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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

OPERATION FOR THE RADICAL CURE OF HERNIA.*

BY THOMAS R. DUPUIS, M.D., M.R.C.S., ENG.

Professor of Clinical Surgery in the Medical Faculty of
Queen's University, Kingston.

It affords me unfeigned satisfaction to meet again with the members of the Ontario Medical Association, to enter into their discussions, and to contribute my little towards the success of this meeting, and the improvement of that branch of medical science, which, as a teacher of clinical surgery, more immediately concerns myself. Many years have elapsed since I first enrolled myself as a member of this society, and many whom I met here at the meetings of years gone by, have passed to the "great beyond," where meeting and parting are no more. But while the members come and go like the sunshine and the shade, the society moves on, like the cycles of the years, and each one of its birthdays finds it larger and stronger, and more fully developed than it was at any previous birthday.

But the profession has its "fads," as well as the dudes and the ladies have, and every one of these must triumph in its turn, for a short period. Sometimes it is one thing and sometimes another that comes to the top, and is carried to an extreme. Listerism stands out foremost; it filled the desire of men's minds until the great truths were evolved from it, that the most extreme cleanliness, and the proper application of germicidal substances are the foundation and superstructure of all antiseptic surgery. Vegetable, animal and chemical substances are brought forward and tested, and each one of them for a time secures an ephemeral reputation; and out of them all but a very few ever take their places as reliable remedial

agents. Operations upon the uterus have been almost a craze for several years past, and trachelorrhaphy, so much so, that the gentleman whose name it bears has had to rise up and assert that this operation is being practised to an injurious extent, and in many cases being needlessly performed. Abdominal surgery is just now in the ascendant, and to be able to report one case of successful enterectomy, elicits more applause than raising a score of sick persons from almost a dying bed, or bringing to perfection some method of operating for the relief of daily suffering, or the prolongation of life. In view of such facts one feels like saying as the Great Teacher did, "These ought ye to have done and not to have left the other undone."

However, in looking over the subjects placed upon the programme for discussion, I was pleased with the exceedingly important and practical nature of the subjects announced. They are such that every physician and surgeon must say of them, "a little more scientific light upon them would be gladly welcomed"; and they are such that a more minute acquaintance with the mysteries of each, would redound to the credit of the practitioner and the benefit of the patients. Scientific investigation, practicality, and common sense, are as urgently needed in the vast domain of the healing art as in any other of the great and varied subjects that occupy the attention of mankind.

In fullest sympathy with the utilitarian character of this meeting and with the efforts being made to disseminate widely, amongst the many, a knowledge of every improvement or discovery which any one of its members may have made, permit me to notice for a brief period, my experience with "Operations for the Radical Cure of Hernia."

This is one of the operations which in some form or other has been practised for many years. Herniæ are very common and cause a great deal of suffering to their subjects; hence the desire of men in all ages, has been to be permanently cured of them. The most crude and dangerous methods have not infrequently been put forward as means of radical cure, because operations carefully performed, requiring much time and much cutting, could not be undertaken in the past. Of late years, however, since anæsthesia and antiseptics,

* Read before the Ont. Med. Assoc'n, Toronto, June, '92.

have watched as guardian goddesses over the pains and dangers of surgical operations, it has been possible to undertake lengthened and extensive sections and re-adjustments of parts for the cure of herniæ, as well as for other affections which would have been reprehensible in the extreme before these two almost divine agents came to our aid. Although my experience in operations for radical cure is not, and cannot be, as extensive as that of many others, yet, it seems to me, but right to record it. Very few men in any age can say, like Sir Henry Thompson, "I have now completed one thousand operations for stone in the bladder." Or like the late Mr. John Wood, of London, who could give the results of 400 operations for hernia. Nevertheless, if each one of us records his operations—his successes and his failures—we may in a short time build up a collective experience which will give to "this Canada of ours," a name and a place in the medical and surgical literature of the world.

To-day, I shall give the results of three cases operated on by myself, and one operated on by a medical friend, whom I assisted, and they were all that could be desired, there being no bad symptoms after the operations; healing taking place in a short time, and no return of the hernia up to the present period.

In looking over the literature of this subject one finds that many plans have been recommended by various surgeons, the statistics of some of which are not very encouraging. Injections into the inguinal canal of substances more or less irritating, such as decoction of oak bark, tannin and glycerine, alcohol, tincture of iodine, etc., have the sanction of men of ability and experience, such as Keetly, Pancoast and Velpeau; but published statistics have not been sufficiently gratifying to give this method of cure a permanent place amongst the surgical operations for hernia. The object aimed at in this operation is to set up a sufficient amount of inflammation to throw out enough plastic material to effectually plug up the opening, and adhering to the sides of it, to bridge it over by a resisting layer of organized tissue. Sometimes the inflammatory action may fall short of accomplishing its purpose; sometimes it may go too far, and not only do permanent injury to all the parts concerned, but may endanger and even destroy the life of the patient. It cannot, there-

fore, be looked upon as a commendable operation. Other plans, such as exposure of the sac, ligation of its neck, excision of the protruding portion, incisions made into it and irritating substances applied to it, for the purpose of exciting adhesive inflammation, and, in scrotal herniæ, the removal of the sac and testicle, have all been practised with more or less success. Removal of the testicle on the affected side, for the purpose of rendering the pressure of a truss more tolerable, was suggested by myself in my thesis written thirty-two years ago the present spring, and I still think that in certain cases this procedure would be advantageous either for the wearing of a truss or for a radical cure of the hernia.

Subcutaneous scarification of the neck of the sac, followed by the pressure of a truss, was proposed and carried out by Guérin, but, as a curative measure, the operation is almost useless. Gerdy's operation, which consists in invaginating the skin into the inguinal canal, fastening it there by a couple of strong sutures passed through the apex of the invaginated structures and tied over a piece of bougie on the front of the groin, and the denuding of the invaginated portion of skin of its cuticle by strong liquor ammoniæ, has, on account of the ease with which it could be performed, and the *prima facie* promise of cure it held out, been practised a number of times; but on account of accidents and failures it has not held its place, and is now seldom or never practised.

In 1836, Bonnet, of Lyons, proposed and carried out a system of acupuncture, consisting of a number of pins so passed through the skin and fascia as to transfix the hernial sac (it first having been emptied of its contents) and the adjoining structures at several different points, leaving the pins there until ulceration of the skin began, then withdrawing them and using gentle pressure to secure adhesion of parts. Eleven operations, two deaths, five failures, and only four cures, did not warrant this method worthy of perpetuation.

Various modifications of Gerdy's plan of invagination have been proposed by different operators, and several very ingenious instruments have been devised for the purpose of perfecting the radical cure of hernia by invagination and fixation of the invaginated tissues. The instruments of Wutzer, of Bonn, and Agnew, of Philadelphia, are certainly the most practical.

None of the methods of invagination seem to succeed in effecting a radical cure to the extent desired by both patients and surgeons, and hence this principle of curing a hernia has, as far as I can learn, fallen into well-merited neglect.

Sewing the pillars of the ring together and closing the whole canal is certainly the best method of procedure, and the one that offers any reasonable hope of a radical cure. Several contrivances have been introduced to do this subcutaneously, and some good work has been done in this direction. Mr. Dunnett Spanton, of Leeds or Liverpool, I forget which, some years ago described in the medical journals an instrument shaped somewhat like a corkscrew, with which he united the sides of the canal over his finger invaginated with the integuments into the canal. This found favor for a short time, but now we hear no more of it. The plan carried out by the late Mr. John Wood, of London, England, and used by him for about thirty years, has so far given the best results of any operation extensively practised, both as regards the fewness of deaths and the number of permanent cures. He performed in all nearly four hundred operations, two hundred and twenty consecutively, without a single death, and only two deaths after he had done two hundred and forty. He thinks his successful cases, as to cure, must have been about seventy-five per cent. This operation of Mr. John Wood's is not difficult to perform, is partially subcutaneous, and has, undoubtedly, given very fair results; but although it is not difficult to perform, practised manipulation and experience are required for its performance and in selecting the cases favorable for it, and likely to give good results. Mr. Wood himself attributes his better success in his latter cases to his increased expertness from much experience. His words are: "Something considerable, too, must be allowed for improved manipulation and dexterity in operating, in the later cases, and for matured judgment and experience." I need not detail Prof. Wood's method, as it is well known.

More than 20 years ago, however, Prof. S. D. Gross, of Philadelphia, used the following words: "The most rational radical treatment of hernia is undoubtedly the *direct*, as it may be termed, consisting in cutting down upon the parts, refreshing the edges of the opening of descent, and approximating them with wire sutures, either perma-

nently retained, or until complete consolidation has been effected." Although he had performed this operation only twice, he was so pleased with it that he recommended it to others. "The proceeding," he says, "is easy of execution, and does not, if the system has been properly prepared by rest, abstinence and other means, involve any particular danger." He further says, "It will, if properly executed, be much more likely to answer the purpose, than the process of invagination now so much in vogue, and, for the most part, so worthless."

It is well for us to remember also, that these words were written before Listerism and animal ligatures had given their mighty impetus to the surgery of previously inviolable parts, and ere laparotomy had taken its place amongst common operations, and proved itself to be as free from danger as the amputation of an arm or a leg.

A direct closure of the canal by cutting down upon it, paring and properly stitching its sides together, has, with some modifications, been practised by Professors Annandale, of Edinburgh, Stokes, of Dublin, Mr. Banks, of Liverpool, Sir Wm. McCormack, of London, Tillanus, of Amsterdam, M. Reverdin, of Geneva, and last, but by no means least, Dr. O. Marcy, of Boston, U. S. These surgeons have all done noble work in the matter of improving the operations for the radical cure of hernia; and we trow that with these eminent examples before us, and with our own Canadian efforts, on the same lines, directed towards continual improvement in this branch of surgery, aided by anaesthesia, Listerism and animal ligatures, perfection will soon be reached, and a neglected and uncured hernia will be as reprehensible, and as uncommon, as a gaping harelip or an unreduced dislocation.

The first case on which I operated in this direct manner was a young girl on whom the hernia had descended and become strangulated. Strangulation had persisted for about 24 hours, when I was summoned to it, the taxis had failed to return the parts, and nothing short of an operation for strangulated hernia offered any chance of relief. I proceeded to operate in the usual manner for inguinal hernia, but after having reached the sac and enlarged the internal ring, I found indications of adhesions within the sac and thought better to open it. There were adhesions between a

portion of the omentum and the interior of the sac; these were relieved and the bowel returned, after having been first gently laved with a warm antiseptic solution of Hg. Cl.₂ to aq. 3000. The whole wound was dried by means of a soft sponge squeezed out of the same antiseptic fluid; the peritoneum (sac) was united where it had been opened, by fine sutures and returned the superficial wound was enlarged so that the whole extent of the separate tendons could be reached, the opposite sides of the canal were drawn together by sutures and the fascia and skin brought together by both deep and superficial sutures. Bichloride antiseptic dressings were applied, quietness maintained, and the usual care following an operation for strangulated hernia observed. The patient was young and healthy, so that healing was very soon completed without the advent of one single untoward symptom. I may add that to insure perfect quietness, which I consider of the first importance, I kept my patient pretty well under the influence of morphine all the time, for about four days, when I lightened up on the quantity given. This operation was in the country, seven miles from home, and I had with me neither catgut or silver wire and could not get either of them in time, and hence was compelled to use the best suture material I had with me, which was iron-dyed silk thread. This patient was operated on in December, 1889; for about a year and a half I received favorable reports from her condition, but since that time I have lost sight of the patient entirely, on account of removal to some other part of the country.

(To be Continued.)

MORPHIA IN PUERPERAL ECLAMPSIA.

BY R. LAWRENCE, M.D., HONEYWOOD, ONT.

On the 20th of January, 1892, I was called to attend Mrs. McC. who was in labor with her second child. She had given birth to her first, a premature still-born child some eighteen months before, in Midland city. She informed me that she had puerperal convulsions before its birth, but I am not conversant with any of the facts.

I found her urine albuminous and her feet and ankles much swollen, also an elevated temperature. After an ordinary labor the child, a fine boy, was

born at two o'clock p.m. During her labor and after it was over she complained of a severe headache. I gave her a dose of acetanilid, camphor monobromate, and citrate of caffeine, and left a few doses to be given every three hours.

The following morning at 3 o'clock she was seized with a severe convulsion. I was sent for and shortly after my arrival she had the second one. As soon as she was able to swallow, I gave her $\frac{7}{8}$ of a grain of sulph. morphia by the mouth. I intended to have given her the grain at a dose, but felt timid, as this was the first time I had given so large a dose, and consequently gave only $\frac{7}{8}$ of a grain. In an hour the pupils began to contract, and in an hour and a half she slept. Her temperature which from the time of her labor up till now had remained high fell to below 100. She would start up every hour or two, but after taking a drink she would fall asleep again. She continued to do so for about twenty-four hours, getting more conscious all the time.

No more convulsions after the large dose of morphia. On the 22nd there was no swelling in the extremities, no albumen in the water and no elevated temperature.

On the 29th April, '92, I was called to see Mrs. F. I found her about five months pregnant with her first child; some pain in the abdominal and epigastric regions, but no contraction of the uterus. Face flushed, headache, rapid pulse, elevated temperature, and occasionally muscular twitchings. After a large warm water enema I gave her a $\frac{1}{2}$ grain of morphia, and left some to be given every six hours. I left also a few doses of acetanilid, camphor monobromate, and citrate of caffeine to be given every three hours. Six hours after I was sent for, with the information that she had had a convulsion. Just as I got into the bedroom she went into the second fit. They had given her just before $\frac{1}{4}$ grain of morphia. I gave her as soon as she could swallow $\frac{3}{4}$ of a grain more, making a grain of sulphate of morphia inside of fifteen minutes. She had no more convulsions. In about an hour the pupils contracted, and in an hour and a half she fell asleep. She slept all night, but would open her eyes and look about, answer questions, take a drink and fall asleep again. Next day her temperature was normal, she was drowsy most of the day but regained her memory towards night. She kept her bed for about two days, after which

she did light work in the house. I decided not to interfere with the fœtus. On May 21st I was again sent for and found her in labor. She gave birth to a dead child with a hydrocephalic head. She had no symptoms of eclampsia during her labor, and by using the antiseptic injections per vaginam she made a rapid recovery although the child had been dead some days.

I agree with Dr. Bertram Spencer, see CANADA LANCET, May 1892, that we must "narcotize the patient," but I think his $\frac{1}{2}$ grain doses of morphia only partially does the work. One grain of morphia to a woman suffering from puerperal eclampsia is not, I think, too large a dose if she is an ordinary healthy person.

BACTERIOLOGICAL NOTES.

BY E. B. SHUTTLEWORTH, TORONTO.

INFLUENCE OF SALIVA ON PATHOGENIC MICRO-ORGANISMS—Sanarelli (*Centrabl. f. Bakt. W. Paras.*, in *Brit. Med. Jour. Epit.*) finds human saliva to possess a bactericidal influence on several micro-organisms, but that its power depends on the number present. It is ineffectual against a large invasion, but a limited number of bacteria may be destroyed by being introduced into it. Of the species so affected may be enumerated, *staphylococcus aureus*, *streptococcus pyogenes*, *micrococcus tetragenus*, and the typhoid and comma bacilli. It is stated that *bacillus diphtheriæ* ceased to thrive in human sputum, and that the virulence of *pneumococcus lanceolatus* (Friedlander) was thus lost. Although Sanarelli's experiments assert the toxic power of saliva over these organisms, it must not be forgotten that it is a question of proportion between saliva and bacteria. That the injection of a very small portion of human sputum containing some of these organisms—Friedlander's bacillus for example—will produce fatal effects in other animals is an experiment with which every student of bacteriology is familiar.

NEW METHOD FOR STAINING BACILLUS TUBERCULOSIS—P. Kaufmann (*London Lancet*) gives a process in which the employment of acid as a decolorizer is avoided, the effect being obtained by the use of hot water. Sputum is dried on the cover, fixed, and stained in Ziehl's carbol-fuchsin solution, in the usual manner. It is then placed for

about three minutes in water at 208° to 212° F., the cover being moved about until visible color is removed. It may now be examined and will present the same appearance as if treated with any of the acid decolorizers. A contrast stain—say methylene blue—may be applied, if desirable. This method may have an advantage in the preparation of permanent specimens.

DIFFERENTIATION BY STAINING IN THE EXAMINATION OF URINE—Dr. Charles Rice (*Am. Drug-gist*) says that he has received much assistance in the examination of certain fluids, especially urine, in the recognition and differentiation of various objects subjected to microscopical examination. As every one knows there is considerable difficulty in viewing a more or less transparent liquid, and it is only by a skilful manipulation of the light that colorless bodies can be distinguished. He takes advantage of the fact that many aniline colors have the property of dyeing vegetable or animal tissues, without mordants. The addition of one aniline color to urine will have the effect of coloring all organic structural material, such as epithelial cells, casts, bacteria, etc., while inorganic material, as urates, uric acid, phosphates, calcium oxalate, and the like will remain unstained. Of the various anilines tried Dr. Rice prefers a mixture of equal parts of "Hoffmann's violet, 4 B," and "brilliant green," dissolved in water—say two grains of each to the fluid ounce. Sufficient of this may be used to tint the urine. Experience will soon show the proportion best suited to the observer, or the material under examination.

