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IS THE ANGLO-SAXON RACE DEGENERATING?*

BY JAMES RUSSELL, M.D., HAMILTON, ONT.

The subject of this paper propounds a question, which to the ordinary observer may seem wholly at variance with common sense, and to the student of ethnology absurdly paradoxical. I freely admit that the spirit of the age and the general tone of public opinion as well as the pride of race are all adverse to the presumption that even a suspicion of degeneracy surrounds the question of Anglo-Saxon dominance throughout the world. It is a subject, however, that will bear investigation if for nothing else than to discover what our racial assets are, and whether or not there may be an extravagant waste of brain energy which is leading us on to mental bankruptcy.

For the purpose of this inquiry I shall include all people who speak the Anglo-Saxon language, and whose racial characteristics and national aspirations conform to like methods of civilization. The racial line of cleavage at once includes Great Britain and her colonies and the North American Republic, for though a vast admixture of foreign races is included in this classification, yet with the exception of the Mongolian and African races, all the other branches of the great Aryan family are like ourselves. The process of assimilation conforms to Anglo-Saxon ideals, and in time they become incorporated into full citizenship and gradually become inspired with the national aspirations of the country which gives them the protection of a home.

*Read before the American Medico-Psychological Association at Richmond, Virginia, May 22nd, 1900.

The inquiry affords a wide field for historical and ethnological research, because it is only by tracing back the origin of our race and watching its rise and progress that we can have a proper conception of the causes which have contributed to its growth and development. It is also important to know what racial characteristics have been prominent in enabling the race to forge ahead of other races in the onward march of civilization, and why it occupies such a dominant place in the world's history. It is also pertinent to inquire whether this race-dominance is the outcome of natural causes which are permanent and enduring, or whether it may be subject to disintegrating forces, which, if not controlled, may undermine and destroy the whole national and social fabric of the race.

It may be said that the scope of the subject under review comes more within the range of ethnology and sociology than of psychology, and yet we find every branch of natural science so interdependent that we cannot study it intelligently as a whole without becoming conversant with it in all its branches. To study psychology successfully we must first have an acquaintance with biology, and to understand the sister branches of ethnology and sociology we must first have an acquaintance with both biology and psychology. As students of natural science in the specialty of psychology and as daily practical workers within our several institutions for the treatment of the insane, we are continually in danger of having our minds contracted and our mental vision obscured within the narrow limits of conventional methods for the care and comfort of those committed to our charge. The tendency is ever to get into deep ruts of official routine, to which we become more or less enslaved without taking thought of the great dynamic forces in co-operation around us. We would do well occasionally to cast our horoscope across a wider field of mental activity and take cognizance of the great world movements in operation, which are either making for the upbuilding and betterment of our race, or, it may be, sowing the seed of future national and social dissolution and racial decay. The field is an inviting one for the enterprising student of psychological phenomena to exploit. The great cosmic forces in operation as exhibited in the intense intellectuality of the age, as manifested in the fierce struggle for national supremacy, the competition among great powers in opening up and taking possession of the hitherto waste places of the earth, the subjugation of the weak by the strong, the formation of great corporations and trusts in place of individualism, the intense struggle for wealth and power, the wide diffusion of knowledge among the masses, the wealth of discovery and invention, the wonderful provision for the weak and degenerate classes as evidencing the altruistic spirit of the

age—all this, and much more I might mention, symbolize to-day, as it never did before in the world's history, the mighty expansion of brain power. This explosion (if I may so term it) of brain energy during the present century, and especially the latter half of it, has so revolutionized every department of our social, commercial and industrial economy, that we stand appalled and confounded at the magnitude and complexity of its operations. It is not to be wondered at that the great mass of the people were unprepared for such an upheaval of social and industrial energy, and that a large number of the more weakly endowed mentally would fail to adjust themselves to the altered conditions and swell the ranks of the dependent and degenerate classes.

RACE EVOLUTION.

