AND MEDICINE.

The President, Henry Hollingsworth Smith, M.D., delivered an address on "The Influences of the Geographic and Social Characteristics of the United States upon its Military Service, especially its Medical Staff."

The first paper called was, "On a Short Scheme



for Water Analysis in the Field," by Francis Patrick Staples, M.K.Q.C.P., Ireland; M.R.C.S. England; surgeon and major in H.M.A., Aldershot camp.

The next paper, "On the Necessity of a More Careful Examination of the Water Supply of the Military Posts, when an Unusual Amount of Sickness Prevails, and Examination of Hygienic Surroundings," by Morse K. Taylor, M.D., major and surgeon, United States Army.

The next paper was "On the Best Ration for the Soldier," by Jos. R. Smith, M.D., Brevet-Colonel, Lieutenant-Colonel, and surgeon, United States Army.

A paper on stretchers and slings, by John A. Macdonald, M.D., M.R.C.S., England, was read by title by Dr. Lloyd, who presented the stretcher and sling, and explained its *modus operandi*.

Dr. Valney Harvard's paper on stretchers and stretcher drills was read by title.

The next paper read was on hospitals and other huts, by Dr. Jeffrey A. Marston, M.R.C.P., England.

The next essay was on the construction of field hospitals as illustrated in the depot field hospital of the Army of the Potomac, at City Point, Virginia, in 1864-65, by James Collins, M.D., formerly brevet lieutenant-colonel and brigade surgeon of volunteers during the war of the rebellion, with drawings and diagrams.

#### SECTION OF DENTAL AND ORAL SURGERY.

The President, Dr. Jonathan Taft, of Cincinnati, delivered the presidential address, which was devoted to a history of the "Rise and Progress of Dental Surgery in the United States."

The President's address was followed by a paper by Dr. R. J. Porre, Cincinnati, entitled "Chronic Pyemia of Dental Origin."

#### SECTION OF ANATOMY.

President, Dr. William H. Pancoast, Philadelphia, Pa.

The first paper was presented by Dr. Joseph M. Mathews, of Louisville, and was entitled "The Anatomy of the Rectum in Relation to the Reflexes."

Dr. A. L. Ranney, of New York, next read a paper, entitled "Does a Relationship exist between Anomalies of the Visual Apparatus and the so-called Neuropathic Tendency?"

Owing to the absence of Dr. Wile, his paper, entitled "Which shall be the Site of a Urinary Fistula?" was read by Dr. Berry.

#### SECTION OF PHYSIOLOGY.

President, John H. Callender, M.D.

The first paper presented was by Daniel Clark,

M.D., on "The Basal Ganglia of the Brain as Centers of Psychic and Functional Power."

The next paper was by Dr. Richard Caton, of Liverpool, England, read by Dr. Stockman, of Edinburgh. The title of the paper was "Researches on Electrical Phenomena of Cerebral Gray Matter."

#### SECTION OF MEDICAL CLIMATOLOGY AND DEMOGRAPHY.

Albert L. Gihon, M.D., Medical Director, United States Navy, President, read an introductory address on "The Domain of Climatology and Demography as Dependencies of Medicine."

The second paper was by Dr. George H. Rohé, of Baltimore, on "The Meteorological Elements of Climate and their Effects upon the Human Organism."

Dr. W. Thornton Parker, of Newport, R. I., read the third paper, upon "The Importance of the Study of Climatology in connection with the Science of Medicine."

#### SECTION OF OPHTHALMOLOGY.

President, Prof. Julian J. Chisholm, of Baltimore.

Dr. Mooren, of Dusseldorf, read a paper on "Eye Troubles in their relation to Occipital Disease."

Dr. Ole Bull, of Christiania, Norway, read a paper on "Pathological Changes in the Retinal Vessels."

Dr. Leartus Connor, of Detroit, read a paper on "Hot Water in the Treatment of Eye Diseases."

#### SECTION OF PUBLIC AND INTERNATIONAL HYGIENE.

President, Dr. Joseph Jones, who delivered an interesting opening address on "The Causes and Prevention of Disease."

#### SECTION OF DERMATOLOGY AND SYPHILIS.

President, A. R. Robinson, M.D., New York.

At the conclusion of the President's address, Dr. William Welsh, of Philadelphia, read a paper entitled "Vaccination during the Incubation Period of Variola."

The second paper read was "Rectal Alimentation and Medication in Diseases of the Skin," by Dr. John V. Shoemaker.

The third paper presented was "On the Occurrence of Ulcers Resulting from Spontaneous Gangrene of the Skin during the Later Stages of Syphilis, and their relations to Syphilis," by Dr. Herman Klotz, of New York.

#### LARYNGOLOGY.

President, Dr. W. H. Daly.

In his address, Dr. Daly emphasized the propo-

sition he made at the last International Medical Congress, "That the laryngologist of the future must be more the rhinologist, and the rhinologist more the surgeon than the physician."

Dr. R. H. Thomas, of Baltimore, read a paper upon "The Causes and Treatment of Hay Fever."

Dr. Klingensmith read a paper upon the same subject.

These papers were fully discussed.

Dr. Ingalls introduced the subject of Epistaxis, stating that ordinary cases require but little treatment, often being nature's safe-guard in plethoric subjects.

#### SECTION OF DISEASES OF CHILDREN.

President, Dr. J. Lewis Smith, of New York City.

The first paper on the programme was "Cerebral Irritation in Children," by Dr. Jules Simon, Paris, France. Dr. Simon was unable to be present in person, and the paper was read by Dr. Judson, Vice-President of the Section.

Second paper, "Deleterious Results in Children of a Narrow Prepuce and Preputial Adhesions," by Prof. Lewis A. Sayre, M.D., New York City.

Dr. de Saint-Germain, of Paris, contributed "Not a Stone for the Edifice; Not Even a Pebble, But Only a Grain of Sand." His short paper ably advocated ignipuncture of the tonsils in place of tonsillotomy. He inserts the thermo-cautery to the depth of three-eighths of an inch, repeating the operation every week, and at the end of three or four weeks the tonsil is reduced to an insignificant stump.

He also in a brief surgical note advocated the substitution of dilation of the prepuce with Nélatons' dilator for circumcision, the operation to be followed by daily massage of glans and prepuce.

A paper entitled "An Investigation to Determine whether the Absence of Sewerage and of Water Pollution Diminishes the Prevalence and Severity of Diphtheria," by Dr. Chas. Warrington Earle, Chicago, Ill., was read.

#### SECTION OF GYNECOLOGY.

President, Dr. Henry O. Waray, Boston.

After a few remarks by the President, Dr. Nathan Bozeman, New York, read a paper on "Artificial and Combined Drainage of the Bladder, Kidney, and Uterus through the Vagina, with and without Graduated Pressure in the Treatment of Vesical and Fecal Fistulae."

A paper on "Sterility," by T. More Madden, of Dublin, Ireland. Read by Dr. S. W. Cushing.

We have given above a list of the papers read at the several sections during the *first day only*, Monday, Sept. 5th. And this list by no means shows the amount of work done on that day, for cases were reported, discussions took place, and

new instruments and diagrams were exhibited and explained, making each day's work at once most interesting, and at the same time covering a great deal of ground.

#### OUR NEW YORK LETTER.

##### TWELFTH ANNUAL MEETING OF THE AMERICAN GYNECOLOGICAL SOCIETY.

The American Gynecological Society held their 12th annual meeting on the 13th, 14th and 15th of September. The papers this year were unusually good, as indeed the names of some of the readers, as Drs. Fordyce Barker, Emmett, Mundé, Lusk, Parvin, Skene, and Bantock, of London, of ovariectomy fame, testify. A great many gynecologists of note staid over from the International Congress to attend and take part in the discussions, and we had the pleasure of seeing and hearing such able authorities as Professor Simpson, of Edinburgh, Drs. Bantock and Grailey Hewitt, of London, Martin, of Berlin, of hysterectomy fame, Unna, of Hamburg, etc., so that this year's meeting was especially interesting and profitable.

Among other papers was one on "Cysto-Colpocele complicating Labor and Pregnancy," by Dr. Busey, of Washington. The doctor pointed out that this condition was one that demanded far more attention from obstetricians and obstetric writers than it has received so far. Although it is a very rare condition his reported cases and those of one or two gentlemen who took up the discussion shewed it to be a very grave one. He describes the tumor as a soft, yielding, pediculated cyst, suspended from the anterior vaginal wall, generally pear shaped and varying in size from a small egg to a child's head, that this tumor may be mistaken for the bag of membranes or a hydrocephalic head is very likely, but when the os is felt for it can not be found, having been pushed up beyond reach. The practical point is that this condition may come on days and even weeks before the term, and may so closely simulate labor as to cause the accoucheur a great deal of uneasiness, so that he may even undertake some operative procedure. Dr. Busey quoted one of his cases, occurring a month before labor, and Dr. Bookell a case occurring some days before. The abnormal distention of the bladder and the foreign body in the vagina causing pains very much like labor

pains, but differing from them in being more frequent and of a more tearing, tenesmic nature. If this complication should occur during labor it will protract it, more by its reflex, nervous influence, creating false unavailing labor pains, than by its mechanical obstruction. This is shown in the treatment, for after catheterization the uterus descends, the pains change their character to true uterine pains and labor continues.