LABELLING SLIDES DIRECTLY ON THE GLASS—The *Phar. Jour. and Trans.* contains an item to the effect that Professor Penhallow, of Montreal, has sent to the Royal Microscopical Society some slides illustrating his method of labelling. He writes directly on the glass, and, when dry, covers the writing with a protective coating of a very thin solution of Canada balsam, which would preferably be made by dissolving baked balsam in chloroform or benzole.

BACILLUS TYPHI MURIUM FOR THE DESTRUCTION OF FIELD MICE—Professor Loeffler's expedition against the field mice of Greece has proved very successful, the enemy being reported as annihilated, after a nine day's engagement. Peasants residing in Thessaly, in which crops were being destroyed,

were requested to bring baskets of bread for infection. This was then distributed over the fields, and proved most effectual. The prejudices of the farmers against the bacillus were, it is said, removed on seeing Professor Loeffler and his assistants eating portions of the infected bread, some of which was also given to cattle without producing any serious result. The specific name of the bacillus indicates the character of the organism, and should have been sufficient to have prevented the mistakes into which several medical journals have fallen in asserting that Prof. Loeffler's experiments were made with the bacillus of typhus fever. The organism produces in field mice, and such like animals, a kind of enteric fever, but the higher animals are unaffected.

Reports of Societies.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING OF THE MEDICAL COUNCIL.

SECOND DAY.

WEDNESDAY, June 15th, 1892, 10 a.m.

The Medical Council met in accordance with motion for adjournment, the President in the chair called the Council to order. The Registrar called the roll. All present except Sir James Grant.

The minutes of the last meeting were read and confirmed.

Dr. Geikie tenders his resignation as a member of the Printing Committee, and also tenders his resignation as a member of the Property Committee, which was accepted in both cases.

NOTICES OF MOTION.

No. 1—Dr. Williams *re* the appointment of a committee to consider the advisability of consolidating and amending the Medical Act.

No. 3—Dr. Miller *re* amending Sec. 3 of the Medical Curriculum.

No. 4—Dr. Harris *re* dispensing with publication in future of students' lists in the Annual Announcement of the College.

COMMUNICATIONS.

The Registrar read communications from Dr. Shallette of Quebec regarding reciprocal registration between Ontario and Quebec. Referred to Education Committee. Also communication from

Drs. Reeve, G. S. Ryerson, Herbert Burnham and Charles Trow asking that a certain number of lectures be demanded from students upon the subjects of ophthalmology and otology. Referred to Education Committee.

MOTIONS OF WHICH NOTICE HAD BEEN GIVEN AT PREVIOUS MEETING.

Moved by Dr. Moore, seconded by Dr. Britton that the word "November be substituted for the word July" in paragraph 1 of regulations of 1891 and 1892, as appears on page 12, referring to matriculation, and in support of his motion he said: This is a little addition that I have made to my notice of motion yesterday; it doesn't affect it in any way except in probably rendering a little more clear the second part of this paragraph. The reason that I make this motion is that whereas our rules say it shall not come into effect for one year it is a fact that one year will have elapsed at the end of this month; since this has been passed there has been no opportunity for any students going up for this departmental matriculation after they had due notice because it was only in October last this announcement came into the hands of the profession, the hands of students, the hands of colleges and the hands of high schools and collegiate institutes, therefore that would be the first official notice they would have of this change; and I hold that is not giving them a clear year's notice; and they have had no opportunity of going up for the second-class non-professional examination, or even the matriculation in Arts, as that examination was held in July last and will not be held again till about the 11th July next. I think it is only fair to the students and teaching bodies that the word "November" should be substituted for the word "July." I find that a good many medical men and students, and even some of the professors of the colleges seem to not just understand what we mean by the wording of this "with the prescribed science course added and compulsory." I presume still that a man's mind will be better prepared for the study of medicine who has taken the science course, than a man who has a knowledge of French and German. I wanted to make it plain and therefore I have worded it as I have, that they shall take the departmental art matriculation examination, etc., that they must take the science course, no matter whether they take French, German and Greek; we allow no options at all.

Dr. Geikie—May I ask do you mean that persons between July and November shall have taken the science course.

Dr. Moore—No; but that the matriculation in science and arts shall be compulsory.

Dr. Britton—That does not change the matter one particle, it makes more apparent what is intended. At present the Education Department,

regarding these examinations to some extent are in a transition state. I have seen lately a pamphlet by J. Seath, B.A., Inspector of High Schools; in this he takes the ground that it would be advisable to raise the standard still higher. From some remarks that have been let fall from prominent educationalists I feel satisfied that in the near future there will be some changes made in the educational department which will still further raise the standard of their departmental art matriculation examination. At present we have the second class non-professional examination and we know what that standard is, and I think we may be well satisfied with that until the fall of the year when these further changes will probably have taken place.

Dr. Geikie—I support the motion strongly on the ground of the notice having been too short. It would be a concession to an almost universal demand to have the time enlarged to November.

Dr. Harris—Inasmuch as there are some petitions from students to have this time extended and we have to deal with that matter any way in the Educational Committee, I think it would be better to have it go before that committee.

Dr. Bergin—My objections to this resolution are two or three. In the first place the resolution is not in accordance with the notice of motion; it goes very far beyond it. In the next place the mover says it does not alter the clause of our curriculum a particle. The seconder says the same thing. If it makes no alteration then there is no necessity for this resolution and we will leave things as they are. I don't think we ought to commence tinkering in this way with what we succeeded after hard work last year in pretty nearly perfecting. I think it is quite right to extend the time until November, but I object to any motion being put before the Council that is not in accordance with the notice of motion; it looks like springing upon the Council a motion which I confess I would not have understood from merely listening to the reading of it by the mover; and again it is in direct contradiction to the rule of the Council which relegates all such matters to the Education Committee. I don't think you can put this motion at all in its present state.

Dr. Williams—As a rule we take up alterations in the announcement before the Education Committee. Notice of motion to make any alteration has usually been referred to that committee and considered by that committee, the members of which can take more time and look into the matter more carefully than it is possible to do here before the Council. I don't see any good reason why in this we should depart from the ordinary rule; and I believe it can be more effectually and more carefully done there. At present I see no reason why the motion that Dr. Moore suggests should not first come before the committee, and

when the committee are dealing with the announcement let it be carefully considered.

Dr. Moore consenting, the motion was referred to the Education Committee.

Moved by Dr. Harris seconded by Dr. Johnson to introduce a resolution to the effect that examiners need not be in the examination hall during the examinations on written papers.

Dr. Britton—Might I ask whether you would be willing to add a rider to that motion, that only one examiner be required to be present at oral examinations; at present, according to regulations, it is not necessary that two should be present, and I have been told by some examiners that it is apparently a waste of time and money to have a second examiner present, because he has really nothing to do.

Dr. Harris—I think it won't be necessary to add that. I will bear it in mind and bring it before the committee.

Dr. Geikie—I might say it has been found very nice to have two examiners present, as it relieves the examiners themselves of a good deal of difficulty and embarrassment. Sometimes I know that having two present is very awkward, but at the same time the benefits more than counterbalance the difficulties. Motion referred to Education Committee.

Moved by Dr. Bray, seconded by Dr. Johnson, that Alex. Downey, C.S.R., be appointed official stenographer to report the whole proceedings of the Council during the present session.

Dr. Fulton asks what the cost of reporting the proceedings at the last session of the Council was.

Dr. Pyne informs the meeting that it was less than \$80.

Dr. Miller asks what the cost of reporting the whole proceedings of the present session of the Council will be.

Dr. Bray—In view of the dissatisfaction that seems to exist between the general profession and this Council, and for the reason that heretofore we have never had anything of the kind, and that the profession has been in the dark as to what this Council has done, I think the money would be well spent; if for nothing else it will put the business of this Council before every practitioner in the Province. I think if that had been done years ago there would be none of the agitation that there is at all; it is for that reason I make my motion. This will be certainly a valuable communication between the profession and this Council; and I would strongly urge that resolution, and I hope that I will have the support of the Council.

Dr. Miller asks if there is any provision made for the distribution of the announcement to members of the profession throughout the Province.

Dr. Bergin states that there was a resolution passed some years ago that every registered prac-

tioner who paid his fees should receive a copy of the announcement, and that resolution stands to-day.

Dr. Miller—We stand in a different relation to the members of the profession throughout the Province with relation to the collection of fees; we are in a position now to collect the fees, and being in a position to collect the fees I think we should certainly defer to the universal opinion, and I think the correct opinion, that the members of the profession should be in full possession of all matters transacted at this Council Board. I think it is in the interest of the Council, as well as a right which the profession can demand from us. I did intend to give notice of motion, but preferred asking this question first, that in the future all papers referring to transactions of this Council be sent to every registered member of the profession in the Province of Ontario. I intended giving a notice of motion, but I thought probably I had better ask, being a new member, whether the resolution passed at the last session of the Council referred to this and to future meetings of the Council.

Dr. Logan—While I agree with the object of the last speaker had in view I think at the same time, we ought not to engage in this matter in a blind way; we ought to have some approximate idea of the expense of the matter. We are blamed frequently for incurring unnecessary expense, and I think at all events we ought to, and can, get something like an approximate idea of what this is going to cost us. I am quite in favor of it, but at the same time I would like to know what it is going to cost.

Dr. Thorburn—The motion is an excellent one; if we want proof of that we have only to look at the morning papers. A leading journal informs the public of the country that the Medical Association met yesterday. Where our proceedings are ignored in that way, naturally it is only by the publication of our own reports we can expect the profession to know anything about it; when the public press make such a mistake as to confound this body with a general gathering of the profession, I think it is quite time we should identify ourselves.

Dr. Day—I don't fall in with Dr. Bray's statement that this Council have not allowed the profession to know what is going on. I think any member of the profession who took our announcement for the last ten years and followed it, could inform himself of what was going on.

Dr. Bray—I did not mean that.

Dr. Day—As to not being reported in the public press, as Dr. Thorburn complains of, we have not been reported in the public press, but meeting in Toronto accounts for that; if we had met somewhere else in an intelligent community that took an interest in the pro-

fession, we should have been well reported; and it leads me to regret that we have spent so much money in Toronto, when we might have met in places where we would be recognized as somebody. We have tied ourselves here with \$100,000 and they can treat us with contempt. If we were free to meet where we liked, we would be well reported, but as we meet in Toronto, which rules the universe, we are not.

Dr. Philip—I think with Dr. Logan, that we should not go into this matter without knowing something about the cost; I would like to know what the publication of the report cost last year, because that will give us something to guide us as to the probable cost.

Dr. Pyne states that the publication of the whole announcement cost \$144, in addition to the stenographers's charges for the report of the proceedings taken by him.

Dr. Williams—I can't see that the Council is to blame in this matter of publication at all; as I mentioned yesterday, when speaking, the public press can hardly be expected to devote any large amount of space to the Medical Council. That they might devote some reasonable amount, as a matter of general news, we might expect; but the Council itself I do not think is materially to blame at all. They have felt for years the difficulty of being properly or fully reported to the profession, and the profession have not been receiving the information they ought to receive. For two or three years, and I don't know but more than that, pains have been taken to publish the minutes of the Council pretty extensively in the annual announcement, and there has been no special limitation to the number of announcements that should be sent. It is true it has not been practicable to get those into the hands of every medical man, but there was a reason for that. If you look up our register you will find it shows something like 2,600 names, at least five or six hundred of those not being in practice in the country at all; now we have got down to a solid basis and know about how many we have, and when we have the means of perfecting our register that we know we have now about 2,148 names and we can send one to each one of those individuals without any great trouble. Before, we were largely in the dark, and when we sent them out we didn't know whether the man was there or not, I think the Council is not materially to blame for the state of affairs in the past, and there is no good reason whatever, why, when the register is so perfected that each man shall not receive an announcement. The very fact that he is on the register from this time forward, will be proof, at least that he has kept his fees in such a way that he is still a member of the College of Physicians and Surgeons. Now, if he does that, he is unquestionably entitled to get a copy of the announcement, and whatever other papers

the profession or the Council may have to send out. And, I certainly think, there should be no two opinions as to the announcement going to each man whose name is found on the register, after the present arrangement is complete.

Dr. Bray—Allow me to correct a wrong impression that seems to have got abroad. I did not intend, if I so expressed myself, that we were keeping the profession in the dark. Far from it. I think the Council have done their best, but I agree with Dr. Day, that we have been treated very shabbily indeed. If you take up this morning's paper or any paper, if there is a conference or a horse show, you will find four or five columns devoted to it. In the *Empire* to-day there is not a word of the Medical Council; and in another paper they speak of our meeting as that of the Medical Association, giving a wrong impression to the public. I think it is a duty we owe to ourselves to have a regular reporter of our own and to have a report to go to the profession; if these papers do not chose to give us any space we will have to do without it and have to make provision otherwise. I blame the Council in no way, and I wish to say that in my remarks, I did not mean to convey any impression of that kind.

Dr. Moore—I am very much in favor of employing a stenographer; I think it is the only way we have now of getting our views and our work before the medical profession. We can't expect, as Dr. Williams put it, that the public press is going to pay a great deal of attention to us, no matter how learned we may be or how big we may feel ourselves; there are only 2,148 of us altogether, and the public are not so much interested in the profession as they ought to be, I think. And when our own medical journals do not see fit to publish but a very, very meagre report, of the proceeding of this Council, what can we expect from the public press? If we give a record of the proceedings of the Council to every member of the profession who pays his fees and who is legally on the register, I think we would not be doing our duty either to ourselves or to our profession if we did not give this full report.

Dr. Rosebrugh—I quite agree with all that has been said in this direction. I believe that in references to conferences, such as have been spoken of, they invariably appoint a reporter of their own, and he writes out a report and sends it to the papers; it may be worth while for our stenographer to make out a report and hand it to the newspapers, and I think they would have no objection to publishing it, if they were furnished with it.

Dr. Johnson—In seconding that motion I may say, as representing a very large number in the profession, this division, I suppose, having the greatest percentage of members of the profession of any division; I had spoken to Dr. Bray about

this resolution, before it came up, but I was unfortunately out of the room when he very kindly gave the notice that laid upon my table. I am very happy to second that resolution. It has been frequently told me that there is a feeling throughout the country that the profession are not sufficiently informed of what we are doing. We all know that for years, the general feeling in the country has been, that the Council meet together and do something; and perhaps enjoy themselves; and that they thought themselves the leaders of the profession and there the matter ended; that the profession did not get any good from the meetings of the Council. Lately, in the difficulty that has existed, which we all know about, very frequently members from the country, even up to the present day, are surprised at what we have been doing; they know nothing, or they have never heard or seen anything that has been going on in the Council. Last year I spoke on this subject with a view of having the report which we now have in print, got into that form. I then spoke strongly in favor of having these proceedings reported in full; and in that way last year, having that report brought out, I have not a doubt that a great many men in the country do know now, more about what the Council is doing than they did before.

On a vote being taken the motion was declared carried.

Moved by Dr. Britton, seconded by Dr. Thorburn, that paragraph 12, page 17, of the annual announcement be eliminated, and the following inserted: "A professional examination will be held in Toronto on the second Tuesday in September, 1892. Students who have failed in the former examination are to pay a fee of seventy dollars for this examination; and the next professional examinations will be held in Toronto and Kingston, on the second Tuesday in April, 1893."

In speaking for this motion, I wish to say, that I have before me a number of petitions which were presented to this Council last year; and I believe these petitions were signed by some three or four hundred students from all the different medical schools; and though they are not uniform as to their wording, the main idea of the petition running through all of them is the same; and that is to have the examinations to take place in the spring of the year and not in September. It would be very embarrassing for the students, it would interfere very much with any recreation or relief they might have from work during the summer; and would necessitate their going to work in their next session's course immediately after having passed an examination, which would be an unfair thing to do. I believe that we feel like maintaining a friendly spirit towards the students; they are our friends; we expect them to be part of our important body after a time; and I have had in-

interviews with several of the students who have taken an active part in the matter and they have felt the imposition, if I may use the expression,—they call it imposition from their stand point,—very much.