The history of race evolution, as far as we can trace it, proves most conclusively that it is a slow and gradual process upward from the primary to the complex, from the homogeneous to the heterogeneous, by a process of greater specialization in its organic and social structure. The whole phenomena of racial development teach us that it is acquired by a gradual adjustment of inner to external conditions, and whether we view it from the biological or the sociological standpoint, the same law of adaption of means to end is in progress. The natural law of progress is not by convulsive leaps and bounds, but by slow accretion and infinitesimal change in structure, and covering a long period of time. Looking back through the history of the past among the different races of people of whom we have any authentic record, we find that every epoch in the history of a race which has been marked by an intense expansion of mental force, whether expressed in art and literature or in military conquest, has been followed by reaction and national decay. Where are all the great races and nations of antiquity that were born, flourished, reached the zenith of their power and glory and fell into decay? All sleeping in oblivion with nothing left but the ruins of their former greatness, or perchance a literature to perpetuate the memory of their intellectual vigor as well as their stupendous folly. Reasoning from analogy, for we can only forecast the future by a knowledge of the past, what have we to say of the Anglo-Saxon race to which we belong? We know that less than two thousand years ago our forebears were comparatively barbarians, and with the most primitive form of civilization, and yet within that short period of time, after repeated invasions from Europe of Angles, Saxons, Normans and Danes, this admixture of races has produced the greatest civilization the world has ever known. Coming down, through the centuries it has expanded itself from continent

to continent, and to the remote isles of the sea, with ever-increasing momentum and shedding light and knowledge into the dark places of the earth, until it has reached a culmination in the present century of such an expression of brain power and intellectual activity unrivalled in recorded history. What is to be the outcome of this intense civilization, with its highly vitalized brain energy manifesting itself in every department of human endeavor? Is it the natural outgrowth of the evolutionary process, or is it a dynamic, spasmodic operation of force, expending itself in unnatural waste and out of consonance with natural law? Is the human brain able to stand the test of such prodigious mental manifestation? Is it able to go on projecting itself to the future with an ever-increasing ratio of momentum *ad infinitum*, or is it doomed by perversion of natural law to exhaustion and decay?

These are problems to which as psychologists we should address ourselves. It is our business to study every phase of mental phenomena. We are the mind searchers as well as the mind healers of the race. It is our special province to speak *ex cathedra* on such questions, and public opinion has a right to hold us guilty if we remain silent. In the great struggle for existence between social and economic forces there is ever an increased complexity of relation requiring a greater differentiation of brain development, and as long as this is conducted on physiological lines there seems no limit to its attainment. On the other hand, if it can be shown that amid all this splendor of achievement there are exhausting, disintegrating processes at work which are slowly but surely undermining the whole moral and social fabric of the race, then it becomes us as scientists to sound the alarm, and to light up the hilltops of science with beacon fires of warning against impending dissolution.

LESSONS OF HISTORY.

History teaches us many useful and important lessons, but there is one lesson most pertinent to the present inquiry, and it is this, that all the nations of antiquity of which we have any authentic record, began to crumble and decay at the very time they had reached the zenith of their power and glory, and further that a proud imperialistic spirit and lust of empire were the immediate forerunners of national dissolution.

It is significant for us to note that, whether by coincidence or by historical sequence of like causes producing like effects, there is manifest to-day a growing imperialistic idea in every branch of the Anglo-Saxon race. We have been accustomed to regard imperialism as the outgrowth of monarchial institutions, but even in the free democratic institu-

tions of America we find an uncrowned imperialism already raising its haughty head. Coleridge in his *Table Talks* states, "The true key to the declension of the Roman Empire, and which is not to be found in all Gibbon's immense work, may be stated in two words—the imperial character overlying and finally destroying the national character." Let us hope history does not repeat itself in this particular, and that the imperialistic spirit of to-day, chastened and purified by the experience of the past, may be the harbinger of peace among the nations of the earth. The Roman Empire increased in size through conquest out of proportion to social and national structure, and there was no cohesive attraction between the conquered provinces and the central authority.

Autocratic and military despotism crushed out every feeling of national aspiration. The Roman Legions returned home in triumph laden with the spoils of foreign conquest, and Rome became the mistress of the world. Corrupted and enervated by wealth and intoxicated by power, the rulers fell into every form of extravagance and sensuality. Internal dissension and jealousy soon began to manifest itself, the central authority was weakened, the moral and social structure of the people was loosened and the nation crumbled into ruin and decay. It was no wonder the Empire fell an easy prey to the hardy Goths, Vandals and Huns of northern Europe.