On scarcely any other question in surgery is there such a diversity of opinion as there is on the question of drainage after laparotomy, as was shewn in a paper on this subject, read by Dr. Paul F. Mundé, of New York. Dr. Mundé believes that all uncomplicated cases do better without a tube, that after thoroughly cleansing the abdominal cavity the absorbent power of the peritoneum is enough for all oozing. He was supported by Dr. Martin, of Berlin, who has discarded the tube except in his hysterectomies and when there is a large ulcerating surface; in both of these cases he drains through the vagina. But Dr. Bantock is a strong champion of thorough drainage, and certainly his very flattering results are enough to confirm his opinions. Out of his last 104 ovariectomies he has only lost three patients, and out of his last 78 he has only lost one. He thinks the reason that others have not had such good results with the tube is because they do not empty them often enough. He uses a straight glass tube which he empties every two hours, and leaves it in until the fluid that comes away is clear serum.

Of course both sides of this question have their advocates, and will have for a long time to come, until a wider knowledge decides for or against the practice, but it certainly does seem that a patient with a tube in, when changes can be watched and hemorrhage detected, is much safer than one without, even barring the accidents of formation of pus, or fistule, or peritonitis—all possible effects of the tube.

In a paper by Dr. C. D. Palmer, of Cincinnati, on "The Therapeutic Value of some Medicines in the Treatment of Hemorrhagic Conditions of the Uterus," the therapeutical qualities of ergot, arsenic, iron, hamamelis Virginiana, viburnum prunifolium, etc., were discussed. Although ergot stands at the head of the list, especially when a immediate action is required, and in the case of a large boggy uterus, the result of subinvolution, there is probably nothing better; still the hamamelis and viburnum have a great reputation among the Americans, both from clinical evidence and from their supposed specific action in constringing the venous walls. Arsenic too was highly spoken of, particularly in those chlorotic cases with a malarial taint. Fordyce Barker's treatment of such is, to put them on three or four ℥. of Fowler, three times daily during the inter-

menstrual periods, and treat with quinine during the flow. Dr. Lloyd Roberts, of Manchester, and Dr. Bantock both hold to the good old ergot.

Dr. Parvin, of Philadelphia, read a paper urging the use of antiseptics in private midwifery practice, and showed that by using compressed tablets or capsules of bichlorids or other antiseptic, and dissolving them in water, at the bedside, the danger of the patient would be very much lessened, and the accoucheur's reputation correspondingly bettered. He says he always uses them, and we had the testimony of several obstetricians of note to show how beneficial they were. Prof. Simpson threw out a good suggestion on this subject; it is that the residues from all degenerated tissues were mainly in the shape of fatty acids, and from chemical experiments it was found that spirits of turpentine would very effectually dissolve these fatty acids, therefore it was the practice of himself and a great many other English and Scotch obstetricians, to carry a little bottle of turpentine in their obstetric bags, and rubbing their hands well with this, then washing them with soap and water, and afterwards in the antiseptic solution, before ever attempting to examine a woman in labor. This cleans the hands of all impurities, the result of examining old wounds, ulcers, etc., which every one is continually coming in contact with, especially the general practitioner.

CANUCK.

### Selected Articles.

#### PROPRIETARY MEDICINES — SHOULD PHYSICIANS PRESCRIBE AND RECOMMEND THEM?

"Should the physician use in his daily practice a 'proprietary' medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time honored principles of medical ethics?"

These questions have been put to this journal, and perhaps to others, with the request that they be answered editorially; and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have give the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matters depends upon what is meant by the term "proprietary medicine." In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is

alone protected by law. When such preparations are made exclusively for the use of the medical profession and are advertised exclusively in medical journals we cannot see any possible lowering of professional dignity or deviation from "time honored principles of medical ethics" on the part of the physician who uses them in his daily practice or who recommends them in his communications to medical journals.

The name, in this class of proprietary medicines, is to be regarded simply as the guinea's stamp—a guarantee of the purity and genuineness of the product, and the registration of it—patenting it, if you please, is as much for the protection of the physicians who use it as for the parties who manufacture the remedy. It in no sense makes the drug a "patent medicine" any more than does the writing of "Fairchild" before pepsin, "Merck" before or after an alkaloid, or "Schering" or "Squibb" before chloroform, transfer these chemicals into that category. These men Merck, Schering, Fairchild, Squibb, and a few others, have devoted their lives and spent enormous sums of money in making their products the purest and best that can be attained by human honesty and human ingenuity; and as a reward their names attached in *copyrighted labels* to their chemicals stand as a perpetual guarantee to the physician and patient against the fraud and greed of less honest manufacturers, and it would be a great injustice to them as well as to the profession and public to deprive them of this guarantee.

The question may be, and frequently is asked by the purists, usually by the very old, or by very young members of the medical or pharmaceutical profession, aspiring to be considered very scientific, "why should a physician resort to these ready-made prescriptions at all? Why does he not draw upon his own knowledge of applied therapeutics and write out his own formulæ in every case? Why does he prescribe this one's sugar-coated pills or that one's gelatin-covered granules?"

Why, indeed? Simply because he knows that these articles, being made in vast quantities, by improved apparatus and appliances, manipulated by highly trained and educated employes, and directed by skilled chemists, can be made better, more accurately and far cheaper than they could be compounded by the most skilful prescriptionist. He does it for the same reason that he buys a watch ready made from the jeweler, or a buggy ready made from the carriage maker.

The most serious charge that is brought against the makers of some of the best known, most valuable and most frequently used proprietary medicines, is that the formulæ given by the manufacturers are not the true ones, or, as Dr. Craig-hill, of Lynchburg, Va., in a paper read before the Virginia Pharmaceutical Association, at its

last May meeting (published in the *Virginia Medical Monthly*, for June, 1887), puts it, "a patented proprietary remedy which professes to publish its formulæ, but does not." If this charge were true, it would indeed be a grave one and a just cause for the banishment of such medicines from the list of those which the physician may use "without lowering the standard of professional dignity," etc.

But when we examine into the matter, we find the sole ground for the charge to be that when the ingredients as named are put together by the physician himself, or by the prescriptionist, off-hand, though it may be *secundum artem*, the result frequently differs very widely from the preparation which it is intended to imitate. This fact would go far to prove the charge did we not remember that in all chemical processes *manipulation* has a great deal to do with results, and that the *element of time* has a value that nothing else can supply. A mixture in which no amount of shaking will produce combination or solution off-hand, or no amount of filtration will clarify, will frequently become perfectly limpid when given the requisite length of time. We are informed by Messrs. Battle & Co. that Bromidia, for instance, requires six days for the thorough combination of its ingredients. We have no doubt that many other such remedies require even more time for their perfection, and no amount of skill on the part of the pharmacist can possibly make up for this element in their preparation. These facts are fully recognized in France and Germany, and we find the highest class of the medical journals of these countries full of advertisements and notices of preparations exactly analogous our proprietary remedies.—*St. Louis Med. and Surg. Jour.*

---

#### MEDICAL NOTES.

In *obstinate hiccough*, always suspect aneurism, and carefully examine for such.

*Chronic peritonitis* not traceable to an acute attack or to an injury, is almost invariably due to tubercle.

Dr. Musser states that, after all *operations on pelvic viscera*, it is always well to make a routine practice of giving opium by suppository.

No one remedy for *aneurism* can accomplish the good that is found to be derived from prolonged administration of iodide of potassium.

*Uterine cancer*, in the vast majority of cases, is of the cervix; sarcoma is of the body. One-third of all cancers found in women are of the uterus.

Dr. Bruen, at the Philadelphia Hospital, recently exhibited to the class a case of *obstinate anemia* which has been treated by Fowler's solution alone, with results most gratifying.

Prof. Bartholow prescribed for a case of pure and simple *chorea*, gr.  $\frac{1}{8}$  of cocaine morning and evening, and, as most important adjuncts, directed particular attention to be paid to dietetic and hygienic influences.

In long administration of bromides, as in *epilepsy*, no more of the remedy can be utilized by the system in combating the disease than that which will cause anesthesia of the fauces.

For *constipation in infants*, use equal parts strained oatmeal gruel and milk. If this does not act efficiently, try from  $\mathfrak{z}$  ss- $\mathfrak{z}$ j of sodii phosphas in twenty-four hours.—Parvin.

For one of those cases but rarely seen, *cervical pachymeningitis*, with all its symptoms well marked, Prof. Bartholow prescribed gr. v of salicylate of cinchonidine ter die, as the probable cause was a rheumatic diathesis.