I was placed in a very embarrassing position last year ; I was asked to be present at one of the public dinners, given by a medical school and when the dinner was about half over, I was informed by a gentleman present, that the Council was in hot water, and so deeply in hot water, that they dared not follow the usual custom of putting on the toast list the College of Physicians and Surgeons of Ontario. Several times later in the evening, when the College of Physicians and Surgeons was referred to, there were replies made and gestures shown by the students that were not reassuring to myself and that almost upset my digestion ; later on in the evening I was given an opportunity of saying a word for the College of Physicians and Surgeons, and before we disbanded I thought the students and the College of Physicians and Surgeons were on very much better terms. I may say I suggested to them putting in some tangible form before us an expression of their views in the matter. I told them the chief reason why we had a September examination and not a spring examination was because we had been informed by some of the leading medical educationalists, that because of having a spring examination so soon after the closing of the senior session a large number of students left the lecture room five or six weeks before the time, for the purpose of cramming ; and the consequence was instead of having a six months session they had really a session which lasted not much more than four months. I have now before me the full text of the petition signed by some four hundred students in Toronto. In the last paragraph they said they were sorry the impression prevailed in the Council that that was the custom among the students and that they were willing in case the Council granted a spring examination, to give any reasonable guarantee that the Council might ask, that they had attended the requisite number of lectures. They further state "the only reason urged for the discontinuance of the September examination is that it is (reads from petition, etc., etc.) from the supplementary examination, etc., that the fees of this supplementary examination be increased so as to cover the extra expenditure, but that in any event the examination be given us." In my resolution I have explicitly stated that all students who have failed to pass previous examinations and present themselves for examination in the fall of the year shall pay a fee of \$20 for the examination. In the rules and regulations as to examinations we find that rejected students heretofore have had to pay only \$10, and I have taken advantage of this

suggestion given by the students, that if we do not see our way clear to giving an examination in the fall without extra expense we may increase the fee ; I don't think that is an exorbitant increase, especially for a student who has to come back to be examined on the same subjects he may have fallen short on before.

Dr. Day—This is a double-barrelled resolution ; I approve of one part of it and not the other. Giving a supplementary examination is giving a thing I don't think is necessary myself ; if students want it and are willing to pay for it, it is all right, though I think if a student cannot pass in April, 1892, he ought to wait until April, 1893, and whether he suffers or not, the public won't have to suffer from having him practising medicine. The fall examination I think is not necessary, and I will not support that ; but changing the examination from September to April, I think is a good idea. I have had more trouble and more complaints about examination being put in the fall instead of the spring, than any other question that the Council decided upon last year. I may say it has been almost a universal thing with students to complain that they would have to wait all summer, after having completed their curriculum for studies, and not be able to go up in the fall ; I think it would be very wise to change that.

Dr. Geikie—Before it is put, I would like to say a few words. There is no valid reason in favor of the examination being held in the fall that I know of, but there are a great number why it should not be held in the fall,—why it should be held at the close of the spring session. The feeling among students over this is universal, and if you deny them their request, I am quite sure they will go to the Legislature, and not the students of one college only, but the students of all colleges that have to do with the Council. A man has finished his last session and perhaps may be very poor, what is he to do from spring until the autumn ? Again, he is better prepared in the spring than he will be in the autumn, and, change in any way you like, there are a hundred hardships chargeable to postponing the examination, and not a single disadvantage in connection with its being carried out as heretofore, in April. I would like just to say to the members of the Council, especially of the Education Committee, that the feeling is universal as regards the students. As regards the colleges, it does not matter a straw to them particularly ; but if there be a great many reasons against postponing the examination to the fall, and no reason against holding it in the spring—but a great many reasons in favor of doing so—I would submit that the desirability of having our ordinary examination in the spring is paramount. As to a supplementary examination, that is another matter.

Moved by Dr. Day, seconded by Dr. Bray, that

the motion of Drs. Britton and Thorburn be referred to the Education Committee. Carried.

Dr. Bergin, in moving a resolution of condolence to the family of the late Dr. W. H. Oliphant, seconded by Dr. Logan, spoke as follows: Mr. President and gentlemen, since we met here last year, death has removed one of the youngest members of the Council, and one most unlikely to be carried away. We all know that Dr. Oliphant was taken from us during the vacation, carried away very suddenly; and we all feel that we have lost one of the most valuable and useful men in our body. It is true he was with us but a little while; but during that time he developed an amount of ability which was unexpected in one of his years. He attained a grasp of the proceedings of this Council and a mastery of all the necessities of the profession, and he showed that he was in no sense behind any member of the Council in desiring to forward the interests of the profession, to raise its standard of preliminary and professional education, and to put us before the world in the position that we ought to occupy. He realized, and showed that he realized, that this Council was established in the interests of the public; that it really was established for the purpose of standing between the profession and the public, so that no half-educated or ignorant man would be sent forth to practise the profession of medicine in the Province of Ontario. Belonging to a different branch of the profession from that to which the majority of us belong, he realized that the members of his body, in order to have that standing in the community which they ought to have, should have a thorough training in the other branches of the profession. He cordially supported his older colleagues in the endeavor to bring about that much to be desired state of affairs, and he left no stone unturned to accomplish his object; assisting his colleagues to establish an hospital to be conducted on homœopathic principles, in a manner that won for him the greatest praise. He was at the time of his death engaged in endeavoring to secure for homœopathic students of Ontario a chair, to be established in connection with the Toronto University, so that in Ontario they might secure that education which, up to this time, they had been obliged to go to the United States to obtain. I feel with the knowledge of all this before us, that we have reason to feel deep regret that so valuable a life has been taken from us, and I am sure the members of this Council sympathize deeply with his bereaved wife and family, and will strongly desire to place upon the record of this Council the regret and the sorrow that they feel in his having been taken away so suddenly and unexpectedly.

At the request of the President, out of respect to the memory of Dr. Oliphant, the vote was taken standing.

Moved by Dr. Moore, seconded by Dr. Miller,

that a copy of this resolution be engrossed and transmitted by the Registrar to Mrs. Oliphant. Carried.

Dr. Day—In reply to a question from Dr. Rogers, *re* the case of Dr. Nelson Washington, "As chairman of the committee, I would say we took evidence on the charges made, and found them proven; and we reported to the Council that we had found them proven, together with the evidence we had taken; and it was competent then for the Council to look over and revise, if they chose, or revise our decision if they wished; but in consequence of certain letters, Dr. Washington wrote action was suspended; the Council really did not fully consider the report; and that report is before the Council now, or at any other time, at any session, for consideration; the report of the committee, I think, was this, in consideration of the letter received from Dr. Nelson Washington, proceedings against him should be suspended until the next meeting of the Council, adding that the committee did not thereby approve of the form of advertisement contained in Dr. Washington's letter, nor of any other advertisement. They simply, in consequence of the letter he wrote, actually admitting he had done wrong, and promising not to do so again, suspended action on the report until further time. I think it is now a matter for the Council to take up the report where they left off before, and take such action on it as they think proper. It is competent now or at any time, I think, for the Council to take up the report and deal with it as they deem best. I would ask that the consideration of this report be deferred until to-morrow.

MISCELLANEOUS BUSINESS.

Dr. Williams moved, seconded by Dr. Henry, that a Reporting Committee be appointed to make provision for preparing reports of the daily proceedings of the Council for the public press.

Dr. Moore moved, seconded by Dr. Miller, that the mover and seconder of the motion, together with Dr. Orr, form the committee. Carried.

Moved by Dr. Harris, seconded by Dr. Orr, that the Council now adjourn to 2 o'clock p.m.

AFTERNOON SESSION.

Wednesday, 15th June, 1892, 2 o'clock p.m.

Medical Council met in accordance with motion of adjournment.

The President in the chair called the meeting to order.

The Registrar called the roll. All present, excepting Sir James Grant.

Minutes of last meeting read and confirmed.

NOTICES OF MOTION.

No. 1. Dr. Miller, *re* the distribution of the annual announcement, and all documents and papers reporting proceedings of the Council and its various committees.

No. 2. Dr. Miller—That the Committee on Education and the Committee on Registration be instructed to report from day to day on the matters referred to them.

No. 3. Dr. Geikie—That the committee appointed under Dr. Williams' motion to amend and consolidate the Medical Act, be instructed, first, that the Act be amended so as to provide that no annual dues be levied on medical practitioners for years during which they have not resided in Ontario. Second, to provide that no institution or body which neither teaches nor examines in medicine shall be entitled to representation on this Council. Third, that no by-law of the Council shall be valid which in any way interferes with the most perfect fairness and public character of the election of members representing territorial divisions. Fourth, that the annual certificate shall be called hereafter "annual receipt," so as to meet a very serious sentimental objection.

Dr. Henry—To legalize a tariff of fees for the Brock and Saugeen Division.

Dr. Logan—That when this Council approach the Legislature for any change in the Medical Act they ask for power to appoint examiners for five years.

Dr. Miller—That the Finance Committee be required to place before the Council, at the earliest possible moment, a full statement in detail of the finances of this Council as they were on the 1st of June, 1892, and an estimate of the receipts and expenditures for the year ending June 1st, 1893.

COMMUNICATIONS.

None.

MOTIONS OF WHICH NOTICE HAS BEEN GIVEN AT A PREVIOUS MEETING.

On request of Dr. Harris, his motion to levy annual assessments stood over to the next meeting.

On request of Dr. Miller, his motion, *re* examiners, stood over until the report on the Education Committee was presented.

At the request of Dr. Harris, his notice of motion, *re* students' names in annual announcement, was referred to Education Committee.

Moved by Dr. Williams, seconded by Dr. Moore, and, *Resolved*, that Drs. Day, Geikie, Moore, Bergin, Britton, Logan, and the mover be, and are, hereby appointed a special committee to consider the advisability of consolidating and amending the Medical Act, with instructions to report at the present session of the Council. Carried.

Inquiries—None.

Reports of Standing and Special Committees—None.

Consideration of Reports—None.

Unfinished business—None.

Miscellaneous business—None.

Dr. Bergin moves, seconded by Dr. Harris, in order that the committees may get to work at once, that this Council do now adjourn till Thursday, the 16th inst., at 10 o'clock a.m. Carried.

Thursday, 16th June, 1892, 10 o'clock a.m.

Medical Council met in accordance with motion for adjournment. President in the chair.

Dr. Geikie introduced the Hon. Charles Drury, ex-Minister of Agriculture, to the meeting.

Mr. Drury addressed the meeting shortly.

Dr. Wylie, M.P.P., was invited to take a seat on the platform.

Registrar called the roll. All present excepting Sir James Grant.

Minutes of last meeting read, and on motion, the minutes were ordered to be signed by the President as correct.

NOTICES OF MOTION.

No. 1. Dr. Day—That at the meeting on the afternoon of Friday the 17th inst., immediately after reading the minutes, the order of business be suspended, and that the Council go into Committee of the Whole on the report of the Discipline Committee, *re* Dr. Washington.

No. 2. Dr. Campbell, *re* a by-law to appoint a Discipline Committee.

COMMUNICATIONS.

Dr. Pyne read a communication from Dr. Schomberg Elliot re-registration. Referred to committee.

MOTIONS.

At the request of Dr. Harris, his motion, *re* by-law for levying assessments, was left over until after the Finance Committee report. Dr. Geikie moved, seconded by Dr. Fulton, that the Registrar be required to post as soon after their publication as possible to every registered practitioner in Ontario, a copy of the annual announcement, medical register and such other papers and documents as report proceedings of this Council and its committee. Carried.

Moved by Dr. Logan, seconded by Dr. Henderson, that when this Council approach the Legislature for an change in the Medical Act, they ask for power to appoint examiners for five years. The reason why I propose moving this resolution is from a conviction I have had for some time that we could improve upon the manner of appointing our examiners. I am disposed to think it would

result in increased efficiency to the examiners as well as to the Council. I mean an increase of practical efficiency. Those of you who have been examiners must be aware that two years is certainly too short to gain a practical and real knowledge of the work required from our examiners. The first year is practically lost in the novelty of the occasion; the second year the examiner becomes somewhat practically acquainted with the work required to be done; and then his time ceases, and the experience thus gained is lost to the Council and to the public. It occurs to me, therefore, that in order to increase this practical efficiency it would well that our examiners should be retained during the entire period of the Council—five years; we would thus gain better qualified men, and would give better satisfaction, not only to the Council, but to the students. Those of you who have been examiners are aware it is not very easy matter to make good selections in the way of questions for oral examinations; it requires considerable experience to do this in a manner that would be profitable to the expectations of the Council as well as to the interests of the students. There is another reason why I think it would be beneficial, and that it would put a stop largely to the importunities of outsiders upon the members of the Council to get their friends on the Examining Board; and the appointment for five years would do away with any necessity for such lobbying. It would also in a negative way be quite an advantage to the members of the Council. They are undoubtedly considerably exercised over these importunities for their friends in the endeavor to make a selection for examinership; it would put a stop to that part of it. For these several reasons it occurs to me it would be very desirable to make this change. At all events introducing this motion affords you an opportunity of expressing an opinion upon it.

Dr. Bray—While I agree with a great deal that the last speaker has said, still there are some reasons, I think, and strong reasons, why we should not adopt this course. True, if you have a good Board of Examiners, as I believe we have to-day, perhaps one of the best this Council has ever had, the principle would be a good one; but if you get a bad examiner, and the period were fixed for five years, you would be in a bad position. We have had experience in that line (very little I am glad to say), and Dr. Logan makes a very strong point for my contention, when he says it is very difficult for a man in oral examinations to examine a great number of students. I have a case in my mind just now, where an examiner in oral examinations had about one hundred and fifty or two hundred students to examine, and before he had got to the thirtieth student, his supply of questions had run out, necessitating a repetition; and you know that at examinations, as each man comes out, the stu-

dents are all around asking, What did you get? and if a man has only got a limited number of questions, they are very apt to get on to these questions. Those are the objections I have. I quite agree with the reasons that Dr. Logan has advanced, or the argument he has advanced, in some respects; as I said before, when we have a good Board of Examiners, I think you can't keep them too long; the longer they are on the more efficient they get. I was told by two or three of the examiners this year that had been on two or three years, that they had no idea what poor examiners they were when they first went on, and that they were improving. Some of the examiners thought with Dr. Logan, it would be a good plan for examiners to be on five years, but those very men who were speaking in this manner said they wanted to be relieved this year, they were tired of it. I think if you leave it as it is at present, in the discretion of the Council, and keep a good man on for five years; if you have a poor man you can turn him off at the end of one year, it will be better.

Dr. Bergin—I submit that the motion of my friend Dr. Logan is not in order. You will find if you turn to Section 21 of the Act, that it is not within our power; that the law makes it compulsory for us to elect annually a Board of Examiners for the purpose of examining candidates. Until the Medical Act should be amended, it would not be possible for us to entertain this motion; and I don't think it would be wise for us under any circumstances to fix a term so long as five years, for, supposing unfortunately, as happened in the early history of the Council, that a man has been appointed to the Examining Board, who, when he came to that Board, was totally unable to examine a student upon any subject, what could be done? Would it be wise that an examiner should be appointed under a hard and fast rule of the Council, and remain there during five years under such circumstances? Again, many causes might arise which would induce us to change an examiner, if we found he was not thoroughly up in the branch which he was appointed to examine upon, or we found he did not give to the subject the time he ought to give; or if we found his questions were not fairly and properly put; or if we found he was not just in awarding the numbers to the candidates before him. All these things would require of us that we should dismiss him. And we ought not, I think, to ask the Government to amend our Act in such a way as to place us in a position which might cause difficulty, and perhaps bring about actions against us by gentlemen who felt they had a right to remain for five years, under the order of the Council. I would therefore ask your ruling upon the point of order, Mr. President.

The President—As I have the motion, I consider it in order. The motion is, that when we approach the Legislature for any change in our

Act we ask for power to appoint our examiners for five years.

Dr. Bergin—I did not understand the motion so; I thought it was a motion to appoint them now for five years.

Dr. Geikie—I would just emphasize what has been already said, as one who perhaps has had a good deal of experience in examining; when we get a good examiner we can hardly have him too long; when we get an inferior examiner we can hardly have him for too short a period, and to saddle ourselves with an examiner or assistant who is inefficient for five years, would be a very serious thing.

Dr. Thorburn—I have had considerable experience in examiners, and I quite agree that it would not be well to prolong the appointment. These men who have the appointment for two years, and are known to be good examiners, I think, as a rule, are generally re-appointed, so the reasoning does not hold good in reference to them; and it is well to have the whip hold in our own hand when we come to deal with indifferent men, that we can control and dispose of them as we see fit. I think it would lead to a good deal of trouble and annoyance, and even worse results, to make the appointment for five years.

The President put the motion, and, on taking a vote, declared it lost.

Dr. Miller moved, seconded by Dr. Fulton, that it be an instruction to the Committee on Education and to the Committee on Registration that they report from time to time on matters referred to them. Carried.

INQUIRIES.

Dr. Britton—The Property Committee, as originally constituted, consisted of three members, one of whom—for reasons which he assigned here—declined to act on that committee, which leaves but two on the Committee—Dr. Philip and myself—I would like to ask the Council whether or not it is the intention of the Council to make that committee complete by adding another member. I would also ask the Council to define what our functions are. We have done nothing so far, for the simple reason that we do not know what we have to do.

Dr. Bergin—I think, Mr. President, the understanding was that Dr. Wright was to really have charge of the building, and that the Property Committee was appointed to consult with him when he found he had any matters sufficiently serious to require consultation on.