In this rapid review of the decline and fall of Roman civilization we do well to institute a comparison in order to discover if any of the causes which led to the overthrow of that great empire are present with us to-day. We have an advantage over them of fifteen centuries of nation building, with many vicissitudes of fortune, in our attempts to build up an Anglo-Saxon civilization on Roman models. It cannot be denied that we have made great progress over them in the art of constitutional government and in the extension of the rights of citizenship; the last stronghold of special privilege to surrender was the divine right of kings to rule. All power is now vested in the hands of the people, and will be wielded wisely or unwisely in proportion to the diffusion of knowledge and the general standard of morality maintained.

PHILOSOPHY VS. CHRISTIANITY.

Unless we can show that the Anglo-Saxon race possesses inherent elements of permanence and continuity which the great nations of the past did not possess, what guarantee have we that history shall not repeat itself and that we shall pass through the same stages of national life that they did? It may be said that all the forms of civilization in the past were

doomed to decay because they had not the living, vitalizing power of Christianity within them. Their ethical and moral teaching as well as their national aspirations were based on a cold and lifeless philosophy. The philosophy of Hedonism was all directed to a mode of life conducive to the welfare of the individual, whereas the philosophy of Christ taught the relation of the individual to the community and to a divine power manifest in the universe. No civilization can be made to order. It must be the outcome of slow growth, and its permanence and endurance will be in proportion to its observance of the great moral, social and physical laws which govern the universe.

We see evidence of this in abortive attempts to engraft a nineteenth century civilization upon heathen races, forgetting that civilization is not a matter of mechanical acquirement, but requires many generations to effect a permanent modification of character. We may apply an external veneer of morality among them and they may comply with certain ordinances and formulas which they do not understand, but they remain heathen still in their feelings and habits of thought. That is the reason why there is a race problem in America which cannot be solved.

The attempt to impose a civilization upon the colored race which is foreign to every instinct of its nature and which can only be acquired after a long process of evolution, must necessarily end in failure.

If it be proved that Christianity is the chief corner-stone upon which our present civilization rests, it may be asked whether that agency is still potent to project that civilization into futurity with unabated vigor.

SCIENCE VS. THEOLOGY.

The early church had to contend against a learned philosophy for supremacy, which after a long struggle and many persecutions it overcame. In our day the Church has to contend against a more formidable force in natural science. Step by step science has pushed its conquests, beginning with the inorganic and denying the Mosaic cosmogony of creation as recorded in the book of Genesis. Passing to the organic it denies that man is a special creation of God and makes him a product of evolution; passing then from the organic to the psychical, it teaches that man expresses himself to his environment in direct ratio to the quantity and quality of his brain matter. In short, the conception of science to-day in the cosmogony of the universe, both organically and inorganically, is the reign of natural law. The conflict between science and theology has been long and bitter. At first the Church treated

every demonstration of science with contempt, but the time came when it either had to defend itself or surrender. A reconciliation was attempted, and theologians said a literal interpretation was absurd, and that many things rejected by science were susceptible of explanation in allegory, metaphor and symbolism. At last the Church stole the livery of science and began to teach evolution itself. An American divine, Henry Ward Beecher, was the first to preach it boldly from the pulpit, and for doing so he was anathematized by theologians everywhere, and yet only thirteen years after his death it has been generally accepted by the Church, and the immanence of God is now recognized in evolution through the operation of natural law. Truly it may be said the sceptic of one generation is the orthodox of the next. In the meantime the search for a *modus vivendi* between science and theology produced an alarming amount of scepticism in the form of materialism, which is still without the pale of the Church. The age seems ripe for another church reformation, and an intellectual and spiritual emancipation from obsolete creeds which cannot be preached, and from a dead formalism of traditional rite and ceremony, the outcome of mediæval superstition and spiritual darkness which are all the devices of men. A new flame of awakened spiritual consciousness begins to burn on the watch-towers of Zion, calling upon a recreant church to doff its external trappings of pride and presumption, and return to the beauty and simplicity of the early church democracy when rich and poor met in brotherly love to partake of the mystic symbols of a Saviour's passion in the bare upper room at Jerusalem. There is a sad lack of reverence for sacred things everywhere. People go to church to be amused rather than instructed, the preaching is undergoing a gradual process of extinction, and the musical part of the service is the great attraction, and churches compete with each other in providing high-class music to attract and entertain their congregations, and the emotional and sentimental is appealed to rather than the spiritual and intellectual.