Prof. Gross has recently, with marked success, been treating *chronic ulcers* by scraping away all induration and dressing on antiseptic principles. He claims for this method a superiority over the means usually employed.

For *irritable stomach of cholera infantum*, Prof. Parvin speaks very highly of counter-irritation of epigastrium by means of mustard, and the internal administration of gr. v of bismuth with gtt. iij of of aromatic spts. ammonia every hour.

For *exophthalmic goitre*, Prof. Bartholow directed the following :

R Extract. ergotæ aquos. . . gr. ij.  
Picrotoxin . . . . . gr.  $\frac{1}{10}$ . M.

Ft. pil.

Sig.—Twice daily.

Also gtt. xv of tincture of chloride of iron, two hours before meals.

Ipecac is also a most valuable remedy in *hemoptysis*; its action is twofold: the hemorrhage ceases with the oncoming of nausea, and when vomiting ensues, the lungs are cleared of the blood remaining in the bronchi and their subdivisions, thus lessening the dangers of after complications or sequelæ.

To properly examine a woman's breast, she should be lying on her back. If examined in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of the fingers back through the breast against the chest walls, and not by pinching the structures up between the fingers.—Prof. Gross.

For *thread-worms*, at night give gr. j of calomel and gr. ij-iv of santonin; the following morning inject a cleansing enema of water, and follow this by the infusion of quassia. To destroy the ova hidden in the folds of the anus and adjoining parts,

apply locally a one per cent. solution of carbolic acid by sponge; never use the acid as an injection, however.

Prof. Bartholow speaks quite highly of iodide of ethyl for *asthma*. It should be inhaled from a bottle, being vaporized by the heat of the hand, the patient, breathing strongly and deeply; this should be continued each sitting until a hot, stuffy sensation is experienced in the chest. At times it may cause coughing. Asthmatics should, as a rule, take a light supper, to avert the attack which is usually nocturnal.—*Col. and Clin. Rec.*

## PRURITIS OF THE FEMALE GENITALS.

The following formula is recommended by Meigs for pruritus vulvæ :

R. Boracis . . . . .  $\mathfrak{z}$  iv.  
Morphinæ hydrochlor. . . . . gr. vi.  
Aquæ rosæ . . . . .  $\mathfrak{z}$  viiss.

M. Sig.—Bathe the parts affected.

Between the applications, lycopodium or starch flower may be dusted upon the affected parts.

Vaneedem's prescription is :

R. Chloroform . . . . .  
Sulphuris . . . . .  
Sodii carbonatis . . . . . āā . . . . . € iv.  
Morphinæ acetatis . . . . . gr. vi.  
Vaseline . . . . .  $\mathfrak{z}$  v.

M. Ft. ungt. Sig.—Rub upon the parts.

Lebert's formula is as follows :

R Hydrargyri bichlor. . . gr. viij-gr. xvi.  
Spt. camphoræ . . . . . f  $\mathfrak{z}$  viiss.  
Aquæ destill. . . . . f  $\mathfrak{z}$  x.

M. S.—Bathe twice daily with the lotion.

For pruritus of the perineum, Hancke gives the following prescription, to be applied by the means of a sponge every two hours. For pruritus of vulvæ, dilute four-fold :

R Iodi . . . . . gr. xv.  
Potass. iodidi . . . . . gr. xl.  
Dissolve in aquæ dest. . . . . f  $\mathfrak{z}$  v.  
Add alcohol dil. . . . .  $\mathfrak{z}$  viiss.

Plouck's salve for pruritus pudendorum is made of the following :

R Ungt. hydrargyri nitratis . .  $\mathfrak{z}$  viiss.  
Hydrargyri oxidi rub. . . . . gr. xx.  
Adipis . . . . .  $\mathfrak{z}$  iv.

M.—Ft. ungt.

Cazenave prescribes :

R Zinci oxidi . . . . .  $\mathfrak{z}$  ss.  
Camphoræ . . . . . gr. viij.  
Amyli . . . . .  $\mathfrak{z}$  viiss.

M.—Ft. pulvis. Sig.—Dust upon the parts.

Dr. Thomas, in cases of pruritus due to vaginal

leucorrhœa, advises vaginal injections of the biborate of sodium in solution, and once or twice a week he cleanses the cervix thoroughly of mucus, and applies the nitrate of silver occasionally; chemically pure nitric acid is used with the hope of altering the secretion. Copious injections of water are continually used, and a suppository of cocoa-butter containing, gr. v of tannin or gallic acid, is placed against the cervix twice daily.

Trousseau recommends a solution of carbonate of potassium (ʒiii ad fʒiv) for pruritus vulvæ. A formula advised by Fox is as follows:

- R Acetate of ammonia . . . . . ʒ j.
- Dilute Prussic acid . . . . . ʒ iss.
- Infusion of tobacco . . . . . ʒ viij.

M. Sig.—To be sponged on the part twice a day in pruritus ani or p. vulvæ.

Bartholow recommends the following lotion:

- R Hydrargyri chlor. corros. . . 1 part.
- Alum . . . . . 20 "
- Starch . . . . . 100 "
- Water . . . . . 2500 "

In case the pruritus comes from the presence of animal parasites, a mercurial treatment is advisable. The black or the yellow wash, or mercurial ointment may be used. The common sulphur ointment is powerful enough to kill the ordinary *Acarus scabei*.

Another formula of Thomas is very desirable as a vaginal injection and wash for the vulva:

- R Plumbi acetatis . . . . . ʒ ij.
- Acidi carbolicī . . . . . ʒ ij.
- Tinct. opii . . . . . f ʒ j.

M. Aquæ . . . . . O iv.

Another topical application of demonstrated value is:

- R Bismuthi subnitratī . . . . .
- Acaciæ pulv. . . . . āā . . . ʒ ij.

M. Sig.—Add water to the consistency of cream, and apply frequently with a brush.

The following is also excellent:

- R Pulv. acaciæ . . . . . ʒ ij.
- Bals. Peru. . . . . f ʒ j.
- Ol. Amygdalæ . . . . . f ʒ iss.
- Aquæ rosæ . . . . . f ʒ j.

M.

And the following will be found an excellent lotion:

- R Acidi carbolicī . . . . . ʒ ij.
- Glycerinæ . . . . . f ʒ j.
- Aq. rosæ . . . . . q.s. ad . . f ʒ viij.

M.—Ft. Lotio.

It must not be forgotten that diabetic urine often produces obstinate and severe pruritus, so that examination of urine is always advisable in such cases.

Hysterical or neurotic pruritus is best treated

with a four per cent solution of hydrochlorate of cocaine.—*Med. and Surg. Rep.*

### CANNABIS INDICA IN DIARRHŒA.

Dr. S. J. Rennie, of Cawnpore, in the *Indian Medical Gazette* for December, 1886, calls attention to the value of cannabis indica in the treatment of dysentery. We wish to draw attention to its value in a similar condition, namely diarrhœa; especially in the type known as summer diarrhœa or English cholera. Attention has been drawn to it in this connection by Dr. Turner, of the Holloway Dispensary, in the *Lancet* (vol. ii. 1866, p. 536): he says, "In ordinary diarrhœa," (referring to summer diarrhœa presumably) "the formula" (mentioned in a previous part of his letter as very valuable in cholera namely

- R Tincturæ cannabis indicæ . . . ℥ x.
- Spiritus chloroformi . . . . . ℥ x.
- Tincturæ kino . . . . . ʒ j.
- Aquam menthæ piperitæ ad . . ʒ j)

"in a modified dose, will be found very serviceable. Being connected with a dispensary where thirty to forty cases of diarrhœa presented themselves daily for treatment during the months of August and September, and where a great variety of remedies were tried, so great was the superiority of Indian hemp above the others, that the patients themselves got to know it, and invariably asked for the green medicine."

We have been in the habit of prescribing it in nearly all forms of diarrhœa with marked benefit, combined with medium doses of morphine. In summer diarrhœa the effects are very striking. There is no necessity to record cases, they are all very much alike; the great depression, the frequent watery stools, the vomiting, and the cramp-like pains are very quickly relieved, the appetite speedily returns, and by the following or third day the cases are practically well, except for some weakness and debility. The formula we generally use for an ordinary adult is:—

- R Tincturæ cannabis indicæ ℥ x.
- Liquoris morphinæ . . . ℥ v vel. ℥ x.
- Spiritus ammoniæ aromatici ℥ xx.
- Spiritus chloroformi . . . ℥ xx.
- Aquam ad . . . . . ʒ j.

To be repeated every 1, 2, or 3 hours according to circumstances. Directions: *No food for several hours, but a little brandy and water.* We have not seen one case run on to a fatal issue under this treatment. It appears to act by increasing the astringent and anodyne properties of the morphine (the dose of morphine would have very little effect alone), by its stimulant effect on the nervous system, improving the tone, and by improving the appetite; thus enabling the system to quickly

overcome the marked depression and exhaustion. Most remedies in this disease rather retard the return of the digestive functions, but from our experience Indian hemp markedly accelerates it. Indian hemp seems also to frequently counteract the bilious action of morphine, as well as the loss of appetite, and allows it to be given where it otherwise would not be tolerated.