Dr. Philip—I think membership on this committee is of an honorary character; in point of fact the Finance Committee have acted in everything as regards figures and things of that kind, and there is nothing to come before the Property Committee.

Dr. Williams—Dr. Bergin refers to Dr. H. H. Wright as being the supervisor, or whatever you may call it, of the building. I believe, through an oversight last year, Dr. Wright was not formally asked to act; and he, of course, as any reasonable man would, felt a little sensitive over it; and he declined to report when he was not appointed by the Council. And if the Council would like to have Dr. Wright act in the capacity that he has so admirably filled with so much care in time past, they should properly request him to do so.

Dr. Bergin—With the consent of the Council to the variation of the rules of order I would move, seconded by Dr. Williams, that Dr. Wright be re-appointed Warden of this building.

Dr. Campbell—I do not think in point of order it is really necessary to make this motion, because I understood when Dr. Wright was appointed to that position he was appointed at the pleasure of the Council; I did not understand he was appointed as an annual officer.

On a vote being taken the President declared the motion carried.

Dr. Philip, seconded by Dr. Bray, moves that Dr. Thorburn be appointed a member of the Property Committee. Carried.

Dr. Britton—I would ask the interpretation that the Council places upon paragraph 1, section 2, page 12 of the annual announcement: "On and after the 1st July, 1892, every student must spend a period of five years in actual professional studies." Is every student who registered before the 1st of July, 1882, entitled to go up for his final examination, and receive his license at the end of four years, whether he registered prior to or since the time this regulation was made, so long as it occurred before the 1st July, 1892? I ask this question now because the Registrar has told me that he has been called upon by several students for information on the subject.

Dr. Moore—This question was answered at page 201 of the annual announcement, 1891-92, by Dr. Bergin, who said, "I think that the young men who are now attending the medical schools in this country are in good faith acting under our present regulations, and to compel them to alter their whole course and to alter the arrangements that they have made, would not be quite fair." I would be pleased to have the Council and every member fully understand that this question has been answered, and answered satisfactorily, in this manner, and that we understood, and the students understand too, that any student who matriculates before the time specified, which probably may be changed to November, shall be only required to take the four years' course and not five years.

Dr. Williams—I don't think it is necessary to make any change. The established rule, if not

the written letter of the law, is that whatever curriculum a student enters under he has a right to complete his course. I think that is an established rule at all colleges. I think the opinion given by Dr. Bergin on page 201 of the announcement is good, and the Council will fully understand that is the custom and that they intend to be governed by it.

Dr. Moore moves, seconded by Dr. Orr, that the Finance Committee be required to place before this Council, at the earliest possible moment, a full statement in detail of the finances of this Council as they were on June 1st, 1892; and an estimate of the receipts and expenditures for the year ending June 1st, 1893. Carried.

(To be continued.)

Selected Articles.

OUR MISTAKES.

The man who makes no mistakes seldom or never does anything worthy of note. Life is so closely interwoven with tentative efforts on the part of these who keep its machinery in motion, that it would be strange indeed if mistakes were not often made. As experience, often dearly bought, on the part of both doctor and patient, is our best guide amidst the pitfalls which surround us, I think it is a most profitable task to go over the ground of our past experiences and gather up the lessons taught us by our failures and mistakes. A great general was once found making a careful survey of the field of a battle which he had won. On being asked what he was doing, he said he was *studying his mistakes*—a lesson well worthy of our imitation. Our mistakes may be divided into (1) those which can and ought to be avoided by every intelligent, well taught, and experienced practitioner; (2) those which can only be avoided by an unusual amount of experience and insight; (3) those which no amount of care, experience, or insight would enable us to avoid. I shall give examples of these as we proceed. In disease nature is forever making fresh experiments before our eyes, and we are to watch how she varies the experiments lest its many variations from the normal type of the disease mislead us into a false diagnosis. Each disease varies as much in expression as the human countenance. In my experience no two cases are exactly alike. What is described as a typical case exists only in the imagination of the writer of a text-book or a lecturer to his class. This typical case is like the archetypal vertebra, which exists only in the brain of the anatomist; all real vertebræ are, like all real diseases, variations from the typical. To push the analogy, just as the skilled anatomist can am-

plify the most rudimentary vertebra into one possessed of all its parts, so the skilled physician can grasp the true nature of a case and build up a diagnosis from the faintest indications; and, further, he can simplify and reduce to order the most irregular and complicated manifestations of a difficult case. It is by the exercise of this constructive faculty on the one hand, and by that analytical faculty on the other, that our difficulties are to be overcome and our mistakes avoided.

With regard to the first class of mistakes—namely, those which ought to be avoided—let me remark that the best of us will sometimes be caught napping. "Nemo mortalium omnibus horis sapit." We somehow get on the wrong scent in a case, and becoming occupied by a train of minor symptoms, miss its main features; or we are the victims of a preconceived opinion, and it shuts our eyes to facts which would be patent enough if we brought an open mind to the case, I shall give one or two illustrations of the kind of thing which occurs. There is no more common source of error in diagnosis than the subtle development of hydrothorax or empyema after an acute illness. When these diseases arise from an attack of pleurisy pure and simple there is little fear of their being overlooked—in fact, they are then often diagnosed when they can hardly be said to exist. But when they supervene on another acute illness, such as typhoid or scarlet fever, the practitioner is liable to miss their existence, and to attribute the rapid breathing, quick pulse and fever, to some other sequelæ such as tubercular disease, bronchitis, or albuminuria; yet the faintest suspicion would lead to the easy detection of the true state of affairs. The immovable chest wall, the absence of respiratory sounds, the dullness on percussion and the absence of vocal fremitus, are indications too clear to be easily mistaken. The mistake arises from want of suspicion or want of alertness, or from a want of care in making a thorough and frequent examination of the patient.

"Strip him!" is a motto which ought to be engraven on all our minds. This brings me to another source of error; that is the want of a thorough examination of the various canals and cavities—the mouth, the throat, the nares, the ear, the rectum, the generative and urinary tracts, etc. I need not say that I refer to an examination by all the specular aids we possess. No small number of failures and mistakes arise from this inattention to this point. Let me give one or two illustrations. Whenever we are at a loss to account for a high temperature, the throat should be examined. There may be a good deal of mischief there without any complaint on the part of the patient. I well remember being called to two consecutive cases—one of supposed pneumonia, the other of

quasi-puerperal fever—in each of which I found that diphtheria was the true cause of the illness. Within a very short time a gentleman called on me, with an apparently feverish cold. As he did not get well, he asked me to call on him; and I, thinking his symptoms were due to the above cause, handed him over to the care of an exceedingly acute local practitioner, who discovered at his first visit that our patient had a diphtheritic throat. Most medical men will agree that such mistakes are not uncommon, and we need to add to our first motto, "Strip him!" another equally golden rule—to examine the canals and cavities. Another illustration may be added. A short time ago I was asked to see a child suffering from obstinate hæmorrhage from the bowels, and I said at once, "I shall find a pediculated polypus in the rectum," which was found and detached at the moment. My experience at the Children's Hospital had taught me this lesson years ago.

A further illustration still occurs to me. A gentleman whose name is now a household word throughout the world called on me in great alarm on account of an attack of blood spitting, which came on while he was dressing. I saw a good deal of blood on his handkerchief, and on examining his chest heard, or thought I heard, rough breathing and fine crepitation over the left apex. I told him this, and treated him accordingly. On going to his shop he, knowing something about dentistry, looked into his mouth, and discovered that the bleeding was from a spongy gum, which he had doubtless lacerated with his toothbrush. I need not say that he lost confidence in me, and I lost my patient. Time would fail me to make further remarks on these casual cases, where mistakes are often made for want of thought and care.

I will now relate a series of cases of cancer where a diagnosis was only to be made by an unusual amount of care, experience and insight; and if I seem to be egotistical by taking praise or blame to myself, I trust my unintentional fault will be pardoned. I am going almost entirely on my own experience, and I am thus compelled to speak of myself oftener than I like. Cancer of the internal organs rarely fails to puzzle us at the outset, and a diagnosis is seldom made until the disease has made considerable progress. In the absence of distinct physical signs, and with only subjective symptoms, such as pain, to depend on, we are very liable to be landed in a grave difficulty of diagnosis. If we suggest there is, or may be, malignant disease, the responsibility is great; if we risk an opposite opinion the responsibility is equally great, as the sufferings of the patient are often urgent and demand an explanation. Mistakes can only be avoided here by the utmost caution and the most watchful investigation. There is, however, one feature about these cases which occurs to me when I look back on a long series of

them. It is this, that most of them have given at a somewhat early period just the faintest hint of what is going on. I have often felt too late that a wise interpretation of this or that faint hint would have saved me and others from the ignominy of being from being forestalled in our diagnosis by someone else. It is easy to name a full-blown flower, but difficult enough when that flower is in bud. I shall now give an experience founded on five cases of internal cancer, which will illustrate my meaning.

Some years ago a case occurred in the practice of the late Dr. Douglas of Gateshead, in which the chief, and for a long time the only symptom was pain in the tibia. The man was emaciated and suffered intensely. He was seen by two or three physicians and one or two leading surgeons. None of us could form a diagnosis. There was no swelling, heat, tenderness, or alteration in the shape or appearance of the limb. At length some softness and shining of the skin marked the seat of pain, and even then grave doubts were entertained as to the nature of the disease. Within a few days of his death I was called to see him again, and I found he had expectorated some currant-jelly-like matter; but even this failed to suggest a true diagnosis, and so the man died of "no one knew what." Meditating on this case, it all at once flashed into my mind that the red-currant-jelly expectoration was a hint of the case, and that the man had doubtless died of cancer of the lung, following or accompanied by malignant disease of the leg. I felt that a serious error by default of diagnosis had occurred, and was much humiliated thereby.

Not long after this I was called to see a case in Weardale, and was told on arrival that the patient was suffering from congestion of the lungs. The expectoration, which was shown me before I examined the patient, at once convinced me that this was a case of cancer of the lung. There were, however, no physical signs; and on mentioning my conviction to the medical attendant he was very sceptical, and threw on me the enormous responsibility of giving an opinion based on the one isolated fact of currant-jelly expectoration. I therefore reexamined the chest and discovered a cancerous nodule in the right mammary gland, which of course set the diagnosis at rest. An unfavorable opinion was given, which soon afterwards proved mournfully correct.

A short time after this I was called, with my friend, Dr. Adam Wilson, to see the married daughter of the above lady. We were informed that her arm had been amputated above the elbow by Sir Joseph Lister for disease in the forearm. The patient was then complaining of pain at the posterior base of the right lung, but the physical signs were faint and doubtful. We therefore reserved our opinion, but privately agreed that it

was probably a case of cancer of the lung, and that Sir Joseph Lister had amputated high for malignant disease of the forearm. In due time came the currant-jelly expectoration, and she died of cancer of the lung. In these cases the faintest hints were given at the outset, and errors by default of diagnosis could only be avoided by paying heed to them. We ought to make ourselves well acquainted with this red-and-black-currant-jelly like expectoration of cancer of the lung so as to be able to distinguish it from the bistre or sooty tint of pulmonary apoplexy and old hæmoptysis.

Pursuing this subject, two other instructive cases occur to me. About fifteen years' ago the late Mr Manford had a case which puzzled several of us. The chief symptom in this case, for at least six months, was an intolerable pain on the front of the thigh three inches above the knee-joint. All sorts of opinions were expressed, and of course hysterical knee was the favorite. At last it occurred to me that, this region being supplied by terminal twigs of the obturator nerve, we ought to examine that nerve along its whole course, and this could only be done per rectum. On passing the finger the secret was at once discovered to be a carcinomatous mass springing from the side of the pelvis, and growing into that part of the pelvic cavity which is traversed by the obturator nerve.—Wm. Murray, M. D., in *Lancet*.

AMPUTATION OF THE BREAST FOR MALIGNANT DISEASE.

The subject of this paper is one on which there has been wide difference of opinion, though the very large majority of surgeons is on the side of radical operation, some of the very ablest believe in only the palliative steps and partial removal. In discussion of this most important operation, important because of its ever-recurring need and the vital necessity for its proper execution, statistics are of little value. True though it is that figures will not lie, yet through the incompleteness and inaccuracy of compilers, statistics may be made to support or destroy nearly any theory. It is the intention to present in this paper only the logical side of the question. Certain facts are well established.

The average duration of life in carcinoma is less than three years from the time of discovery of the tumor, and ten per cent. of all deaths from carcinoma are breast cases alone. The affection is invariably fatal, after a most painful and loathsome course, and occasions by its very presence the most melancholy mental distress. The percentage of recurrences after the old operation, usually incomplete, is 75 per cent. In sarcoma

the progress is more rapid and the diagnosis in the early stages difficult. It occurs more frequently early in life and if hesitation permits its continued growth, it soon becomes inoperable. When attacked early, its renewal is simple compared with the radical operation for carcinoma and the prognosis probably is more favorable.

Repeated operations are to be undertaken without hesitation whenever the sarcomatous evidences re-appear. The comparative inseverity of the operation makes this doubly appropriate. If unarrested, it is early fatal.

That both carcinoma and sarcoma develop as local affections, is an undisputed question. How far predisposition or inheritance may tend to the development, is not determinable.

Were it certain, however, that such influences were constant and effective, the propriety of the removal of any attempt at location, as early and as thoroughly as possible, would still be an imperative duty.

The influence of heredity is perhaps wholly in the limits of tendency or predisposition and is more positively shown in many malformations and incompleteness of development than in any direct constitutional manifestation, save perhaps syphilis alone.

Surely no surgeon would hesitate to operate on a hare-lip, or a club-foot, or a cross eye, because it was a family characteristic, as is so very commonly the case. Fully as practical it seems, would be an objection to remove the local determination of carcinomatous predisposition when accessible and eligible.

Granting every claim made by those who favor incomplete operation, or who absolutely decline to operate, there are but three objections to the demand for fullest relief, *i. e.*, the uncertainty of diagnosis, the increased mortality when the axilla is invaded and the probability of early recurrence. With respect to the first objection, it is but fair to say that hesitation is to be observed in the young when the functional activity of the mammary gland is a matter of great importance and when the probabilities of carcinoma are few, when chronic inflammations and abscess, adenoma and various benign cystomas are the rule. While carcinoma can usually be excluded under these conditions, sarcoma is often simulated. At the very worst an exploratory incision can add nothing to the gravity of the non-malignant conditions but will readily establish a diagnosis while there is yet full time for help. After the 40th year all removable tumors of the breast should be excised, the earlier the better, without regard to diagnosis.

The overwhelming balance for good in such a plan leaves the few removals of benign tumors out of deserving thought.

With respect to the second objection it may be said that there is no argument against interference

so strong as incomplete work. Better do nothing than half do the operation. Even after the most radical steps the mortality must always be trifling in competent hands. Under the present system of surgery there is but one danger of the older surgeons left us—shock—unless by accident some injury be done the great vessels of the axilla. In a recent paper of great thoroughness, which makes its statistics of unusual value, Dennis, of New York, reports 71 cases of complete removal of the breast, with but one death, that one from a hæmorrhagic diathesis. I have nine times in the last three years removed the breast and opened the axilla without accident and almost without shock, usually securing primary union and getting the patient out of bed in less than a week. These operations were all done in private practice. The patients are all living with one exception. In this case, death occurred at the 14th month from carcinoma of the liver; there was also recurrence in the cicatrix. In one other case in which a considerable portion of the wound was left to heal by granulation, owing to extreme infiltration, the cicatrix has always had an unhealthy look and occasionally weeps a non-offensive serum, but the general health of the patient is wonderfully improved, indeed, perfect but for some disabling of the arm on the affected side; and now after quite two years, she feels that she was rescued from the grave. The other seven patients are without any evidence of disease.

This number is far too small to consider, as data, and the microscopical record of several of the cases is wanting, hence no detailed report is worth while. They merely help to show what may be gained by complete operation and that the added danger is practically *nil*. With respect to recurrence of the disease, I shall say little. The title of Dr. Dennis' paper above referred to is "Recurrence of Carcinoma of the Breast." He gives as the influences of recurrence,

1st. The age of the growth. 2nd. The extent of infiltration. 3rd. The completeness of the operation. 4th. Histological character of the carcinoma itself.

He claims that of this last cause, he has made careful study, to find that in proportion as the histological character of the tumor varies from that of the surrounding structure it is malignant and recurrent.

As a result of Dr. Dennis' operations, the percentage of cases surviving three years without recurrence is thirty. A very considerable proportion of the remaining were progressing well but are not yet up to the three year limit.

Thus, then, we have the practical aspect of the case: Certain and early death without operation. Accurate and early diagnosis in doubtful cases by incision. Safe and re-assuring aid by complete

operation. A most encouraging hope of cure in one-third of all cases.

To secure such results, however, are demanded early and complete operative steps even in the most favorable looking cases. It is impossible to tell the extent of infiltration, or the lymphatic involvement. The operation must be radical to the extreme.