And yet, notwithstanding the lack of reverence for spiritual things at no time was there ever a broader spirit of humanity abroad than the present. Human life was never held more sacred and the splendid provision made for every class of dependents and every class of suffering is one of the noblest tributes to our Christian civilization. Is the cry of famine heard in distant lands, then the purse-strings are opened and money pours out in rich abundance for its relief. Are our soldiers fighting in foreign lands to establish the rights of freemen, then a nation's gratitude is poured out to those who risk their lives in defence of the sacred cause of liberty.

In the social and commercial relations between individuals and nations we see evidence of a mutual business integrity without which everything would be chaos and confusion.

It may be said that this is only the natural evolution of man from lower to higher ideals of life, and is quite irrespective of religious teaching. I do not so regard it. There can be no doubt that Christian teaching, imperfect though it may be, is the foundation upon which the whole fabric of our modern civilization rests. The fundamental basis of all civilization is egoism or selfishness and the growth of altruism or love of others. This is a purely psychological process, but must receive its impetus from some transcendent spiritualizing force which is foreign to man's human nature.

INTELLECTUALITY.

The literature of a race is a fair criterion of its intellectual vigor. Measured by this test we may fairly say that the Anglo-Saxon has exceeded all other races in the wealth of literature it has produced. On the other hand, we must not forget that the standard of mental superiority must be determined more by the quality than the quantity of its literature. The whole history of civilization, both ancient and modern, has been one of action and reaction, of development and decay. European civilization slumbered for one thousand years in darkness and gloom after the fall of the Roman Empire. The moral, social and intellectual forces of the people were exhausted, and a long process of rest was necessary for recuperation.

The dawn of the Renaissance and the revival of learning were the watch-word that Europe was rested, and that she had recovered from her social decrepitude and mental bankruptcy. In the meantime a new Teutonic civilization had engrafted itself on the old effete system, and bursting forth on the wings of a new inspiration, a mighty impetus was at once given to every branch of art, literature and science, light was evolved out of darkness, and the wheels of progress again began to revolve. It has gone on with an ever-increasing momentum until the last half of the present century has witnessed such a triumph of mind over matter that we stand appalled and confounded at the very richness and magnitude of our patrimony. The whole commercial, industrial and social conditions have so changed that we find ourselves at once face to face with complex conditions and problems requiring the very highest type of mental development for their solution.

That a large mass of the people are unequal to the task of adjusting themselves to the operation of such dynamic forces, and falter by the way, is not to be wondered at. It is only the

highly vitalized brain, richly endowed by hereditary transmission and equipped by the best educational processes, that is able to compete in the great struggle for existence. The submerged masses could not at once adapt themselves to such conditions, and the harvest of incapables who fall to the rear in the struggle must necessarily be large. We try to explain the large increase in our insanity returns by our larger humanity and the ampler provision made for their care, but the mighty upheaval in our social and industrial conditions must be credited with a large and ever-increasing proportion of it.

MENTAL DECLINE.

How long is this condition of things to go on? Are we to go on in the future still further exploiting the mysteries of science and adding discovery to discovery and invention to invention with an ever-increasing complexity of conditions, or is there a limit to brain expansion which cannot be overstepped with impunity? Is it possible that we may have already overstimulated the physiological process of brain activity, and that, suffering from brain exhaustion, we shall gradually undergo a process of mental decay?

From the Elizabethan period downward the pages of English literature have been adorned by the names of men who have made a profound impression on the age in which they lived in moulding the character and habits of the people. The last of these great men died the other day in the person of John Ruskin, who inscribed his name in imperishable gold on the pages of English literature.