In other forms of gastro-intestinal disturbance it is also valuable, probably for the same reasons. It was of marked use in a case of subacute gastro-enteritis, which had existed for a few weeks before it came under our care, in a girl aged 13 years, showing the following symptoms:—marked anemia, which had gradually come on after the other symptoms; constant pain over the abdomen, especially in the epigastric region, increased on pressure and after food; tongue covered with yellowish-white fur; loss of appetite; vomiting at variable times after food of partly digested material; diarrhea, six or eight stools in the day, which were watery and green, containing partly digested food material; some rise in temperature—a little over 100° F. She was first treated with bismuth, then with effervescing mixtures, with no benefit; then with the cannabis mixture (modified to suit her age), and the symptoms very quickly subsided, the vomiting and diarrhea were checked, the pain ceased, and the appetite returned. By the end of the week all the symptoms had disappeared except the anemia, which persisted for a short time longer.

In cases of tuberculous diarrhea we have not seen much benefit, beyond a slight relief of symptoms for a short time, though we have not had sufficient experience in this type; nor in the excessive diarrhea in typhoid fever.

The use of cannabis indica in diarrhea is certainly not new, as the quotations previously given will show; and an old dispensing chemist informed us that some twenty years ago he knew it to be frequently prescribed; but probably from the introduction of many new remedies, and from good specimens of the drug having been not always obtainable, it has with many other valuable remedies been temporarily forgotten. We can find no mention of it in modern works on medicine.—Dr. Bond and Edwards in *The Practitioner*.

**TREATMENT OF BURNS AND SCALDS**—Prof. Mose-tig, (*Cent. f. d. ges. Therap.*;) during the last five years, has treated with iodoform 48 severe cases of burns and scalds with the most satisfactory results. The danger of iodoform-intoxication in burns is merely theoretical. The patients obtain ease a few minutes after the application, and are soon fit to be moved. The patients, in Prof. Mose-tig's words, repose quietly and without pain in their beds; they recover more rapidly, with only moderate and consequently less exhaustion discharges, and with smoother cicatrices, than those differently

treated; and if there is no possibility of saving the life, euthanasia at least is produced. Iodoform, although inert against the dangers to life from oligocythæmia and the nervous shock, guards against the danger of sepsis. Prof. Mose-tig, uses iodoform in every limited quantities only. He rarely employs the powder and when he does he sprinkles it by means of an insufflator in every thin layers, only on those places where the integument has been burnt in its whole thickness, and has assumed a parchment-like appearance. As a rule he covers the injured parts directly with compresses of iodoform gauze prepared by impregnating with an etheric solution of iodoform the purified gauze which has previously been freed of grease. He proceeds in the following manner: After opening and excising the vesicles, and cleaning the burns with cotton-wool, which has been steeped in a half per cent. solution of table salt, and well pressed out, he covers the wound with dry compresses consisting of several layers of iodoform gauze, prepared as stated above, of corresponding size, which are exactly and smoothly laid over the whole surface of the injury. Over this an equally large or somewhat smaller piece of gutta-percha tissue is placed, taking care that it does not form folds or creases. The whole is wrapped in a very thick layer of medicated absorbent cotton-wool which overlaps to a great extent the compresses, or, better, surrounds the whole limbs or injured parts of the body. This cotton-wool is finally fixed by several turns of bandages, which at the same time exert a gentle pressure. This simple dressing is allowed to remain, without being changed, as long as possible *i. e.* as long as cleanliness permits, and no rising of the temperature takes place. The secretions from the wound drain off beneath the gutta-percha tissue, and are taken up by the absorbent cotton-wool. Slight staining of the bandage is no sufficient indication for renewing the dressing, which ought to be permanent; in cases of real imbibition and offensive smell, only the external dressing has to be removed and changed; the iodoform gauze, and the gutta-percha covering, however, should not be interfered with. In case fever should set in, which betrays by its character septic causes, generally the demarcation and separation of the mortified part having commenced, or a retention of the secretion of the wound having taken place, the dressing must be removed, the abscess opened, and free discharge of the pus secured; the mortified shreds and the eschars must be removed by means of forceps and scissors. The new dressing is put on in the same manner as the first one. The impermeable covering of gutta-percha tissue is very essential, and ought never to be omitted. The discharges may be allowed to dry in the external portion of the dressing, but never on the wound itself. Burns of the second degree, as a rule, heal under a single dressing; in

burns of the third degree, aseptic separation of the eschar, with but slight secretion, frequently takes place, and even if the latter be not the case, the granulating surfaces heal in a far shorter time, and the cicatrization is smoother, more even, and altogether less disfiguring than in non-aseptic treatment. In burns and scalds of the face an iodoform-vaseline ointment (1-20) is employed, and covered with a mask of gutta-percha tissue. The ointment has to be daily renewed, and is spread on at the thickness of a knife-blade.—*Lon. Med. Rec.*

**DUPUYTREN'S CONTRACTURE.**—From the description by Langhans of the histological conditions of the cords of tissue removed in a case of finger contracture, as given by Kocher (*Ctrlbl. f. Chir.*), the trouble seems to consist of neoplastic or inflammatory changes, partly in the palmar aponeurosis, partly in the neighboring tissues, including the coats of the arteries and also the capillaries, about which a subendothelial granular adventitia has formed. The principal change is the great increase in number and size of the cells of the tissues affected, causing a very great crowding, with the appearance of granules, either rod-shaped or oval, for the most part regularly arranged in a longitudinal direction, separated laterally by fibers of the ground-substance. These present, after staining with borax-carmin, under the microscope the appearance of reddish stripes or bundles. Only in the middle of the most granular places is this regular arrangement interrupted. Here the granules are shorter and broader, and lie very close, in every possible relation to each other, so that the fibrous structure of the aponeurosis seems lost. When the granules lie upon the surface, they resemble vesicles. The adventitia of the arteries is very rich in granules, mostly oval. An occasional round one is seen, perhaps an oval one seen foreshortened. No migration of leucocytes was found to mark an inflammatory process. Langhans, on this account, is of the opinion that the trouble is neoplastic. Kocher maintains that the migration of leucocytes has not been excluded with certainty, and that their absence is not sufficient to prove the condition to be non-inflammatory. He considers it a chronic plastic inflammation. In either case, the evidence is indubitable that it is a disease of the palmar aponeurosis, and that a mere division of the skin or aponeurosis can not give lasting benefit, in whatever way it may be performed. Kocher maintains that the proper operation is the complete extirpation of the aponeurosis with all its offshoots through a single integumental incision, with immediate closure of the wound with sutures. Primary union usually takes place. If this is done in the early stages, a soft, non-adherent cicatrix remains. In old cases the skin is sometimes more or less adherent; the adherent portions should be excised.

If Langhans' opinion that there is a neoplastic formation is correct, the entire extirpation of the aponeurosis is the only operation which promises any security against recurrence of the disease.—*N. Y. Med. Jour.*

**PATHOLOGY OF UTERINE VOMITING AND OF HYSTERICAL ATTACKS.**—Dr. Graily Hewitt says that the condition of the nerve centres as well as of the uterus must be considered in this connection. Assuming that the vomiting and the hysterical attacks are reflex acts starting in an "irritation" of the uterus, it seems proper to suppose that, in a given case, there is (a) abnormal excitability of the nervous centre as well as (b) abnormal irritation of the sensory nerves of the uterus. The preponderance of either factor is compatible with the occurrence of reflex phenomena.

**Factor (a)**—For a long time I have been of the opinion that hysteria occurs particularly in conditions of malnutrition and have even concluded that the undue excitability of this disease is dependent on malnutrition of the nerve centres. The success of the Weir-Mitchel treatment of hysteria lends great support to this view. Dr. Gowers also deprecates the wide use of the term "functional disease," and says that, in a very large number of these cases, their must be more than mere derangements of function; there must be a change, and a considerable change, in the nutrition of the nerve elements. The subjects of these so-called "functional nervous diseases" are emphatically starved individuals. There is usually a history of inappetency, insufficient feeding and gradual weakening of all the vital forces as a result.

**Factor (b)**—The uterine irritation that gives rise to reflex phenomena must operate through the sensory (afferent) nerves. This may or may not be accompanied by painful sensations referred by the patient to the uterus. There is strong reason for believing that compression of the nerves of the uterus is the starting point of the reflex act. This compression may be brought about by sudden flexion of the uterus or by sudden increase of flexion of an already flexed uterus, by congestion, by small fibroids imbedded in the uterine walls, and by induration of the uterine tissues.