There is a certain class of patients upon whom no capital operation can be undertaken. In addition there are cases of carcinoma and sarcoma in which infiltration and ulceration are so extensive—in which vital structures are so involved—or in which metastases are already present, when operation is positively contra-indicated. These any wise surgeon will recognize. But of the other class of cases—so large and promising so much, there is a hope that skill and patience will determine results now past belief.

The operation: At the inner angle of the wound, a granulating surface heals with great ease and no fear need be entertained in cutting away freely. It is always best to remove completely the skin under which the cellular tissue is infiltrated even with inflammatory products.

To dissect off such deposits leaves a thin flap which may slough, and less satisfactory repair is obtained than when a free open wound is made at once. All fascia and all infiltrated muscle—even to the ribs should be completely cut away—with resection of the bone, if involved.

In firm but non-infiltrating tumors which dissect off freely, the muscular surface should be left stripped of fat and fascia. The flaps adhere more readily to clear muscular surfaces, and sloughs are less likely under unfavorable conditions. When the infiltration and ulceration are considerable it is always imperative to make an incision circumscribing all possible disease, without regard to the feasibility of getting flaps.

In removal of the glands, the vessels should always be exposed by extending the incision to the insertion of the great pectoral muscle and locating the axillary vein. All fat, fascia, and glandular tissue should be removed. The subscapular vein should be tied before division if it can be found. There will then be no hæmorrhage unless the muscles are divided. This step may be necessary when infiltration has involved these structures; even the axillary vein has been resected when found diseased.

The fingers should be passed up under the pectoralis minor and the subclavicular space searched for glands always.

The wound should be irrigated with 1-1000 hot bichloride and then washed out with 1-3000. A short drain should be put in the axilla and brought out through a counter opening.

The axilla should be closed as far as approximation can be made. If the inner part of the

wound cannot be covered it should finally be left to granulate.

Skin grafts after Thiersh's method are not satisfactory except with special surroundings.

If the inner end is closed up, a short tube is placed in the angle also. The tubes should be removed in 48 hours, unless otherwise indicated.

The best material for sutures is silk-worm gut. Next, reliable cat-gut. Tension sutures of large silk are appropriate sometimes.

The ordinary iodoform and gauze dressing is to be applied. The wound will be redressed in 24 hours, the drainage tubes so placed in the dressing that they can be taken out next day without disturbing the overlying gauze. The arm bound loosely in a sling. Redressing will depend on the nature of the wound. If there is no surface left to granulate, redressing will not be required unless some accident permits suppuration. The granulating surface must, however, be looked after. The patient may be allowed to be up about the fourth day if she does ordinarily well. Even in granulating cases I think the patients do better out of bed.

If the resulting cicatrix looks unhealthy, or if the wound fails to heal, it is unwise to be in a hurry to operate on it, as such conditions frequently ultimately get well.—*Med. Mirror.*

CATARRHAL GASTRITIS.

In examining an old work published at the beginning of this century, giving an analysis of the admissions to the dispensary of Plymouth, England, I was struck by the nosologic entities that have disappeared from the average statistical table in the last ninety years. Among others, the general term febris has given place to a better nomenclature of the pyretic diseases. Anasarca has been succeeded by terms that reflect a better understanding of the protean conditions that underlie this symptom-group. Atrophia, convulsio and palpitatio have shared a like fate. The term dyspepsia, however, seems to occupy the same place, in our nomenclature that it filled at the beginning of the century. The cause of this is to be found in the obscurity that has until recently surrounded the organic and functional disorders of the stomach. Of late, an immense gain has been made in our knowledge of the diseases of this viscus, notably in the increased precision attending the examination of the stomach-contents. It would seem as if the time had now arrived for discarding the term dyspepsia altogether as a pathologic entity and of relegating it to the limbo of broad symptom-groups occupied by such terms as heart-disease, paralysis, and deafness.

W. H. Flint, in his excellent article on the disorders of the stomach in the *Reference Handbook*

of the *Medical Sciences*, does not use the term. It is true that so able a clinician as Dujardin-Beaumez, as late as 1886, insisted upon retaining the designation, though he significantly referred to the fact that his pituitous dyspepsia is called by the Germans catarrh of the stomach. Dyspepsia, too, remains a convenient term for the manufacturers of certain digestive ferments who advertise their wares as useful in dyspepsia, overlooking that by so doing they are as unphilosophic and unscientific as they would be in exploiting a remedy for the cure of blindness, paralysis, or fits.

The term dyspepsia is proper when it is used to express a condition, just as debility and nervousness are used, but the former is in no sense a diagnosis more than is the latter.

The American people are said to be a nation of dyspeptics, and by all odds the most frequent form of stomach-trouble presented by them is the simple chronic catarrhal gastritis. By this term is meant a slight degree of inflammation of the mucous lining of the organ, which in the mildest cases does not present any appreciable structural change. It is invariably accompanied by an over-production of mucus and an impairment of the digestive power, though fairly good digestion is compatible with the lighter forms of the disease.

Catarrhal gastritis is an affection frequently found associated with or complicating other disorders, both acute and chronic. On looking over my case-books for some years, I find that a diagnosis of chronic catarrhal gastritis has been made 118 times. Carefully examining these records, I find that there are only 17 cases in which the disease can be considered primary; that is to say, excluding all cases in which the disease was associated with heart and lung diseases, liver and renal disorders, rheumatism, anemia, and neurasthenia. So intimate is the relation between the condition last named and catarrhal gastritis that Bartholow regarded neurasthenia as but an effect of the digestive trouble, claiming that there was no symptom belonging to the category of neurasthenia that may not be due to purely reflex causes having their origin in the digestive tube. This view, while it is not to be accepted in its extreme application, has a certain basis of fact in that a large number of neurasthenics present more or less disturbance of the digestive tract, and very commonly the clinical picture of catarrhal gastritis that has existed for years without the patient presenting any of the symptoms of neurasthenia.

Of the 17 cases in which we could exclude all complicating disorders and the grosser structural alterations, such as ulcer, tumors, and dilatation, the symptomatology was briefly as follows: In 12 cases the tongue was heavily coated; in 3, slightly coated; and in 2 it was clean. Constipation was present in 11 cases. Pain in the epigastrium, both on pressure and after eating, was present in

all cases. In 8 there was a sense of swelling or fulness in the epigastrium. Seven cases complained of nausea alone; this was usually worse after meals; the remainder had vomiting. Nine had eructations of gas. The appetite was fair in 6 cases, in 5 it was good, and in 6 it was poor.

The foregoing constitutes the clinical picture of chronic catarrhal gastritis, one of the most frequent disorders that the physician is called upon to treat. The most constant signs are the pain in the epigastrium and constipation, loss of appetite being by no means so regularly present.

The etiology of these cases was not so readily ascertained. The preponderance of the male sex was shown in that 13 of the 17 cases were men. The chief cause was the abuse of alcoholics, both in fermented and distilled liquors. The practice of dram-taking just before meals seemed to exercise an especially deleterious influence. There was a history of excessive use of tobacco in several instances, but no case was uncomplicated by the liquor habit. The ingestion of iced liquids, either before or with meals, seemed to be an exciting cause in four cases. Two of these patients used large quantities of tea. In more than half of the cases the etiology was mixed, and in many no definite cause could be ascertained. These latter, however, all belonged to the dispensary patients, and it is probable that poor and improperly prepared food had much to do with the condition. In no single instance could the disease be traced to pre-existing acute or subacute gastritis. The disorder invariably came on gradually, with periods of amelioration, to be followed by relapses, the symptoms gradually becoming worse until the patients consulted a physician. The duration of the disease varied from several months to many years.

The necessity for washing out the stomach in these catarrhal inflammations has been dinned into our ears for some years. Scarcely a recent textbook can be consulted that does not recommend lavage of the stomach as the remedy *par excellence* in catarrhal gastritis. I have no issue to take with this statement; lavage is one of the best means at our command; but notwithstanding continued reiteration, the method does not seem to have become at all popular or to have met with extended application. The reason is not far to seek. The procedure requires a somewhat cumbersome apparatus and the necessity of teaching the patient how to use it. I do not know what the experience of others has been but my own success in this direction have not been brilliant. Occasionally a patient can be taught to use the tube, and if he will persist he soon comes to like the treatment. As a rule, patients object when the subject is first mentioned, and if they try the method the generally unpleasant effects of the first one or two introductions is sufficient to send them in

search of a physician who employs a less disagreeable treatment. The result has been that the profession has generally adhered to the old-time prescription of bismuth with pepsin, and sometimes a bitter tonic. If any directions are given regarding diet, it is generally no more specific than that he is "to be careful with his diet," or "to eat light food." It is needless to say that these methods are as unphysiologic and unscientific as they are unsuccessful. Patients in this way drift about from one physician to another, until it is not an uncommon experience for them to enter one's office, and after detailing their sufferings, tell you that you need not give them pepsin, bismuth, syrup of the hypophosphites, or beef, wine and iron, as they have had all these.

In catarrhal gastritis the stomach secretes an excessive quantity of mucus. As soon as the food is ingested it is at once coated and prevented from coming in contact with the stomach-wall. The result is that the stomach is not supplied with its normal stimulus, and both the secretion and movements of the organ are lessened. What secretion there is cannot readily reach the food; in consequence, in the absence of the antiseptic power of the gastric juice, the food ferments, gases are formed, and vomiting takes place. The prolonged retention of food and the irritation react to increase the inflammation and congestion of the organ. This morbid cycle, once set up, perpetuates itself with ever-increasing intensity.

The plan employed in treating the seventeen cases that form the basis of this paper consisted in the administration of hot alkaline water before each meal. Sodium bicarbonate is added to the water in the proportion of ten grains to the pint. Of this solution eight, twelve, or even sixteen ounces, according to the severity of the case, are administered at least twenty minutes before each meal. The water should be as hot as can comfortably be borne, and should be taken slowly. By this means the stomach is effectually cleared of its contained mucus, and is prepared for the reception of food. This should consist of a test-meal of from four to six ounces of steak, preferably broiled, with from two to four ounces of bread, thinly buttered. From this starting-point the diet should be increased or decreased as the patient does or does not suffer from nausea or vomiting. The central idea of the diet in these cases is to restrict it largely to proteids, such as lean meats, oysters, and eggs, together with a small quantity of bread. All starches and fats should be excluded, excepting the small quantity contained in the thinly buttered bread. This is a matter of importance because of the readiness with which starches and fats undergo decomposition when gastric digestion is delayed. When the quantity of food that the incompetent organ will digest without leaving a residuum for fermentation has been ascertained, it should be

held for a few days at that point and then gradually increased. As the inflammatory condition subsides, the organ gains strength, and the diet may be increased and made to include a greater variety of food. It is doubtful if anyone who has ever had a chronic gastritis should be allowed to eat mince-pies, tarts, plum-puddings, or other culinary abominations. Bismuth, cerium oxalate, nux vomica, and the bitter tonics are useful adjuvants in treatment.

I do not think that pepsin is of any value in the treatment of chronic catarrhal gastritis. I do not wish to be understood as decrying the value of pepsin in certain stomach disorders, notably those attended by atrophy of the gastric tubules, or other structural alterations. Pepsin is also useful in the cases of catarrhal gastritis dependent upon anæmia, nephritis, and other disorders in which the primary trouble is due to failure of gastric secretion from a deficient or poor blood-supply. In these cases the agent may prove invaluable, but, in my judgment, the dose usually employed is much too small. It is in the uncomplicated inflammations that I regard pepsin as valueless; the indigestion is dependent on an entirely different set of conditions.

Relapses are exceedingly common; in fact, they occurred in every one of my cases. They are to be met by a return to the treatment, if it has been suspended, or to a stricter and lessened quantity of food. In the course of the treatment the relapses will occur less frequently; they will be less severe, and will yield more readily to the remedies employed.

The results in the seventeen cases were excellent: eight of them recovered, remaining well at least six months after suspending treatment. Of the remaining nine cases, all were improved, and some of them could be considered recovered, as they passed from under observation completely relieved, but I had no opportunity of learning their condition some months after suspending treatment. In no case was the treatment persisted in for some weeks without marked improvement being noted.

In conclusion, allow me to say that the method of treatment here outlined is of little or no value in cases of tumor, stricture, atrophy of the gastric tubules, or other gross alteration in the structure of the stomach, or when there is marked dilatation. In cases complicated by heart, lung, kidney, or liver diseases, or by anæmia and neurasthenia, the method may be a useful adjunct, but we can hardly expect a cure. It is claimed that it meets the indications in simple catarrhal gastritis quite as well as lavage, that it is much less trying to the patient, that it is adapted to the poorer classes and to dispensary patients, who in many instances are unable to afford even the small expense of a stomach-tube.—Dr. Moyer in *Med. News*.

MEDICAL NOTES.

Prof. Hare said sulphide of calcium is one of the best remedies for the treatment of *Acne*.

Prof. Hare said that a very useful and efficient application to *abort felons* is to make a poultice with bread crumbs and lead water.

For a case of *Anæmia with Amenorrhœa* in a young girl, Prof. Hare prescribed:—

R.—Ferri redact. gr. ʒi
In pill three times a day.

For the constipation the following mild laxative:—

R.—Ext. cascariæ sagradæ fluid . . . gtt. xx.
Three times a day.

Prof. Hare said that in the treatment of *Gout* and *Rheumatism* the combination of the iodides with colchicum increases the activity and efficiency of both drugs.

Prof. Hare said that it is of no use to give cod-liver oil after there are *Tubercular Deposits in the Lungs*. It is absolutely harmful in the majority of cases, as it disorders the stomach, and very frequently gives rise to an oily diarrhœa.

For *Headache*, Prof. Hare recommended the following:

R.—Caffein., gr. ij.
Phenacetin, gr. iij.
Sodii bromid., gr. x.—M.

Dr. A. P. Brubaker recommended the following prescription for *Chronic Gastric Catarrh*:

R.—Strychninæ sulphat., gr. j.
Liq. potassii arsenitis, f ʒj.
Acid. hydrochloric. dilut., f ʒj.—M.

Sig.—Ten or fifteen drops in water after meals.

Prof. Hare recommended the following for *Fermentative Indigestion*:

R.—Sodii bicarb., ʒj.
Tinct. gentianæ, f ʒiij.—M.

Sig.—A teaspoonful three times a day.

For a case of *Chronic Bright's Disease (Contracted Kidney)* in a woman forty-two years of age, Prof. Da Costa prescribed five grains of potassii iodidum three times a day; and that the patient be placed upon the usual diet for the disease, and also be given mild diuretics.

Prof. Hare said that ichthyol is the best local application in *Acute Articular Rheumatism*, in the strength of ʒj-ij to vaseline ʒj. It is also an excellent local application in the same strength in dry, scaly *Eczema* and *Seborrœa*. The objections

to its use are its color and its odor, which are rather disagreeable.

For the treatment of *Night Sweats*, Prof. Hare recommends the use of camphoric acid. It is almost a specific. Begin by giving it in doses of ten grains and increase the dose until the effect is obtained. The dose may be increased to one drachm daily. It should be given about one and a half hours before the sweat usually comes on.

For a case of *Exophthalmic Goitre* in a man, Prof. Da Costa prescribed tinctura aconiti, gtt. j, every three or four hours, the dose to be increased to gtt. v. His diet should be bland and unstimulating, and he should rest in the recumbent position as much as possible. Prof. Da Costa said that it was very rare to have exophthalmic goitre in a man; while he had seen hundreds of cases in women, he could count on his fingers all the cases he had seen in men.

Prof. Wilson does not believe in the use of poultices in the treatment of *Pneumonia* as a routine practice. He considers that in most cases the benefits are outweighed by the danger. A jacket of cotton or carded wool is much preferable and much safer. When convalescence occurs the jacket should not be removed all at once, but should be cut and removed, part at a time, to prevent the sudden exposure and risk of taking cold.

For a case of *Acute Bright's Disease*, due to exposure, in a man forty-three years of age, Prof. Da Costa gave the following treatment: Milk diet, and rest in bed; drink large amounts of pure water or of mildly diuretic waters, and take Rochelle salts, ℥j to ij daily, and infusion of digitalis, fʒss three times a day. He may also use vapor baths and may be given a hypodermic injection of pilocarpine, gr. $\frac{1}{4}$ every day or every other day; and later, to control the waste of albumen, give nitro-glycerine, gtt. j, of a one per cent. solution three times a day, slowly increasing the dose.

For a case of *Eczema* of a very irritable type, Dr. Henry W. Stelwagon prescribed the following treatment: Begin by making local applications of the following mild ointment:

R—Calamin., ℥j.
Acid. salicylic., gr. x.
Amyli pulv., ℥j.
Vaseline, ℥j.—M.

After this has been used for some time, there may be added resorcin, gr. x to gr. xl, or sulphur precip., gr. xv to gr. xx, to the ℥j, to make the ointment more stimulating. Internally, give mistura ferri acetat., fʒss, in the morning, one-half hour before eating. This should have a purgative action in about an hour after taking it; if it does not, the dose should be increased.