Looking over the field of literature to-day it is sad to reflect that these men have left no successors, and, what is worse, there is no demand for them. At no age in the world's history was there ever such a surfeit of literature as to-day—in fact, in every sense it is an age of literary dissipation. At least 90 per cent. of it is fiction, and a good deal of it of a low and impure order at that. Nowadays men have no time for reading except for recreation or business demands. They scan the morning newspaper for the war news, the stock exchange reports, or the latest horse-race or prize-fight. The gambling spirit is dominant everywhere and is not confined to one sex. There is no time for deep reading or profound thinking. The mad struggle is after wealth. Literary barrenness is the consequence, and the tendency is everywhere to superficial thinking with a little knowledge of everything. There are no great living poets, philosophers or divines whom the masses are looking to for guidance. They are not forthcoming because there is no demand for them. The mind of the age is focussed on one great paramount idea—the acquisition of wealth.

Men are not satisfied nowadays to make wealth by the slow operation of individual effort, but it must be made on a great scale through the operation of great corporations or trusts. Individualism is crushed out under the iron heel of monopoly. The great commercial and industrial interests are in the hands of joint stock monopolies and controlled by joint stock brains. The Captains of industry and the Napoleons of finance will soon be an extinct type. This monopoly of opportunity necessarily results in enormous wealth with its correspondent extravagance. Men toil while their families live in idleness and luxury, the home is closed up, most of the time is spent in travel, the earth is traversed from the Occident to the Orient in search of change to relieve the monotonous *ennui* or the still more distressing neurasthenia, all the result of idleness and extravagant living. In no age, as far as history teaches us, has there been a race of people that withstood for any length of time the corrupting and enervating effects of wealth.

CONCLUSION.

In conclusion I plead guilty to a desire to pursue this subject further, but I am reminded that I have already exceeded the limit of time assigned to me by this Association. I confess to have already carried the subject beyond the range of psychology proper and have endeavored to interpret it along the line of its varied manifestations in the practical every-day affairs of life. The human brain is a composite organ and susceptible of enormous expansion and development, but like everything human it has its limitations. Whether or not it can stand the enormous strain of the present rate of activity and continue to project itself with unabated vigor into the future is the great problem now before us for discussion. If we are to be guided by the history of the past then we must answer in the negative.

I have pointed out many disintegrating processes at work, which, if not corrected, will destroy the moral and intellectual fibre of the race. Two great laws are in operation, moral and physical, the observance of which make for the elevation of the race, and they cannot be disregarded with impunity.

The immense virility of the Anglo-Saxon race, like the sturdy oak, may resist the encroachments of the canker worm for generations, but unless purged and purified of the disease it will at last crumble and decay. Whatever undercurrent evidences of degeneration there may be, there is no apparent diminution of national power. The two great branches of the Anglo-Saxon family on both sides of the Atlantic never exhibited so much racial and national vitality as to-day. A great

field of operation lies before the race in carrying the torch-light of civil and constitutional liberty to the dark places of the earth. Wherever the Union Jack and Stars and Stripes are planted, there ignorance, vice and oppression die out, and peace, prosperity and liberty are established. Let us hope that these two branches of a great family will forever stand shoulder to shoulder in the maintenance of peace and in advancing the world's civilization. May their swords never be unsheathed except in smiting the oppressor and in establishing the rights of civil and religious liberty. Such a union of racial and national power might arbitrate the peace of the world, and go far to usher in that prophetic time,

“ When the war-drum thrills no longer, and the battle-flags are furled,
In the parliament of man, the federation of the world.”

EXCISION OF THE TESTICLE, VAS DEFERENS, AND VESICULAE SEMINALES AT ONE SITTING, FOR TUBERCULAR DISEASE.