As to the ovaries, I have not found them notably sensitive or unusually swollen in these cases—even when prolapsed and tender they did not seem to be necessarily associated with either nausea or hysteria. Cases hitherto reported by me afford conclusive proof of the pathological views above expressed. They were treated, as a rule, with the most marked benefit on the supposition that the altered shape and position of the uterus were the cause of the uterine irritation. Those cases that most resisted the attempted im-



provement in the shape and position of the uterus were the slowest to respond to treatment. Complete restoration of the uterus to its normal shape and position is not absolutely essential—even partial restoration is often sufficient to benefit the patient materially.—*Brit. Med. Jour.*

**OSMIC ACID IN SCIATICA.**—Neuher first suggested osmic acid as an antineuralgic remedy, and published the results of three cases, two of sciatic neuralgia, and one of the facial. From ten to twenty-five injections were required to effect a cure. Eulenberg obtained three radical cures and four ameliorations out of twelve cases. Many others have used it with very much the same results, *i.e.*, with benefit in some cases, and without benefit in others. Dr. Stékoulis has tried it in twelve cases (six men and four women) of idiopathic sciatica, the duration of which varied from fifteen days to two years. The result of the treatment was eight successes, one much improved, and one in which the remedy proved inert, after four injections, beyond which the patient refused to go. Its effect is explained by the well-known effect of osmic acid on certain constituents of nerve-tissue. No abscesses nor other inconvenience followed its use beyond the pain at the time of the injection. An aqueous solution, containing one per cent. of acid, is generally used, of which about sixteen minims are injected. It stains the skin and clothes black. The injection should be made *loco dolenti*, at first daily, then less frequently.—*Lond. Med. Record.*

**ARTIFICIAL VAGINA.**—M. Polaillon has communicated to the *Société de Chirurgie* a case complete absence of vagina in a woman of 21, and of the successful making of an artificial one. At 15 the girl experienced pains in the genital organs at irregular intervals, and these became at last regular and monthly. The external genital organs were well developed and of normal conformation, only, there was no vaginal orifice. Palpation of the abdomen, combined with the rectal touch and the introduction of a sound into the bladder, demonstrated the existence of a uterus and a neck, while it still further confirmed the absence of a vagina. The operation was divided into two parts, separated by a few days' interval. In the first a path was incised reaching nearly to the uterus, and in the second, 23 days afterward, the uterus was reached and its opening incised. There were no accidents, no lesion of the bladder, rectum, or peritoneum. When the patient left the hospital seven months after the operation, she possessed a vagina which permitted copulation. She had not become regular, owing probably to a congenital malformation of the uterus. But the excessive pains to which, before the operation, she had been subjected monthly, were replaced simply by a men-

strual malaise which was quite supportable.—*L'Union Médicale.*

**DIABETES AND GLYCERINE.**—W. B. Ransom, of Trinity College, Cambridge, reports the following conclusions from experiments bearing upon this subject in the *Journal of Physiology*.

These experiments tend to show:

1. That certain forms of glycosuria may be checked by glycerine.
2. That glycerine acts more efficiently when introduced into the alimentary canal than when injected subcutaneously.
3. That glycerine checks glycosuria by inhibiting the formation of sugar in the liver.
4. That in this way glycerine may lead indirectly to an accumulation of glycogen in the liver.

Viewing the formation both of glycogen and sugar as a process of cell metabolism, quite independent of ferment action, he is unable to suppose that glycerine produces its effect by acting on a ferment in the blood, but considers it probable that it exercises some direct influence on the protoplasm of the liver cells.

Of a possible therapeutic use of glycerine in diabetes mellitus he is not now in a position to speak. The reports of clinical observers are very various, and his own observations are as yet too few to form a basis for definite conclusions.—*Med. Progress.*

**THE TREATMENT OF LUPUS BY INJECTIONS OF CORROSIVE SUBLIMATE.**—Dr. Inginio Tansini, of Lodi (*Gazetta degli Ospitali*), narrates the treatment of a case of lupus of the nose and face by means of repeated injections of corrosive sublimate. He began with a weak solution: corrosive sublimate 50 centigrammes, distilled water 100 grammes. This produced no reaction of any kind. A stronger solution—corrosive sublimate 1 gramme, distilled water 100 grammes—was then used. This produced some tumefaction and œdema in the neighborhood of the punctures, and slight suppuration in some of them. Some fourteen or fifteen injections of a few drops were practised. Improvement soon became marked, and eventually all traces of the disease disappeared, the only marks left being those of the punctures in which suppuration had taken place. Dr. Tansini was led to try these injections by the following considerations: 1. That lupus is a form of tubercle. 2. That the bacilli are few and have no tendency to diffuse themselves. 3. That corrosive sublimate has proved certainly destructive to bacilli. He claims advantages for this method on account of lessened pain and disturbance, and superior cosmetic results.—*The Lancet.*

PROF. VIRCHOW has arranged to accompany Dr. Schlieman on his visit to Egypt next spring.

## THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science  
Criticism and News.**

*Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

*Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to A. J. FULTON, 303 Church St., Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAILLER, 23 Rue Richer, Paris.

TORONTO, OCTOBER, 1887.

*The LANCET has the largest circulation of any  
Medical Journal in Canada.*

### THE NINTH INTERNATIONAL MEDICAL CONGRESS.

Since our last issue, this famous gathering of the profession from all parts of the world has taken place. To say that the profession occupied Washington for the week, beginning on Monday the 5th of September, would be almost literally correct. Here, there, everywhere, on the streets, in the halls where the sections met, were to be seen legions of medical men, Great Britain, France, Russia, Austria, Germany, Italy, Switzerland, Belgium, Spain, Mexico, the Dominion of Canada, and every state and territory of the neighboring Republic, as well as countries we have not named, were represented there. Not far from 3,000 medical men had their names registered as members of the Congress. By the end of the second day, about 2,800 names were given in. Proceedings began at 11 a.m. on Monday, the 5th ult., in Albaugh's Opera House, which was crowded in every part, hundreds being unable to gain admission.

Dr. Henry Smith, Chairman of the Executive Committee, called the assemblage to order at the appointed hour, and after a few opening remarks, called upon the President of the United States to open the Congress. President Cleveland occupied only a few minutes, and after a few well chosen words, declared the Congress open for the transaction of business.

The officers of the Congress were then appointed, Dr. N. S. Davis, of Chicago, being chosen

President, and the names of the several other officers as agreed upon by the Executive Committee, were read over and unanimously approved of.

The President introduced the Hon. Thomas F. Bayard, Secretary of State, who delivered a most brilliant and scholarly address of welcome, as nothing done at the Congress was more universally praised than this admirable address, the closing part of which we give in full.

“We welcome this Congress as guardians of the sanitation of the Nation. In your profession we recognize the noblest school of human usefulness, and in the progress of the department of the development of the law of cure, the mitigation of suffering, the prolongation of human existence, and the efforts to discover the true principles by which life can be made ‘worth living.’ We have learned to appreciate our debt to those whose highest reward is the ‘still small voice’ of gratitude and consciousness of benefaction to the human race. Gentlemen, I confidently promise your convention a worthy audience, not alone the members of your profession here assembled, nor the limited number whom this building can contain, but that vaster audience, to whom upon the wings of electrical force, your message will be daily borne far and wide, to the listening ears of more than sixty millions of American citizens. Sure am I that your message will be worthy, and equally that your thoughtful deliverances will be welcomed by a Continent. The closer relations of mankind, which modern invention have induced, have necessarily been accompanied by an increased dissemination of disease, and the need is obvious of frequent international conferences, that, in the grand sweep of scientific observation, new discoveries in the healing art may be promptly attested and applied in counteraction. Forgive me, if as one of the great army of patients, I humbly petition the profession that in your deliberations, Nature may be allowed a hearing when remedies are proposed; that her vis medicatrix may not be omitted in computing the forces of cure, and that science may be restricted as often as possible to sounding the alarm for Nature to hasten, as she surely will if permitted, to the defence of the point assailed. My duty is very simple, and I fear I have already overstepped its limit, for there was indeed little more for me to say than to repeat the words of an ancient whose cottage was close by the battle-field of Waterloo, and, being somewhat deaf, and hearing the sound of the artillery when the famous ‘pounding’ was hardest, thought she heard someone knocking at her door and simply said, ‘Come in.’ This may seem an unscientific illustration of auscultation and percussion, but you need not make half the noise of Wellington and Bonaparte, and I can assure you the American people will

hear you and heartily say to you, as I do for them, 'Come in.'

This formal welcome was responded to briefly by representatives of the profession from Great Britain, France, Germany, Russia and Italy, after which, the President of the Congress delivered his opening address, at the close of which the Congress adjourned in order that the numerous sections might meet for work. And a glance at the resumé we elsewhere give, will show how much hard work of all kinds had been prepared and was energetically gone through with in the respective sections during the week.