For a case of *Acute Pleurisy* which had been treated with salicylate of sodium with negative result (the pain being lessened, but the effusion not diminished), Prof. Da Costa changed the treatment and prescribed the following:

R—Tinct. ferri chloridi, gtt. xx.
Potassii acetat., gr. xx.
Acid. acetic. dilut., gtt. x.
Syr. limonis,
Aquæ, āā q.s. ad f ℥j.—M.
Sig.—Every four hours, largely diluted.

Also the local application to the chest of the following ointment:

R—Tinct. iodinii, f ℥ss.
Vaseline,
Lanoline, āā ℥ss.
Olei bergamot., gtt. j.—M.

Dr. W. L. Coplin, Demonstrator of Pathology, gave the Jefferson College class the following formula for a *Stain for Tubercle Bacilli* and manner of preparing a specimen for microscopic examination: Take one hundred parts of a saturated solution of pure aniline in water, eleven parts of a saturated alcoholic solution of methyl-violet, and ten parts of alcohol, mix and filter. Leave the specimen in the stain for twenty-four hours, then pass it rapidly through a solution of nitric acid one part and water three parts. After which wash it in alcohol until no more stain can be removed, then dry the specimen and mount it in balsam.

Prof. Brinton gave the class the following prescriptions that have been used by him in the treatment of *Chilblain*, in which he has found them to answer very well:—

R.—Acid. carbolic gtt. xx.
Olei terebinthinæ,
Lanolin āā ℥j.—M.
Sig.—Apply locally.

Another that is very useful in many cases is the following:—

R.—Ichthyol,
Spirit. terebinthinæ āā fʒj.—M.
Sig.—Apply locally.

Where there is any tendency to the formation of ulcers the following will serve as an excellent protective:

R.—Iodoformi gr. xx
Collodii flexills ℥ij.—M.
—*Col. and Clin Rep.*

THE SEUTIN PRIZE.—The Seutin prize of 5,000 francs, for 1890-91, offered by the Brussels Royal Society of Medical and Natural Sciences for the best essay on "The Etiology, Diagnosis, and Treatment of Inflammations of the Fallopian Tube," has been awarded to Dr. Theodore Landau, of Berlin.

ELECTRICITY IN RHEUMATISM.

In acute articular rheumatism electricity in any form is of doubtful value. In any event, it is very difficult to make satisfactory applications to the inflamed joints and sensitive muscles. While general and local palliative treatment may give great comfort to the patient, and may occasionally prevent complications, it is yet doubtful whether an attack of acute rheumatism can be much shortened by any method of treatment. I have, however, seen unmistakable evidences of the benefit to be derived from the use of electricity after the decline of the acute symptoms, and a subsidence of the excessive tenderness of the joints. In my own experience, this point has been satisfactorily determined by observations in cases where, in repeated previous attacks, convalescence was more prolonged than after resort was had to treatment by the method of general faradization.

Subacute articular rheumatism is far more favorably affected by electrical methods of treatment than the acute form, but even in these cases it must be admitted that the remedy acts with a degree of capriciousness that is often very discouraging. There are some cases that will not be benefited at all by electricity, and I have known a number in which increased pain, heat and redness were occasioned by any and every attempt in the use of this agent. These unsatisfactory results must be attributed not so much to the disease itself, as to the peculiar individual idiosyncrasies that occasionally assert themselves vigorously under electrical treatment. There exists a class of cases of the subacute variety of rheumatism, which has served an excellent purpose in fostering the credulity of those who make of electricity almost a panacea in the treatment of rheumatic conditions.

Under any circumstances, either with or without treatment, the duration of these cases is exceedingly short, in many instances not exceeding two or three days. Now, in an attack of this kind, if one is so fortunate as to see the case *ab initio*, and electricity is employed, to electricity is given the entire credit of the cure. I well remember a perfectly honest but ignorant so-called electrician, into the mysteries of whose practice I gleaned some insight many years ago. He believed electricity to be an unfailing remedy in rheumatism, and this belief was shared by a multitude of people influenced by his success in these transient subacute cases of rheumatism which came to him in large numbers, and as soon as the first symptoms of pain manifested themselves. But there is another not infrequent group of rheumatic cases of the subacute variety in which electricity serves a most excellent purpose, allaying irritability, lessening the heat and pain in the joints, and ap-

preciably shortening the duration of the attacks. It does more than this. From a considerable experience, I can confidently assert that by its use the severity of subsequent attacks will be greatly lessened, even if the tendency to recurrent paroxysms is not entirely destroyed. I am well aware that these cases of subacute rheumatism occurring in persons approaching middle life, or beyond it, tend in subsequent attacks to lessen in severity sometimes, but careful observation in many cases enables one to discriminate between what is and what is not the result of the treatment administered.

According to my own experience, the one satisfactory method of electrical treatment in these cases is the method of general faradization. Purely local applications, while perhaps not altogether useless, are by no means so efficient as the general methods. I have, time and time again, because of the labor entailed and the objections of patients to disrobing, confined my efforts to applications to the joints alone, but always with results unsatisfactory when compared with the general method of treatment. Muscular rheumatism is also, in many cases, obedient to some form of electricity in a very marked degree.

We have here a condition affecting mainly the fibro-muscular structures, associated with pain and sometimes spasm of the affected part. The exciting cause is most frequently exposure to draughts, and such exposure is especially apt to be followed by severe and persistent attacks, if associated with it there has been any strain or sprain of the fibro-muscular structure. Another condition favorable to sudden rheumatic attacks is the lithic acid diathesis. If there exists defective oxidation of the nitrogenous elements of food, the waste products fails to reach the ultimate stage of urea and circulate in the blood in the form of uric acid, and it only requires a local slowing of the circulation, or a temporary cooling of an extremity, in order to have a deposit of the sharp-pointed crystals in the joints, ligaments or muscles, which cause such excruciating pain. It is unnecessary to enter into any detailed description of the symptoms of muscular rheumatism.

As a rule, although not in every case, rest greatly alleviates the pain, while movement of the affected muscles is attended by sudden spasmodic pains of a severe character. It hangs on with varying degrees of persistency, from a few days to weeks or months, and in some of the more severe cases, involving the fibro-muscular structures, it has been known to occasion years of suffering. All three forms of electricity—galvanic, faradic and static—are of value in the treatment of muscular rheumatism; but taking the cases as we find them, I myself have not only found that static electricity is the most efficacious of all the electrical methods, but among those who have experience with the

three kinds in the treatment of the disease, the same judgment I find prevails. If a case of muscular rheumatism came to me in which the pain was more of a neuralgic type, and with considerable tenderness to pressure—especially slight pressure—I should choose either the galvanic or the faradic current of high tension, preferably the former. In a certain proportion of such cases it will be found that this treatment, if intelligently administered, will give immediate temporary relief, as well as hasten recovery, while static electricity will, as a rule, afford no relief, but may even aggravate the pain. An exception must, however, be made in favor of the static induction current, which, with its infinitely rapid succession of sparks becomes dynamic in character and allied in its effects to the faradic current of high tension. If, however, the opposite condition of things prevails, as is more frequently the case in chronic muscular rheumatism, static electricity is capable of far greater relief than either of the other two forms.

In these chronic cases there is often but little pain on pressure—indeed, pressure often affords relief. The pain is dull and aching, even when the parts are in repose, and seemingly very deep seated. We do, in fact, see many cases where the pain becomes entirely subdued during more or less vigorous and protracted exercise. The excitation of the circulation and the heightened activity of the various excretory and secretory processes of the body, seem for the time being to take away every remainder of the disease. The method to be adopted is the simple one of insulation and submitting the patient to the effects of the roller electrode over the affected parts. It is by no means a pleasant method of procedure, but if continued for fifteen or twenty minutes, more or less, the relief afforded is quite remarkable. I have known cases of lumbago, after suffering for weeks, to be completely and permanently relieved after a single séance of this kind.—*Rockwell, N. E. Med. Mo.*

TREATMENT OF ALCOHOLIC CIRRHOSIS OF THE LIVER.—Dr. Millard (*Wiener med. Presse*,) presented the fourth case of alcoholic cirrhosis of the liver which he has cured. The patient was a man, forty-six years of age, who had committed alcoholic excesses for years. In July of last year disturbances of the digestive track set in, and three months later a cirrhosis of the liver could be diagnosed with certainty. The patient was placed at once upon milk diet exclusively, and received also a diuretic, whereupon diuresis set in and the œdema disappeared. Since then he has been improving gradually, the subicteric color of the face and the swelling of the liver and spleen persisting longest. The patient has increased over four pounds in weight, digests very

well, and still continues to use milk as a drink. Although the liver is somewhat enlarged in volume, Millard does not hesitate to regard the case as cured; he thinks that the enlargement will persist for a long time, and perhaps for ever, yet the disease will not return if the patient abstains from the use of alcoholic drink. Millard has cured three other cases, and in them the liver has remained enlarged, yet the patients have continued in good health. Indeed, he goes still further, and regards this as a guarantee that the cure is definite, for it appears that only those patients are to be cured who present a certain degree of hypertrophy of this organ, after the treatment has reduced the preliminary excessive hypertrophy of the same.

Doubtless the hypertrophy scarcely passed the first of the three stages into which Millard divides hepatic cirrhosis, *i.e.*, the liver had hardly entered the stage of hypertrophy with ascites. When this stage is once passed the sclerotic tissue organizes and the ascites is reproduced, in spite of all therapeutic measures and diet. In the further course of the disease the spleen increases in size and the liver decreases in volume and becomes harder until the third and last stage sets in, which is incompatible with life. Rendu does not think this division of stages is applicable to all cases, for some begin with atrophy at once. Raymond mentioned a case where with abstinence from alcohol, and a milk diet which the patient still continues, the man has been in good health since 1878.—*Cincinnati Lancet Clinic.*

VAGINAL HYSTERECTOMY IN PELVIC SUPPURATION.—At a recent meeting of the Paris Surgical Society. Dr. Terrillon spoke favorably of this extreme measure. He has operated on four cases of old-standing pelvic suppuration with hectic exacerbations and rectal and vaginal fistulæ.

The first patient had been ailing for two years subsequent to a miscarriage; parametric infiltration extended up as high as the navel, and the uterus was firmly fixed in the inflammatory deposit. Abdominal section proved useless: the omentum could not be detached, and the intestines were so firmly adherent that no attempt was made to liberate them. The uterus was at once extirpated from the vaginal side. On the twenty-eight day serious symptoms developed—owing to retention of pus behind the vaginal fistula cicatrix. The fever ceased as soon as an exit was made for the pus; but a vagina fistula remained.

In the second case—similar to the first—abdominal section was found impracticable, and vaginal hysterectomy was performed eight days later, with the result of effecting a complete cure.

In the third case the patient had been ill for nine years, and was suffering from a lichenous eruption which had been attributed to septicæmia; albuminuria, vomiting and fever were present.

Vaginal hysterectomy proved very troublesome, and considerable shock followed. Nevertheless, the patient recovered, and the annoying eruption disappeared.

The fourth patient had been ill for twelve years, and had suffered from severe continuous pain and fever since two months. Vaginal hysterectomy was performed on the left side; the vagina cicatrized nicely, but a rectal fistula remained.

The last-mentioned case is sufficient to show—according to the author—that the operation does not always bring about a radical cure; the first two cases, on the other hand, demonstrated that vaginal hysterectomy may succeed after abdominal section has proved of no avail. Although the operation appears especially diserable in cases where there is a well-incysted abscess, Dr. Terrillon considers it required in cases of old extensive and ill-defined suppurative processes with fistula, adhesions, and parametric infiltration of the parities.—*Merck's Bulletin*.

REPORT OF 2,012 CASES OF ALCOHOLISM OF WHICH 87 WERE MANIACAL.—Dr. T. S. Latimer, of Baltimore, read a paper before the Association of American Physicians (*Medical Record*), giving a brief history of 2,012 cases of alcoholism, less than one-half of which he had reported in a previous paper. Eighty-seven of the total number were maniacal. Nearly all the patients were arrested for drunkenness or misconduct of some form due thereto. They were what were termed by jailors as "regulars." Some of them were addicted to the use of cocaine, chloroform, and other stimulants besides alcohol. It was apparent that they were a very unfortunate class of cases to treat, having been badly fed, badly clothed, badly housed, addicted to stimulants, often suffering from other diseases. Almost invariably they begged piteously for drink, which, however, was invariably refused. None remained delirious longer than five days. The average time before they were able to do what little work that was required of them was two days. By the second night they almost invariably could sleep well. Except in a very few instances the only drug given was bromide of potassium. The good result, however, was not attributed so much to the drug as simply to the withdrawal of alcohol, which was absolute and from the very commencement. No restraint was put upon the patients farther than to keep them shut in their cells.

The conclusions were:

1. That the clinical phenomena attending the excessive use of alcohol were the direct result of the stimulant, and were not due to abrupt withdrawal of it.
2. The desire for the stimulants almost uniformly persisted.
3. That alcohol in any form or quantity was

unnecessary in the treatment of such cases, and was usually harmful.

4. The absolute and immediated withdrawal of alcohol was of the first importance in treating the symptoms due to its use.

5. That forced feeding was rarely necessary.

6. That placing the patient in any kind of bands was unnecessary.—*Weekly Med. Rev.*

ABOUT MILK-TEETH.—Dr. Robert L. Dickinson speaks as follows (*Brooklyn Med. Jour*) on this much-neglected topic: If you care for symmetry of feature and sweetness of expression in the lower half of the face; if you appreciate one great beauty in the laugh and the speech of a child, and are hurt to see stumps and gaps in the small mouth; if you have any care on the score of punctuation; if you are assured that tartar often causes retraction of the gums and loosening of the teeth; if you have ever seen abscess followed by scars on the face, or roots projecting through the gum; if indigestion and its far-reaching effects on growth and strength seem undesirable to you—and, finally, if you wish small dentist's bills for regulating and filling the second set:

Then you will follow these directions—which are essential in every detail.

1. In the early months (about fifth to twelfth) clean twice daily with soft rag and lime-water.
2. Later (about twelfth month) brush with small soft brush after each feeding.
3. Later (about fourth year) teach child to use quill pick after each meal, and then to brush carefully the most hidden crevices with lime-water, or use waxed silk instead of the tooth-pick.
4. Polish off all stains with soft pine stick and tooth-bowder.
5. Take the child to your dentist every three months, beginning at the second year, and have the cavities searched for and filled. By having the cavities filled early child suffers none during the operation.

Every tooth after the twentieth tooth belongs to the permanent set. These are all in position by the third year. The first permanent teeth are back of these, appearing usually between five and six.

Establish habits early and firmly and the child will keep them.

Forbid rich candy, fresh or rich cake and pastry and hot bread.

Let the child strengthen its teeth on sufficient crusts and meat not too tender.

WHAT TO DO FOR TOOTHACHE.—1. Rinse the mouth and the cavities thoroughly with warm water in which is dissolved all the baking soda it will carry; failing,

1. Dry the cavity gently with surgical cotton (absorbent) made into a swab on the end of a knitting needle or crochet needle, and

3. Drop one drop of creosote or pure carbolic acid on a bit of absorbent cotton, and pack it gently into the cavity.

4. A small capsicum plaster ($\frac{1}{4}$ inch square) bought at any drug-store may be placed on the gum. If the tooth is sore to bite on, No. 4 is the best.

5. Take the child to the dentist to find out what should be done with the teeth.—*Weekly Rec.*

ALCOHOLISM AND ITS TREATMENT BY STRYCHNINE.—*E. Haffer.*—In a pamphlet recently published in Tena, G. Beldau discusses all the papers, hitherto published in Russia and France, on strychnine treatment of alcoholism. Of peculiar interest and importance are the animal experiments performed by S. W. Jaroschewski, which demonstrate that in dogs strychnine possesses the property of neutralizing the inebriating action of alcohol, and that dogs that are given strychnine and alcohol at the same time, are under incomparably better vital conditions than dogs taking alcohol alone. The latter died spontaneously, without an exception, while the former (excepting one who died from strychnine poisoning) continued living.

The result of experiences in man is the following:

1. Strychnine is a physiologic antagonist of alcohol, and treatment of alcoholism by nitrate of strychnine gives more or less favorable results.

2. The best results are obtained in dipsomaniacs, less good results in chronic drinkers.

3. The higher the doses, and the longer the treatment is continued, the more satisfactory is the result. Luton administered $\text{m. g. } 0.005$ subcutaneously, or $\text{grm. } 0.03$ internally, 3 times daily; Korona, $\text{grm. } 0.005\text{--}0.01$ once daily, and noticed gradual disappearance of the longing for alcohol after a few injections.

4. Alcoholics support disproportionately large doses of strychnine without secondary phenomena, without accumulative effects.