### THE STUDY OF MATERIA MEDICA.

The burdens of a medical student's college life have been increasing by leaps and bounds during the past few years, yet while new work is constantly added to their courses of study, our authorities seem very loth to relieve them of old-fashioned, useless, and obsolete matters which might be omitted. In no branch of medical study is this so apparent perhaps as in materia medica. It is the *bête noir*, not only of the medical student, but also of the young practitioner. How many men begin practice with a practical knowledge of this most important subject, we leave it to our readers to judge from their own personal experience. In perhaps no other subject is a young man so utterly befogged as in this; out of a multiplicity of half-remembered and ill-digested facts, consisting of doses, officinal and non-officinal remedies, proportions by weight and measure, new remedies, etc., he is able to satisfy himself hardly at all, when he comes to prescribe for his patient. Empiricism reigns, if not supreme, at least nearly so in his prescribing, during the early years of his practice, and indeed until he has forgotten two-thirds and more of the almost useless mass of *facts* he was at so much pains and labor to master. And this empiricism in therapeutics reigns thus supreme, largely because it is *impossible* for the student to acquire all the facts required of him, and at the same time have anything like a comprehensive idea of the principles of the action of medicines. Now, students are expected to know the physiological action of drugs, which, as is well known, is a subject about which almost nothing was known till quite recently. It is undoubtedly

necessary that the action should be known, if we expect rational treatment to be the rule, but while this has been added, nothing has been removed, not even the most useless and senseless requirements of the old schools. Does one lecturer on materia medica out of a two hundred, come out of his class-room after he has closed his course, prepared to pass an examination on the quantities of crude drugs, from which the various pharmaceutical preparations are made? We believe not, and we should perhaps think less of the one who could, than of each of the ninety and nine who certainly could not pass such utterly worthless examination. Yet a lecturer must repeat such work, give facts and figures, even down to fractions, when he is going over his course with his class. It would be absurd to call such repetition of facts and figures teaching or even lecturing. It is not in any sense either, and it is a great pity that such a bar should be placed in the way of true progress by those who make our medical curricula, and who should and we believe do know better, for they have themselves experienced the difficulty. These students are to become medical practitioners, and not manufacturing chemists, and it is utterly irrational to ask them to burden their memories with such matters which even the manufacturing chemist would not think of doing, but would obtain from books when required. As was well and truly said by the late Professor Sherpey, "You may as well require of a medical student a knowledge of the whole art of cutlery before you ask him to dissect."

We do not think any sensible examiner would ask for, or place much stress on such parrot-like knowledge, but occasionally one is found who thinks his only duty as examiner is to find out, not what a student does, but what he does *not* know, and who dives into the fractional proportions of various preparations, and is shocked (?) if the student cannot answer what he himself perhaps could not have answered two hours before, nor two days after. Thus while lecturer, student and examiner know that this kind of knowledge is practically useless, and while the lecturer feels the absurdity of wasting valuable time on it, and the student the hardship of getting it up, there the requirement hangs, like a sword over the devoted head of the student, who always feels that such knowledge may be required of him at

his examination, and who is obliged to spend hours upon hours in such preparation, which might be profitably spent in acquiring a knowledge of *principles*. Doses have to be learned, and what is more, remembered, but surely here are enough *facts* for all the Gradgrinds in creation.

Some medical council that has enough *nous* to undertake the cleansing of this Augean stable, and will carry the cleansing process to completion, will have the gratitude of generations of lecturers on *materia medica*, and medical students yet unborn. Lauder Branton, in the preface to his grand work on *Materia Medica*, says: "I am so much impressed with the necessity of lessening the amount of unnecessary work sometimes required as a preparation for examinations, that at first I omitted from this book all reference to the composition of pharmaceutical preparations. But as it is intended not only as a text-book for students, but also for the use of practitioners, I afterwards considered that it might be convenient to have the composition of some pharmaceutical preparations, at least, for the purpose of reference. I have omitted the composition of such preparations as are likely to be got ready-made from a chemist, but have inserted the composition of infusions which often need to be prepared when required. I have also given the composition of various compound pills, but only for the purpose of reference."

Such a statement from such a source should surely have weight, and we believe that every thinking medical man will agree with us that it is high time medical students should be relieved of this night-mare, which has so long afflicted them.

#### THE DOMINION MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association, held at Hamilton July 31st and Aug. 1st, was perhaps more successful than most former meetings. Ontario was well represented, but the other Provinces sent no members except Quebec, and they were, we believe, all from Montreal. It is to be regretted, that the French portion of the profession in the lower provinces does not fall into line with their English brethren, to make the meetings truly Dominion in their character. One of the reasons for holding the meeting last year at Quebec was, that it was hoped that the medical

men of the East would, from propinquity, take an interested part in the proceedings. But on that occasion as at the last meeting, Ontario sent the great majority of members. Nevertheless, the number of members at this last meeting was greater than the average, and the proceedings were characterized by more than usual interest and spirit. The presence of Dr. Bantock, of London, lent additional zest, his address on Abdominal Surgery being extremely valuable.

It is proposed that at future meetings there shall be a section for Obstetrics and Gynecology, which will be, we believe, a step in the right direction. There is surely at present a craze on the subject of diseases of the female genital organs, though the wave has reached its height and is beginning to recede, yet the section will be of as much importance and value as those on medicine and surgery. The time for the transaction of the Society's business being considered too short, as indeed, all the papers could not be read and discussed, it is suggested that in future, the proceedings shall occupy three days instead of two.

The address of the President, Dr. J. E. Graham, of Toronto, was exceedingly interesting and was well received. We give the major portion of it in this issue. The papers by Drs. McPhedran, of Toronto, Eccles, of London, and Stewart, of Montreal, were especially good. Dr. Stewart gave a valuable and timely paper, for while all medical men use digitalis, and some few its congeners, few use them rationally. Digitalis is the routine for heart troubles, but how many know when not to use it, or in what doses to exhibit it.

The profession of Hamilton are to be congratulated and thanked for the efforts they made to entertain their visiting brethren. They have the satisfaction of knowing that, socially, the meeting was a great success, and that the visitors, one and all, carried away pleasant recollections of a delightful gathering and a high opinion of the geniality and hospitality of Hamilton's professional men.

The election of Dr. Ross, of Montreal, as President for the coming year, meets the approval of every one. He has for years shown the greatest interest in the welfare of the Association, and is eminently qualified for the position to which he has been elected. We apprehend that the meeting next year will be, under his presidency, a marked success.

## THE BRITISH MEDICAL ASSOCIATION.

The fifty-fifth annual meeting of this, the largest and most influential association in the world, was opened at Dublin, Aug. 2nd. The retiring president, Dr. Withers Moore, of Brighton, made a brief speech, when Dr. John T. Banks, Regius Professor of Physic in the University of Dublin, the President-elect, was conducted to the chair, and responded in an appropriate manner. The attendance was unusually large and the proceedings were characterized by their great interest, so that the meeting will long be remembered as one of the most useful and enjoyable that has ever been held. Among the addresses of especial interest and value may be mentioned those by Professor Gardner, of Glasgow, on medicine, Professor Hamilton, of Dublin, on surgery, and the historical retrospect by the President. Dr. Bastian's paper on aphasia was received with marked interest. The question of alcoholism, which is now attracting so much attention all over the civilized world, was, we are glad to learn, freely discussed, and it is to be hoped that the results of such discussion by this body, the most competent of any in the world to undertake its consideration, may be followed by results which will be felt wherever the curse is known. Professor Kocher, of Berne, read a paper on "Cachexia Strumpivira and Myxœdema," which was well received. Apostoli's plan of treatment of fibroid tumors of the uterus by electrolysis was explained to the edification of those interested in the obstetrical section, and Sir William Duncan, Dr. Stevenson and others bore witness to having proved its efficacy. Socially as well as scientifically the meeting was a great success. The committee of arrangement left nothing undone to make the visitors thoroughly enjoy their visit to the ancient and venerable city, which in itself is of great interest as having long been one of the chief seats of medical learning in Europe.

It may be interesting to our readers to know that the association numbers over 11000 members, that the total circulation of its Journal exceeds 13,000, and that financially its affairs are in a condition of the highest prosperity.

NEW REMEDY FOR NIGHT SWEATS.—Dr. Pope, in a letter to the *Therapeutic Gazette*, speaks highly of *Potentilla canadensis vel Pot. sarmentosa*, as a

remedy in night sweats. He says:—"I have stopped night sweats with it when atropine failed to relieve." It is pleasant to take; when drawn, it has an agreeable odor, much like table-tea. The manner of using is to pour boiling water on a handfull of the vine, leaves, and root. Let the patient drink *ad libitum*. The remedy is indigenous and may be gathered "about your own homes."

NEW YORK POLYCLINIC.—This admirable school of Clinical Medicine and Surgery for practitioners, was opened for its Sixth Annual Session, Sept. 19th. The class last year was 301 in numbers, probably the largest class of practitioners ever brought together in one year in any school. Two large lecture rooms have been added to the college building, and a laboratory for the study of Bacteriology has been thoroughly equipped.

RIDEAU AND BATHURST MEDICAL ASSOCIATION.—At the last meeting of this Society, the following officers were elected:—President, Dr. Cranston; 1st Vice, Dr. Powell; 2nd Vice, Dr. Lynch; Treasurer, Dr. Hill; Secretary, Dr. Small. The following papers were read and fully discussed:—Fracture of Neck of Scapula, Dr. Powell; Fibroid Anchylosis of Knee Joint, Dr. Grant; Hip-joint Disease, Dr. Groves; Complications of Typhoid, Dr. Chipman; Mineral Waters, Dr. Small. The next meeting will be held at Ottawa, in January.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUÉBEC.—Officers for 1887-89: Wm. H. Hingston, M.D., President; Dr. J. L. Leprohon and Hon. Dr. Ross, Vice-Presidents; Dr. Leonidas La Rue (Quebec), Registrar; Dr. E. P. Lachapelle, Montreal, Treasurer; Dr. F. W. Campbell, Montreal, and A. G. Belleau, Quebec, Secretaries.

HEMORRHOIDS.—Dr. Shuford writes to the *Med. Register*, giving the following as his method of treating hemorrhoids, with which method he has had much success:—The bowels should be well cleansed with a saline cathartic. Anoint the rectum, and with a proper speculum examine the tumors. Have ready the following preparation:

R—Glycerole of borax or boric acid, ʒ iv.  
 Glycerole of salicylic acid, . . ʒ iv.  
 Carbolic acid (pure), . . . ʒ iij.—M.  
 Rub thoroughly together in a mortar and let

stand until the mixture clears. Inject from 3 to 5 drops of this fluid in small, and from 5 to 8 in large tumors, as near the centre as possible, as that is the least sensitive part. The remedy injected into the tumors will diffuse itself, producing atrophy, a shrinking up and peeling off, about the fourth or fifth day after the operation, which is repeated after the eighth or tenth day, the new membranes being allowed sufficient time to toughen. This treatment is not painful and calls for no anesthetic. The patient may go about at will without added inconvenience. When the operation is well performed, in connection with other treatment indicated, it is quite as safe and effectual as the knife, ligature, clamp, or craseur. It is, moreover, attended by no pain or loss of time.

A NEBRASKA DOCTOR'S CERTIFICATE.—The following certificate, of which we hold the original, was written by a Nebraska doctor, who is famous for his cheek and cunning, and enjoys a large practice in his place, being known for a hundred miles around. The orthography is his own, also the new medical terms :

“ — — —, Sept. —.

“This is to certify, that Mrs. — did not die with Bright's disease of the kidneys, but of a Volular Alisais of the Heart, also a gastric condition of the stomach, and Phneumonic Thyphoid, attended with a malarial base.”

That is the kind of man who has a licence to practise in Nebraska, and yet the *Chicago Inter-Ocean* thinks we should have free trade between the United States and Canada in the matter of doctors.

THE *American Med. Jour.* is responsible for the following:—“At the American Institute of Homœopathy, held at Saratoga Springs June last, Dr. Jno. E. James, of Philadelphia, while discussing the therapeutics of hip-disease, said: ‘*Rhus.* acts best on the *right* hip, and *stram.* has remarkable control over the disease in the *left.*’ Dr. J. C. Morgan, from the same city, also said: ‘*Stram.* has proved exceedingly useful in very many cases of disease of the *left* hip.’ These remarks remind us of a recent law we have seen for the determination of the sexes, deduced after the compilation and careful examination of a vast quantity of statistics: ‘If the mother, while pregnant, sees a bow-legged flea with a wart on its *left* knee, the child

will be a male. If the wart is on the *right* knee, a female. In case the flea is cross-eyed and lacks its eye-teeth, these indications are reversed.’” The same authority says that bitch's milk (*lac caninum*) is a new homeopathic remedy.

TREATMENT OF HEPATIC CONGESTION.—Jules Cyr gives (*Rev. de Thérap.*) the following rules for treatment of the above:—1. Application over the liver of compresses of cold water, often renewed; two or three leeches about the anus. 2. At evening,  $\frac{3}{4}$  of a grain of calomel should be taken, followed the next morning by five drachms of Glauber's salts. 3. As beverage, milk and Vichy water, or 75 grains of ammonium chloride in a quart of water. A douche, while the patient is reclining, of water at a pleasant temperature, given over the hepatic region.

NUTRITIVE ENEMA.—Eld gives (*Deutsche Med. Zeit.*), the following: Take two or three eggs and beat them up smoothly with a tablespoonful of cold water; next heat a half cup of a twenty per cent. solution of glucose with a pinch of starch, and add a wineglassful of red wine; then pour the solution of egg in slowly, taking care that the solution does not become warm enough to coagulate the albumen. Before injecting this enema, the lower bowel must be emptied by clysters.

THERE has been a dearth of jubilee honors, so far as the medical profession is concerned. Much dissatisfaction is said to be the result, not on account of the honors conferred, but because many worthy members of the profession have been ignored. Three medical men only have been informed that the Queen has been pleased to confer the honor of knighthood upon them, viz., Dr. Garrod; Dr. Aitkin, Professor of Pathology at the Army Medical School, Netley; and Mr. G. H. Macleod, Regius Professor of Surgery at Glasgow University, and Surgeon in Ordinary to Her Majesty in Scotland.

ORDINANCE CONCERNING HOMŒOPATHIC PREPARATIONS.—The *Union Médicale* states (says the *N. Y. Med. Jour.*) that a recent ministerial decree at Vienna restricts the right to dispense homœopathic preparations to those homœopathic practitioners who really observe the methods of dilutions laid down by the homœopathic school. The object of

the ordinance is to put a stop to the abuse by which, under the guise of the homœopathic preparations, all sorts of remedies have been given to patients by certain physicians.

**TREATMENT OF PILES BY DILATATION.**—M. Verneuil (*Gaz. des. Hôp.*) says, that during a practice of fifteen years, he has not failed to cure piles of 6, 8, 10, 12 and 14 years duration by dilatation. The writer prefers the speculum as a means of dilatation rather than the digital method. Treatment need rarely exceed eight days in duration, four of which are to be passed by the patient in bed, and four in his room.

**FOR DIARRHŒA.**—The following is recommended (*Med. Summary*) for that form of diarrhœa characterized by frequent, painless, watery discharges:

R—Tinct. opii deod., . . . . . ℥ xx.  
 Tinct. nuc. vom., . . . . . ʒ ss.  
 Ext. hammamelid., . . . . . ʒ j.—M.  
 SIG.—ʒ ss. in water, every 3 hours.

**OINTMENT FOR SEBORRHŒA.**—The *Med. Summary* gives the following (Bronson's ointment) for seborrhœa:—

R—Hydrarg. ammon., . . . . . gr. xl.  
 Hydrarg. chlor. mit., . . . . . gr. lxxx.  
 Vaseline, . . . . . ʒ j.—M.

**A POINT IN THE TREATMENT OF CHOREA.**—Dr. Flood (*Chicago Med. Times*) says he has very often found tenderness over the fifth cervical vertebra in choreic cases. He treats this locally by applying ether spray over the tender spot, and follows this by mild counter-irritation, this he follows by tonics and ergot.

**MEDICAL SCHOOL OPENINGS.**—The inaugural address at the opening of the Session of 1887-8 at Toronto University will be given by Professor Ramsay Wright, Oct. 3rd, at 4 p.m.; that of the Woman's Medical College, Toronto, by Dr. McPhedran, Oct. 1st, at 3 p.m., and that of Trinity Medical Faculty by Dr. J. L. Davison, Oct. 3rd, at 4 p.m.

**THE FACULTIES** of Trinity and Toronto Medical Schools have completed a scheme by which the clinical instruction at the Toronto General Hospital will be considerably increased, each school tak-

ing an equal share in the work. This is certainly a step in the right direction.

**PATELLAR REFLEX IN TYPHOID.**—Dr. Hughlings Jackson says he has never known the knee jerk to be absent in enteric fever, while he has found it wanting in meningitis. This may prove a valuable diagnostic sign.

**TRAINING SCHOOL FOR MALE NURSES.**—Dr. D. O. Mills is about to have erected a building costing \$10,000, to be used as a training school for male nurses. It will be situated on the grounds of Bellevue Hospital.

**"ENGLISH AS SHE IS SPOKE."**—It is said of Mrs. Partington, that, while gazing admiringly on St. Paul's Cathedral, in London, she expressed her emotion as follows: "O! venereal pile; gigantic stricture."

**ANTIPYRIN IN LOCOMOTOR ATAXY.**—It is said (*Br. Med. Jour.*) that some observers have found antipyrin of great value in the pains of locomotor ataxy. It should be given in ten grain doses in water, when the pains come on, and discontinued as soon as they abate.