5. It appears that strychnine has the property of eliminating the craving for alcohol in the potatory.

The author engaged in experiments in the Clinic of Tena abstains for the present from an expression of his own views on the value of the remedy, promising some early communications on the subject.—*Pac. Rec. of Med. and Surg.*

CAMPHORIC ACID FOR THE NIGHT-SWEATS OF PULMONARY TUBERCULOSIS.—Probably there is nothing so unpleasant or aggravating in tuberculous patients as the profuse sweating that occurs either in the morning or during the entire night. The depression following it does not seem to be due to the sweating itself, but rather to the effects of a gradual increase in the quantity of carbonic acid gas in the blood, incident to the difficult inter-

change of gases in consequence of the pulmonary affection. It is well known that in normal respiration the blood does not contain so continuously a high percentage of carbonic acid gas as will cause a less sensitive condition of the centres governing respiration. But in pulmonary tuberculosis, when the energy used in the daily exertions, from excessive coughing or other physical causes, more than exceeds the supply of energy and nutrition that can be furnished by the body, the respiratory centres are greatly depressed, and are not stimulated so quickly by a percentage of carbonic acid gas that normally would affect those centres. The centres presiding over the function of the sweat-glands, not being affected by the physical causes, respond to the increased stimulation, and cause them to pour forth their secretion abundantly. The therapeutic mode of combating this functional perversion would seem to be to use such a drug as shall stimulate the respiratory centres, and thereby cause the elimination from the blood of more carbonic acid gas, and in this indirect manner act as an anhidrotic.

Camphoric acid seems to effect this object with less derangement and more satisfactory and lasting results than any other drug. This remedy is best given in doses of twenty grains from four to six hours before the period of sweating is expected. The best method of administration is dry on the tongue, and washed down with a little water. The taste of the drug is not unpleasant; neither does it produce the gastric irritation so frequently experienced with many medicinal agents used under like conditions.

Cases are given in detail illustrative of the effects of the remedy.—*Phil. Med. News.*

ADENOID VEGETATIONS.—Adenoid vegetations in children are removed by the following simple method, given by Dr. Dessar (*Archives of Pediatrics*, May, 1892): The experience of the author has taught him that adenoids in children are best removed in a series of operations without an anæsthetic, rather than in a single sitting under anæsthesia. He seldom has to resort to any instrument outside of three sizes of Lowenberg's forceps. The child is placed either in a chair or on the mother's lap, and the arms held firmly, the forceps are then quickly introduced into the vault of the pharynx, pushed up as high as possible, the blades widely separated, then closed, and the sheaf of the instrument slowly forced downward. If too much resistance is encountered too much tissue has been grasped. Much harm may be caused by improper or poorly constructed instruments. After one or two sittings children usually become more courageous and the mouth-gag is not necessary. Sittings are continued until digital examination reveals a smooth surface on the vault of the pharynx. Adenoid tissue on the lateral walls and in

Rosenmueller's fossæ are to be scraped off with a lateral cutting curette. The author has devised two small instruments, made by Reynders, one edge being blunt, and made to cut one from right to left, and the other from left to right. The advantages gained in operating on children in the foregoing manner are: 1. The absence of disagreeable symptoms following the use of an anæsthetic. 2. The absence of profuse hæmorrhage. 3. The absence of pain after the operation, and of bronchitis brought on by blood entering the bronchial tubes, as so often happens after anæsthesia. 4. Short time consumed in operating. 5. The consent of parents objecting to an anæsthetic.—*Med. Rec.*

THE USE OF DIGITALIS AND STROPHANTHUS.—Dr. James Little, writing for the *Birmingham Medical Review*, after pointing out that digitalis is the most important cardiac remedy in the *materia medica*, goes on to compare, in an interesting manner, its power with that of strophanthus. He says, "Strophanthus shows its power in the same kind of cases that digitalis, when the systoles are frequent and marked, but is less useful when the pulse is regular and there is weakness of the left ventricle." He thinks that the tincture of strophanthus, like the tincture of digitalis, should not be mixed with water until just before it is swallowed. He also believes that when strophanthus is given in this form, fifteen minims every four hours is not too much. He concludes:

1. That digitalis is the better drug of the two because it is more frequently useful.

2. If slowing and steadying of the heart has been produced by digitalis, is well to keep up its action by occasional doses.

There are some patients whom digitalis sickens, and a smaller number in which it seems to fail to bring about an increase in the force of the heart. Under these circumstances strophanthus may prove itself useful. Patients who have widespread thickening of their smaller arteries are sometimes benefited much more by strophanthus than by digitalis.

4. Strophanthus is much more rapid in its action, but is not suitable for prolonged use.

He has also found that bromide of potassium in small doses, given twice or thrice a day, sometimes serves to quiet disturbed cardiac innervation.—*Therapeutic Gazette.*

SUCCESSFUL TREATMENT OF MEMBRANOUS CROUP WITHOUT EITHER TRACHEOTOMY OR INTUBATION.—The class of cases to which I refer are of laryngitis with fibrinous exudation and not complicated by diphtheria. My experience before February, 1891, covering a period of nine years, was to have treated medicinally eight cases, six of which died, showing a mortality of 75 per cent. I condemn

tracheotomy and intubation in true croup, as the same objections obtain in both, viz., that the accumulation of muco-pus in the lower part of the trachea and in the bronchi is lost sight of. Paralysis of the posterior crico-arytenoid muscles, preventing dilatation of the glottis in inspiration, is a symptom no doubt relieved by tracheotomy and intubation, but the other paramount elements of danger in the case, as pneumonia, capillary bronchitis, accumulation of muco-pus, feeble expiratory efforts preventing expectoration, due to general debility and exhaustion, are *unremedied*.

The treatment I have used since February, 1891, is based upon the allaying of inflammation about the site of the membrane, effecting the separation of the membrane, lessening the formation of new membrane, effectually controlling laryngeal spasm, and sustaining the strength. I use *asafoetida* by suppositories to allay spasm and to give needful intervals of quiet, restful sleep, and consider it a valuable and much overlooked remedy in membranous croup.

For the other conditions or symptoms I used ammonium chloride, given in syrupy mixture without water, as the addition of water makes it unpalatable to children.

For a child eleven months old the following prescriptions are ordered:

B.—Ammonii chlorid., ʒj.
Syr. toltan., f ʒij—M.
Sig.—Half a teaspoonful every two hours.

R.—Asafoetida pulv., gr. xvj.
Quinina sulph., gr. iv.
Codeina, gr. ss.
Olei theobromæ, gr. cxxx. M.
Fiat suppos. No. viij.

Sig.—One every four hours.

Four cases of recovery are reported.—*College and Clinical Record.*

DIFFICULTIES OF DIAGNOSIS IN DISEASE OF THE AORTIC VALVES.—The group of cases of uncomplicated aortic insufficiency is to that of aortic insufficiency, plus mitral stenosis, as 88 to 39. But from the existence of the usual "aortic diastolic" murmur and of a pre-systolic thrill or murmur, or both, the presence of the two lesions cannot be inferred. Several cases are cited in which a pre-systolic murmur was present, but in which aortic insufficiency was proved, and mitral stenosis disproved, by post-mortem evidence. The differentiation between the two lesions in exceptional cases requires careful consideration of all the physical signs, and the evidence afforded by the cardiograph is of high importance. A case is reported in which from the clinical evidence it seemed probable that there was a conjunction of the two lesions, the mitral stenosis being slight. The autopsy showed aortic insufficiency; no mitral

stenosis. Two explanations are possible: (a) the lifting force of the current of blood impinging on the under surface of the mitral curtain might so obstruct the current from the auricle as to create an impediment at the end of each diastole, or (b) the vibrations might be directly communicated by the regurgitant stream from the aorta to the mitral curtain.

A case is also reported in which the murmurs of aortic and mitral stenosis were present. The autopsy showed mitral stenosis, the thickened, calcareous material about the mitral orifice projecting so far into the conus of the ventricle as to constitute a real obstruction, although the aortic valves were normal.—Sanson, in *Liverpool Medico-Chirurg. Journal*.

AMENORRHŒA OF SCHOOLGIRLS.—Dr. T. A. Reamy in discussing the amenorrhœa of anæmia, common to schoolgirls, says: (1) She must leave school, and must not even study at home. (2) She must spend several hours each day in the open air, either walking or riding. In winter she must, of course, be warmly clad; but must wear no sheepskins or other chest-protecting pads. Standing in the open air, she must be induced to breath deeply with the mouth closed; this should be done for at least fifteen or twenty minutes, and be repeated at least twice a day. Nothing that can be done will more rapidly improve the character of her blood. (3) She must sponge her extremities and body each morning on arising from bed. The water must be of the temperature of the room, and she must practice friction freely with an ordinary towel. (4) She must drink plenty of milk and eat plenty of beefsteak. (5) She must take small doses of iron, combined with some bitter tonic, three times a day. Improvement may be somewhat slow, but if this course is faithfully carried out a perfect cure will result, and her education may then be finished.

If this course or its equivalent be not followed, these cases will go from bad to worse, and finally die of pulmonary tuberculosis.—*Arch. Gyn. Obs. and Ped.*

TYPHLITIS.—Dr. T. H. Mauly, in an article on "Typhlitis," in the *Medical Progress*, epitomizes it by saying: "I think we may, with our present knowledge of typhlitic disease, conclude something as follows:

"1. That, as typhlitic disease is seldom seen except in the male sex, and then, as a rule, without any history of traumatism or fœcal impaction, it must be regarded as a constitutional disease, probably microbic, with a local manifestation.

"2. It is always located within the peritoneum in its incipient stages, but never within the peritoneal cavity, or extra-peritoneal—outside the parietal peritoneum—until by secondary changes,

the temporary pyogenic wall has ruptured and leakage is permitted.

"3. By reaching the imprisoned pus from behind, less mutilation of tissue is entailed, and a vent is made without opening the general peritoneal cavity.

"4. Until it is proved that pathological processes always commence in, and are confined to the appendix alone, or that the opened appendix is come upon in operation, appendixectomy can not be regarded as either a prophylactic or curative proceeding."—*Times and Reg.*

GLYCERIN IN THE TREATMENT OF HEPATIC COLIC.—At the meeting of the Académie de Médecine, March 8, 1892, Dr. Ferrand read a paper on this subject, of which the following are his conclusions;

1. Glycerin administered by the stomach is absorbed as such by the lymphatic vessels, notably by those which proceed from the stomach to the hilus of the liver and to the gall-bladder, it is found even in the blood of the subhepatic veins.

2. It is a powerful cholagogue and a valuable remedy in hepatic colic.

3. In large doses (20 to 30 grammes—5 to 7½ drachms) glycerin cuts short the paroxysm at once.

4. In smaller doses (5 to 15 grammes—1¼ to 3¾ drachms) glycerin taken daily in a little alkaline water, prevents the return of the attacks.

5. Glycerine although it is not a lithontriptic, is, however, the remedy *par excellence* for biliary lithiasis.—*La France Médicale*.

THE THERAPEUTIC VALUE OF SUPPURATION.—Fochier has observed that in some cases of puerperal infection, when there is no important appreciable lesion, a sudden amelioration not rarely takes place coincidently with the appearance of a focus of suppuration in the iliac fossa, in the breast, in the subcutaneous cellular tissue, or about a joint. The thought suggested itself that in suitable cases the establishment of suppuration by the subcutaneous injection of essence of turpentine might be a rational procedure; and in a number of cases, successful results were by this means obtained. Governed by the same principle, Lepine and Dieulafoy each employed the injections in a desperate case of pneumonia, with a fortunate termination. About fifteen minims were injected in each situation selected. Suppuration took place in the course of a few days, but it was unattended with elevation of temperature, and the pus was aseptic.—*L'Union Médicale*.

THE BEST WAY TO GIVE COD-LIVER OIL, in tuberculosis, according to Professor Charteris, in this *Lancet*: It should be prescribed in a teaspoonful dose at bedtime for three successive nights, then a dessertspoonful at the same time.

On the sixth and seventh days it should be taken in a dessertspoonful dose after dinner, and at bedtime, and afterwards in a tablespoonful dose after each meal. If so prescribed it does not cause eructation or nausea, and the doses may be increased in accordance with the wishes of the patient until the end of the fifth week, when it should be stopped for a week, and resumed. With each dose of the oil five grains of hypophosphite of lime dissolved in a little hot water should be taken. Thus administered, these medicines notably increase the strength of the patient, and returning health is evidenced by increased weight. If circumstances permit, and if the patient be young a sea voyage is of inestimable advantage in maintaining the progress made to recovery, and if the voyage be to New Zealand and back in many cases the patient's health is established. I firmly believe that the hypophosphite of lime is the only form of hypophosphite of any value in tubercular disease.—*Med. Rec.*

EPILEPSY AND ANTIRABIC INOCULATION.—Our Paris Correspondent writes: The somewhat premature announcement made in the daily papers that a cure for epilepsy had been discovered at the Pasteur Institute created a great sensation in the medical and scientific world. At the meeting of the Academy of Science, held on the same day, M. Pasteur was besieged with questions concerning the new discovery. His answers were not affirmative. "Time," "patience," "perhaps yes," "perhaps no," were among his frequent utterances, and the distinguished *savant* appeared annoyed that publicity should yet be given to the subject. Professor Charcot, interviewed by the *Temps*, has stated that it is true that M. Pasteur has for some years directed his attention to the treatment of epilepsy by antirabic vaccine. An epileptic patient is now being treated by it and is carefully watched; the epileptic attacks have disappeared, but the point to be ascertained is whether this youth is epileptic or hysteric. He has proposed to M. Pasteur to place at his disposal undoubted epileptic patients. These patients, subjected to M. Pasteur's treatment, would furnish interesting facts, but no conclusion could be arrived at until some months or years had gone by; the suppression of epileptic attacks during a few weeks or even a few months is not a certain indication of cure. M. Charcot expresses his regret that positive assertions concerning this remedy had been published. M. Pasteur has also been interviewed, and expressed himself much annoyed at the indiscretion of the press. Had he made so important a discovery, he said, he would at once have made it known by a communication to the Académie de Médecine. It is interesting to note, in connection with the experience thus far recorded of M. Pasteur in the cure of epilepsy by rabic in-

oculation, that the *New York Medical Record* of May 14th states that an epileptic boy who had been bitten by a dog underwent a course of antirabic treatment in the Chicago Pasteur Institute in August, 1890. Since then he has had no further epileptic seizures.—*Brit. Med. Jour.*

ON THE PREVENTION OF LACERATIONS OF THE PERINEUM IN PRIMIPARÆ.—The experience gained in a large midwifery practice here for some years has convinced me that the following suggestions, if thoroughly and carefully attended to, will, in the large majority of cases, allow of the passage of the fetal head without laceration of the perineum, and this is borne out by the fact that in primiparous cases where the child was born before my arrival I have invariably observed some degree of laceration of the perineal tissue. I do not consider that the mere "supporting" of the perineum during the birth of the head is, *ipso facto*, sufficient to prevent laceration; it is but a factor in the result desired, and is beneficial by delaying any too rapid advance of the presenting part. The chief causes of rupture of the perineum are undoubtedly—

1. Too rapid advance of the presenting part before sufficient dilatation of the parts has had time to take place.
2. Abnormal rigidity of the parts.
3. The outlet is too small or the presenting part too large.

As the presenting part reaches the perineum the parts are expanded in all directions, and, therefore, two fingers, well anointed with antiseptic uterine lubricant (Summers'), should be used during or directly preceding the pain in order to assist dilatation by expanding the perineum in every direction. During the intervals between the pains a sponge wrung out in warm water aseptic with carbolic acid should be applied to the perineum, the result being some softening of the parts by relaxation of the soft parts, and in addition this application is grateful and comforting to the patient and facilitates the removal of any mucous or excreta during the passage of the presenting part. Supposing the head to present, as is more commonly the case, as labor progresses pressure should be exerted upon it in a direction to promote flexion of the chin upon the sternum, and this manœuvre not only places the head in a more favorable position for passing the perineum but prevents its too rapid advance before the perineum is sufficiently dilated to prevent any rupture of the same.—Charles H. Miles, L. R. C. P. Lond. *In Hosp. Gaz.*

THE MOON AND MADNESS.—The relation of the moon to insanity is thus referred to by Griesinger in his well-known work upon Mental Pathology and Therapeutics: With regard to the influence

of the moon, if not on the origin, at least in aggravating and modifying insanity in its course. This influence is denied by the great majority of medical psychologists, and that pathology is derided which, for example, would ascribe the periodical attacks of mania to the influence of the stars, because they coincide with certain regular changes in the heavens. Because of this the influence of the moon's light upon the insane should not be denied, for even in healthy persons, the light of the moon can peculiarly affect the course of the thoughts, give rise, for example, to ardent elegiac ideas, readily disposing to sentimental poetry. In the insane, who are more powerfully and differently affected than the healthy by various sensible impressions, this may, with the absence of sleep, the view of the full and brilliant moon, the uncertain light, the fleeting shadows of the clouds, combined with the stillness of the night, or the confused murmurs which then float through the asylum, indeed create still greater impressions, more violent emotions, various hallucinations, etc. Esquirol prevented the agitation which was regularly remarked in several patients at the time of full moon by hanging curtains at the windows.—*Med. Rev.*

ACNE.—In the clinic, for a case of acne vulgaris in a young woman aged nineteen years, Dr. Henry W. Stelwagon gave the following treatment: At night wash the face with soap and water, and then steam the face or wash with as hot water as can be borne. After doing this, make a thorough application of the following lotion so that the sediment will be well spread over the face:

R.—Zinci sulphat., ʒj.
 Potassii sulphurat., ʒj.
 Aquæ, ʒij.
 Alcoholis, q. s., ʒiv. M.