**SALOL IN SCIATICA.**—Dr. Aschenbach (*Med. Rec.*), has had a personal experience of the value of the above drug in sciatica. He took seven grains in the evening and fifteen grains more at midnight, with the result that he slept soundly all night and awoke perfectly free from his malady.

**MR. SAVORY**, president of the Royal College of Surgeons, and senior surgeon to St. Bart's, has declined the knighthood recently offered him by the Queen. It is said, he was of opinion there should have been a baronetcy attached

**SWEATING FEET.**—Mr. Richardson writes (*Brit. Med. Jour.*), that he has cured a case of the above disease by the application of soda. He says it may be used either as a fine powder or in concentrated solution, once daily.

**PROVINCIAL APPOINTMENTS.**—Dr. C. J. Hamilton, of Cornwall, to be an associate Coroner for the United Counties of Stormont, Dundas and Glengarry. Dr. T. D. Galligan, of Renfrew, to be an associate Coroner for Renfrew.

REMEDY FOR ASTHMA.—Dr. Woodward gives (*Br. Med. Jour.*) the following as a very excellent remedy for the paroxysms of asthma and hay fever:

R.—Daturæ tabulæ,  
Stramonii,  
Can. indicæ,  
Lobel. inflat., . . . . . āā ʒij.

Mix with pot. nit. pulv. ʒij and ol. eucalypti ʒss. Burn a teaspoonful in bedroom, and repeat if necessary. The writer says the patient should at the same time observe the ordinary rules, such as going to bed on an empty stomach, keeping the feet warm, etc., without which, few remedies will be of any use.

CINCHONIDIN IN INTERMITTENT FEVER.—From extended experiments on the action of cinchonidin in intermittent fever, Dr. Legenis has come (*Archives Génér. de Méd.*) to the following conclusions:—(1) The salts of cinchonidin are as efficacious as those of quinine; (2) they may be employed in all cases in which the latter are generally used; (3) the sulphate of cinchonidin is well tolerated by the stomach in nervous persons or in those intolerant of quinine, and it does not produce either ringing in the ears, nervous agitation, or tremors; (4) they cost about half the price of quinine and its salts.

OINTMENT FOR SCABIES.—

R.—Naphthali, . . . . . pts. 15.  
Saponis virid, . . . . . pts. 50.  
Adipis, . . . . . pts. 100.  
Pulv. cretæ, . . . . . pts. 10—M.

One application of the above is said to be effectual. No bath is required previously, and the skin is left in a good condition.

FOR CRAVING FOR ALCOHOL.—

R.—Spts. ammon. aromat., . . . . . ℥ xxx.  
Tinct. capsici, . . . . . ℥ v-x.  
Inf. gentianæ, . . . . . ʒij—M.

S.—Statin.

THE BINIODIDE OF MANGANESE is recommended by Bartholow, instead of the permanganate, for amenorrhœa, as it does not so often disagree with the stomach. It should be given in two-grain pills, three times a day, and continued indefinitely.

PROTECTION FROM FLIES.—The *National Druggist* says, horses or milch cows may be protected

from the stings of these pests, by washing them over with soap-suds in which a little carbolic acid has been mixed.

BERLIN is excited over the announcement that Professor Virchow has been rejected as candidate for the position of Post Rector of Berlin University. His political opinions are said to be the cause.

COCAINE IN CHOLERA INFANTUM.—Dr. Herr (*Therap. Gaz.*) has employed the above remedy in cholera infantum, in doses of  $\frac{1}{6}$  grain every two hours, with the happiest results.

SOME one has said that a tooth, immersed in a solution of tincture of iron and water, one in eight, has its whole enamel destroyed in an hour. May be so.

FOR STYES.—A three per cent. solution of boric acid, applied several times a day to styes, is said not only to cure them, but also to prevent a return.

EPISTAXIS.—M. Verneuil says (*Lancet*) that certain forms of epistaxis are to be successfully treated by counter-irritation over the region of the liver.

PROFESSOR GRAINGER STEWART states, that one-third of the samples of urine from four hundred and seventy healthy people, contained albumen.

M. PASTEUR is said to have expressed profound satisfaction with the report of the British Committee of Investigation on his work.

A QUACK recommends smoking for the treatment of sciatica, because it is a well-known fact that smoke will cure hams.

PRURITUS ANI.—Linseed oil is said to give immediate relief in pruritus ani, when there are no rectal complications.

ONE hundred and sixty-five people died in Chicago, July 15th, 16th and 17th, from the effects of heat.

THE latest suggestion for the cure of *mal de mer*, is counter-irritation over the mastoid processes.

PEDICULI PUBIS.—One application of ether is said to be sufficient to destroy the pest.



### Books and Pamphlets.

A SYSTEM OF GYNECOLOGY. By American authors. Edited by Matthew D. Mann, A.M., M.D., Prof. of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N.Y. Vol. I. Illustrated with 3 Colored Plates and 201 Engravings on Wood. 8vo.; pp. 789. Leather. Philadelphia: Lea Bros. & Co. Toronto: Hart & Co.

This first volume of the American System of Gynecology is an excellent work. Its appearance is equal to the best efforts of American publishers, and its contents are quite as good as its appearance. We need only mention the subjects treated of in this first volume, with the authors of the various articles, to convince our readers that the work is perhaps the best which has yet been produced on this subject. They are as follows:—"Historical Sketch of American Gynecology," by Edward W. Jenks, M.D.; "The Development of the Female Genitals," by Henry J. Garrigues, M.D.; "The Anatomy of the Female Pelvic Organs," by Henry C. Coe, M.D.; "Malformations of the Female Genitals," by Henry J. Garrigues, M.D.; "Gynecological Diagnosis," by Egbert H. Grandon, M.D.; "General Consideration of Gynecological Surgery," by E. C. Dudley, M.D.; "General Therapeutics," by Alexander J. C. Skene, M.D.; "Electricity in Gynecology," by Alphonso D. Rockwell, M.D.; "Menstruation and its Disorders," by W. Gill Wylie, M.D.; "Sterility," by A. Reeves Jackson, M.D.; "Diseases of the Vulva," by Matthew D. Mann, M.D.; "The Inflammatory Affections of the Uterus," by C. D. Palmer, M.D.; "Subinvolution of the Vagina and Uterus," by Thaddeus A. Reamy, M.D.; "Peri-Uterine Inflammation," by Richard B. Maury, M.D.; and "Pelvic Hematocele and Hematomata," by Ely Van de Warker, M.D. The above subjects are treated in a lucid, practical, and concise manner; treatment receiving a due share of prominence, a matter which will be appreciated by all practising physicians; for in some of our best works on medicine and surgery, this important part of the work is often neglected for the more scientific (?) aspects presented in diagnosis, pathology, etc.

A COMPANION TO THE U. S. PHARMACOPEIA; being a Commentary on the Latest Edition of the Pharmacopœia. By Oscar Oldberg, Ph. D.,

Prof. of Pharmacy, Illinois College of Pharmacy, etc.; and Otto A. Wall, M.D., Ph. G., Prof. of Materia Medica and Therapeutics, Missouri Medical College, etc. 2nd edition. 650 illustrations; pp. 1215. New York: W. Wood & Co. Toronto: Hart & Co.

This work is designed as a ready reference book for pharmacists, physicians and students. The botanical description of plants, the physiological action of remedies are omitted as not being of daily use to physicians and pharmacists, while the practical facts and suggestions are so arranged as to be found at a glance. The "parts by weight" of the new pharmacopœia into definite quantities by weight and measure; the medicinal properties and uses of all the medicines of which it treats, are given concisely, with doses, etc. The information given regarding hypodermic injections, inhalations, baths, etc., will be found useful. The book as a whole shows careful work on the part of the authors and will, we are sure, be useful to the profession generally, and especially so to pharmacists.

THE TREATMENT OF NEURALGIA BY MEANS OF INTENSE COLD.—George W. Jacoby, M.D., says that we possess two refrigerants, chloride of methyl and the fluid carbonic acid, which can be easily and practically utilized in the treatment of neuralgia.

### Births, Marriages and Deaths.

At Edmonton, N.W.T., on August 4th, the wife of Dr. H. C. Wilson, member North West Council, of a son.

On the 24th of August, Reginald Belt, Esq., M.D., to Emma, eldest daughter of George Hyland, Esq., both of Oshawa.

On the 14th of Sept., R. W. Garrett, M.D., of Kingston, to Minnie Louisa, only daughter of the late Alexander S. Kirkpatrick, of Kingston.

On the 14th Sept., W. O. Taylor, M.D., Princeton, Ont., to Jessie, daughter of the late Mark Tooze.

In Manitoba, August 1st, Robert Thibodo, M.D.

At Brunswick, Georgia, on the 22nd August, John Aidham Wilson, M.D., late of Kingston, Ont.

At Canon City, Colo., August 28th, 1887, Dr. Francis Nelson, formerly of Montreal.