Dissolve the salts separately, each in ʒj. of the water and then mix with the alcohol. The bottle should be well shaken before the lotion is applied, as the sediment is the part that does the most good.

The patient's bowels should be kept freely open and all secretions active. Also give internally sulphide of calcium in doses of $\frac{1}{10}$ of a grain in gelatine-coated pills three times a day.—*Ibid.*

TREATMENT OF CHLOROSIS BY BLEEDING AND BY DIAPHORETICS.—(Dr. Schubert, *Rev. de Thérap. gén. et Thermale.*)—The treatment may seem paradoxical, however, the author has many times established a clear amelioration in chlorotics following epistaxis or hæmatemesis. Dyes was the first to restore this method. Having been called to attend a woman with grave chlorosis, whose death was hourly expected, Dyes, after consider-

able hesitation decided to take about three ounces of blood from a vein. The effect was striking; at the end of some days she was greatly improved; after five weeks of treatment her face had regained its color, and since then, she has given birth to four children. Wilhelmi has published 30 cases of chlorosis treated by bleeding, and he concluded that the more nearly the chlorosis approaches the typical form the stronger is the indication for the operation and the more striking the results. Schultz has, for a score of years, employed diaphoretics in the treatment of chlorosis, combined with laxatives and blood-letting. After the bleeding the patient should rest in bed for 24 or 48 hours and be given acidulous drinks and be allowed to eat at will. The consecutive effects are according to Schubert, abundant perspiration, a feeling of hunger, sleep, and a sense of well-being. At the time of bleeding the patient should be lying down in bed; immediately after, favor the diaphoresis.—*N. Y. Med. Abs.*

TREATMENT OF ABORTION.—When abortion is threatened, Dr. W. W. Seymour, *Am. Gyn. Journal*, keeps the patient in bed, gives full doses of opium, and if necessary fluid extract of black haw. In the early stages this usually suffices. To control the hæmorrhage he uses a tampon of iodoform gauze, as it can be left in place longer without danger than any other material; however it is never allowed to remain longer than twenty-four hours. When abortion becomes inevitable he cleans out the uterus thoroughly. He precedes examination by a thorough antiseptic douche of the external parts as well as the vagina. If necessary he dilates the uterus with a mechanical dilator, never with tents, introduces a Martin's curette or a polypus forceps and removes its contents thoroughly. The success of his treatment is demonstrated by his record of one hundred and fifty cases, in which there was no death and no septic condition developed after the operation.—*Western Med. Rep.*

SULPHUR IN THE TREATMENT OF CHLOROSIS.—Prof. Hugo Schulz (*Med. Neuigkeiten*, No. 17, 1892) recommends sulphur in cases of pure chlorosis where iron has no action. In such cases the general condition is much improved by the administration of sulphur. After this drug has been given for a time the use of iron may be begun again and successfully carried out. On the contrary, it is not well borne in catarrhal and inflammatory states of the gastro-intestinal tract. The form of administration is:

R.—Flowers of sulphur, ʒijss.
 Milk sugar, ʒxxv.

Sufficient for ten powders. A knife-pointful three times a day.—*Cin. Lancet-Clin.*

THE CANADA LANCET.

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PHYSICIANS AS BUSINESS MEN.

The Rev. Dr. Alexander, in a recent address to medical graduates, very wisely remarked that the first duty of the practitioner was to keep out of the poor-house. That this will be a question of vital importance with the majority of young graduates in the future none will deny. It is true that the primary object of medicine as a profession is not the accumulation of wealth; a physician who has made a fortune by professional means, being rarer than political purity in Canada. Many no doubt acquire a competence, and it is the duty of every man to try and do so, if within his power. For the doctor must pay his taxes or rent; he must eat and drink; he must be supplied with instruments and books; he must support his family and educate his children. The thanks of patients do not, however, pay the bills. Fees only will do that.

Day by day competition grows keener, and the struggle for existence more active. Young graduates are told by wiseacres to marry a wealthy wife, and settle the problem that way, but unfortunately education has become so commonplace, that men are going into medicine to day who a few years ago would have taken up telegraphing or book-keeping as a means of support, and socially speaking the profession of medicine does not occupy the same position by any means it used to, and the title M.D. no longer unlocks the gate of the upper classes; unless, of course, the man himself is entitled to it by intrinsic qualities. We firmly

believe that medicine is a calling, not a trade; that the tradesman and business man may, with entire propriety, adopt methods that would degrade the physician. There is, however, a business side to medical practice which the doctor is proverbially lax in managing. The amount of work he does is by no means the key to his income.

Laxity in business matters will explain the apparent lack of success of many a physician; others from indolence or overwork, neglect giving proper attention to their collecting, while others from failure to realize the value of their own services, prostitute medicine by greatly insufficient fees. Another factor not to be overlooked in Canada is that the people have little money; that is relatively speaking. Just regard for the poor and unfortunate is a duty which very few physicians are inclined to evade. The laborer is worthy of his hire, and there is no more worthy laborer than the conscientious physician. He is under no obligation to deprive himself or family of remuneration justly due him from the well-to-do.

By cutting rates he gains nothing in the long run. He injures not only himself but his fellow-practitioner, by degrading the value of medical science. There is, perhaps, no more fruitful source of loss than laxity in rendering bills. There is great truth in the old saying, that short accounts make long friends. It is frequently said that doctors' bills are hard to collect; the fault is frequently the medical man's, he neglecting to render his account until such a time as the patient has ceased to be grateful, not a very long time, as a usual thing. The old rhyme "When the devil was ill," etc., being very applicable to the subject under discussion. The age of long credits in commercial life has gone. This is largely true of professional work in the great centres of population. In some country localities and among certain city physicians, it is not true. They allow accounts to run for months or years without rendering a bill. The doctor's bill thus becomes a formidable thing and difficult to pay; and must usually be discounted. It is not proper or dignified to place anything on a bill that will seem an apology for rendering it, such as the statement, "Bills rendered monthly."

The struggle to make a living, is for most medical men, a hard one. They enter upon their professional career, without having more than the

slightest knowledge of the world or business methods, and the mistakes they make are by no means confined to diagnosis and treatment. Success depends as much on business tact as upon professional ability, for medicine is first, last, and all the time, an art, and the shrewd judge of human nature has a greater chance of success than the most brilliant student or valedictorian. There is no one more deserving of pity than the scholarly and brilliant physician, hampered by his inability to read and deal with human nature, and cramped through life by bad business methods and lack of financial ability.

THE ONTARIO MEDICAL COUNCIL.

Our readers will have noticed that in our last issue we increased the number of our pages by eight, in order that, without trenching upon the ordinary amount of reading matter, we might place before them the first part of a *verbatim* report of the proceedings of the Ontario Medical Council. In past years we gave but a very short and imperfect report of its proceedings, and limited our editorial remarks to the most important of the changes which from time to time were introduced by that body. This method of conducting our business is also practically that of our contemporary, *The Canadian Practitioner*.

The reasons for not having, up to this year, given a *verbatim* report are, we think, of some weight. Among others, it may be stated that there never was a *verbatim* report of the proceedings made till last June, when the Council very wisely employed a stenographer. So that in previous years we were obliged either to send a special reporter of our own or make a copy from the Registrar's minutes, which were always open to us. Now, while not wishing to cry poverty, the financial management of this journal believed that the employment of a special reporter, to be paid by THE CANADA LANCET, and the additional expense of printing extra pages would not be good business, for the simple reason that they did not think such reports would have been as interesting or as profitable to our readers as other matter, which would have been sacrificed if such course had been pursued. It may be further stated that the financial managers see as yet, no reason to think they erred in their judgment in past years in this matter.

Many other equally forcible reasons might be advanced, and precedents given as to older and more weighty medical conclaves than our Ontario Medical Council, but we spare our readers.

We make these few remarks, not because we think any excuse necessary, but because both Toronto medical journals have lately been taken publicly to task [for having been derelict in their duty in this respect.

This year, however, owing to the intense interest taken by a large number of the profession in Ontario, in the contest that has been, and is still, going on between the Council and a considerable and influential body who are opposed to the Council's proceedings, legislative and otherwise, we have thought best in the interest of our readers, to give a *verbatim* report, and publish extra pages, notwithstanding the fact that more than half of such readers, reside in the other provinces of Canada and in the United States, and can, therefore, have but little interest in the present contest.

We propose also to take up in this and succeeding numbers, some of the main points at issue, and give our readers what appears to us to be a fair and impartial view of them.

We notice that our contemporary, *The Canadian Practitioner*, in a recent issue, animadverts rather strongly upon the want of—either interest, or intelligence—shown by the Council at its last meeting. It, *The Practitioner*, thinks its members are supine as well as stupid, if the following, from the issue of July 1st, means anything.

"It was hoped that some strenuous efforts would be made to allay the hostile feeling that exists throughout the province with reference to the past acts of the Council. We regret to say that the members did not appear to be equal to the occasion, as practically nothing was done in this direction, excepting the adoption of the following resolution :

"Moved by Dr. Bray, seconded by Dr. Ruttan, that a committee be appointed by the Council to meet a committee and such other members of the profession as may choose to attend, from among the promoters, and supporters of the bill introduced into the Ontario Legislature by Dr. Meacham for the purpose of discussing any differences of opinion due to the recent amendment to the Medical Act, with a view to the better understanding of the said amendment and the restoration of the feeling of harmony that had existed prior to the said legislation, and should continue to do so between the

profession and their representatives in the Medical Council."

"This was well enough, so far as it goes, but it comes far short of what was expected. The desires and objects of the supporters of Dr. Meacham's proposed amendment to the Medical Act, which was introduced into the Ontario Legislature at its last session, are well known to the members of the Council; and yet they do not consider it worth their while to express an opinion on any one point raised."

If the writer of the above will read the address of the late President of the Council, Dr. Williams, which was delivered to, and endorsed by, every member of the Council present at its first session in June last (See CANADA LANCET, July, 1892, p. 340, *et seq.*) he must, we think, admit that they have considered it "worth their while to express an opinion on any one point raised."

It appears to us, moreover, that Dr. Bray's motion is a wise, temperate, and practical suggestion, by which the differences at issue may be adjusted, with dignity to both parties. Any amount of "resolving" and "discussing" on the part of the Council, would have been of worse than no avail, had its opponents not been present to take a part in the discussions, and to have their voting weight on the resolutions. Therefore, we say again that Dr. Bray's motion was, in its place, wise, temperate and practical.

GOLDEN RULES OF SURGICAL PRACTICE.—*Continued*—(*Times and Reg.*):

GENERAL.—Never use a hypodermic syringe in a secondary syphilitic patient.

Never permit a wet-nurse to be employed without examining into her history and state of health.

Never permit a healthy wet-nurse to suckle a syphilitic child, or child of syphilitic parents.

Never be hasty in suspecting "malingering" in any disease, certainly never in head injuries.

Never neglect to carefully bandage the *entire* limb if you have encircled it at one point to keep up pressure upon a wound.

Always shampoo gradually and with caution, as early as seems prudent, and at first with prolonged intervals of rest.

Remember three drugs are tolerated well in proportion to their need, viz.: Opium, mercury, and iodide of potassium.

Always inject ergotine or mercury into muscles, but morphine or brandy under the skin.

Never inject morphine without first testing the urine for albumen or a low S. G.

Never leave a sprain too long at rest. Too long rest is by far the most frequent cause of delayed recovery after injuries of the joints.

Avoid cathartics, deprivation of nourishment, loss of blood by incision in the broken down.

Be careful of abstracting blood from a drunkard or a child.

Be careful of opium in delirium tremens when the pupils are contracted.

Never examine any female under any circumstances without having first obtained her consent, and in the presence of one (or more) reliable witness.

Never examine any female prisoner without consent—without cautioning her that the examination will be taken down in evidence, and without a female companion being present.

Never administer chloroform without a third person being present, nor allow it to be administered in your house—nor until all artificial teeth have been removed.

Do not form hasty opinions, and if you have formed a false opinion admit your error at once.

BACTERIA IN WOUNDS AND SKIN STITCHES.—Two gentlemen working in Kelly's clinic (*Johns Hopkins Hosp. Bull.*) at the Johns Hopkins Hospital, made careful examinations of the stitches and secretions in thirty consecutive cases of cœliotomy, and in fifteen cases of perineorrhaphy, and as a result present the following:

A wound at some time of its existence always contains organisms. They occur either on the stitches or in the secretions. The number of bacteria is influenced by the constricting action of the ligatures or drainage tube, or anything interfering with the circulation of the tissues.

The virulence of the organisms present will influence the progress of the wound.

The body temperature is invariably elevated if the bacteria are virulent; and, indeed, in cases where many of the less virulent organisms are found, almost without exception, there is some rise of temperature.

Different suture materials offer different opportunities for bacterial development. The catgut

suture would seem to be the best adapted to their growth. In the event of the presence of the streptococcus pyogenes or staphylococcus pyogenes aureus infectio, such cases should be isolated as far as possible, to prevent the infection of subsequent cases, which almost invariably follows where isolation is not practiced.

Undue constriction of the tissue by ligatures must be avoided, if the tissues are expected to resist bacterial invasion. Such bacteriological examinations as we have just reported teach us the importance of securing an aseptic field of work and technique, as the introduction of a virulent organism under the above circumstances would be productive of great harm.

SALICYLATE OF BISMUTH IN INFANTILE DIARRHOEAS.—In the *Meditz. Obozrenie (St. Louis Med. and Surg. Jour.)*, Dr. Mikhnevitch emphatically recommends the treatment of protracted diarrhoeas in children under two years of age by the internal administration of salicylate of bismuth, after the formula :

R.—Bismuthi Salicylici. . . . gr. xxiv.
 Gummi Arabici. . . . ʒ i.
 Sacchari albi. . . . ʒ iss.
 Terendo adde
 Aquæ destillatæ. . . . ʒ ij.
 Fiat lac. Dum adde
 Aquæ destillatæ. . . . ʒ vi.—M.

Sig.—To shake well before using. To give from one to two teaspoonfuls from three to six times a day.

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which represents a normal individual dose (repeated three or four times daily) for an infant aged from six to eight months. The bottle should be kept in ice or cold water (to prevent nausea, sometimes produced by the salicylate). In emaciated children the remedy, in largest doses, is apt to induce profuse perspiration, accompanied by general weakness. Hence, as soon as the sweating appears, the dose should be correspondingly diminished. In recent cases of a few days' standing the salicylate is useless.

SALOL FOR GONORRHOEA.—Dr. E. C. Underwood says (*West. Med. Rep.*) that salol can reduce the duration of gonorrhœa to the lowest limits. The method consists in the regular employment of from forty to sixty grains of salol through the day.

I order my patients to have four doses of from ten to fifteen grains each, taken immediately on rising in the morning, at 11 o'clock a.m., 4 o'clock p.m., and the last thing on retiring to bed at night. This I ordered in a powder or compressed tablets. Having known that many of these tablets passed through the intestinal canal without being absorbed and in the form they were administered, I am now using the drug in the powder form. It is tasteless and is not complained of by patients. The dose is begun, unless unless this patient shows that the drug disagrees with him, with sixty grains a day, continued until the discharge has become very meagre. Then it gradually lessened. The author claims that better results follow this method than any other.

THE TREATMENT OF PNEUMONIA.—From an extensive study of the mortality of pneumonia under different modes of treatment, Reed, *Therapeutic Gazette (Med. News)* concludes that water, locally applied, either as a wet-pack or as the bath after the method of Brand, is the most efficient single therapeutic measure of acute pneumonia. In the first stage of the disease, veratrum viride or aconite can accomplish more than any other drug; and in the second stage the same is true of digitalis. A combination of one of these cardiac sedatives with opium and diaphoretics constitutes a safe and successful internal treatment in the first stage, being capable of aborting the disease if the administration is begun near the onset and is repeated at short intervals, day and night. Venesection, though a most efficient procedure in the treatment of pneumonia of sthenic type and, judiciously employed, considerably more successful than expectant measures, is no longer an indispensable resource in managing the disease, as other remedies have been found to accomplish the same results more surely and more pleasantly.

THE USE OF CHLORAL IN THE TREATMENT OF BOILS.—M. Spheh., *Bull. Gen. de Therap.*, recommends the use of chloral externally in this mends very highly, as far superior to all other troublesome class of effections. He directs that the boil be kept covered with a tampon of cotton-wool soaked in the following solution.

R.—Chloral. hydrat. . . . ʒiiss.
 Aquæ,
 Glycerin. āā fʒv.—M.