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The importance of an early recognition of tubercular disease of the male genitalia is, it is to be feared, not sufficiently appreciated by the medical profession generally. Pulmonary consumption, tubercular disease of glands, bones, joints and serous membranes are fortunately for the most part recognized and dealt with while yet in their incipient, and therefore hopeful, stages. But too often tubercular disease of the testicle and epididymis is not discovered until the process has spread up the vas deferens, and reached the vesiculæ seminales, prostate and even the bladder wall. Were this not the case, such extensive operations as I am about to describe would seldom be necessary, since tubercular disease is rarely primary in the seminal vesicles or in the prostate. Yet the fault lies not so much in the incapacity of the medical man, as in the insidious and almost painless onset of the disease, combined with the unob-servant carelessness of some patients, and the diffidence of others in regard to these organs. Once the surgeon's attention is called to the condition, there are few diseases more easily recognized than tubercular disease of the testicle. The craggy, nodular, crescentic mass formed by the diseased areas in the epididymis, together with the thickened, hard vas deferens, presents a clinical condition which at once claims recognition as tubercular disease of the testicle.

If it be recognized in this stage a cure may be expected from castration or even from milder measures, such as removing the nodules, or scraping out and disinfecting the softened areas if caseation has occurred.

But the surgeon must remember that he cannot give a prognosis even approximately correct until he has thoroughly examined the prostate and vesiculæ seminales through the rectum, nor should he determine upon a line of treatment without a due consideration of the extent to which the disease has spread. If, for example, the extension of the disease has involved the bladder wall, the present limitations of surgery are such as to preclude the possibility of cure from operative treatment. Indeed, so good an authority as Henry Morris considers that an extension to the prostate and vesiculæ seminales

renders radical operation futile. Other authorities—notably Roux of Lausanne—have shown that it is possible to remove the testicle, vas deferens in its entirety, and the seminal vesicles at one sitting, and have thus very much enlarged the number of cases capable of cure by operation.

In recent years various operations have been advised to reach

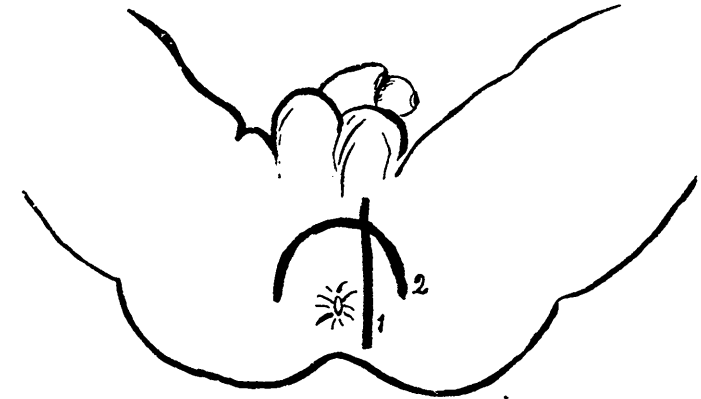


Fig. 1. 1. Vas Deferens
2. Vas Deferens & Seminal Vesicles

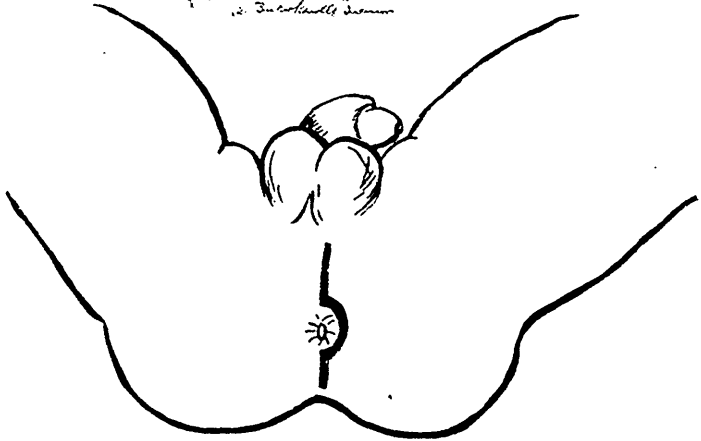


Fig. 2. Vas Deferens

the vesiculae. The route by the inguinal region involves an, exceedingly deep dissection with great danger to the bladder and peritoneum, and is so manifestly inferior to other methods as to be unworthy of further consideration.

The sacral route, with removal of part of the sacral mass, as in Kraske's or Rydygier's operation for excision of the rectum seems to me unnecessarily severe, and can seldom be required

except in subjects with much adipose tissue, and such are not frequently affected with tubercular disease.

The *perineal route* receives the support of the best authorities, but various opinions are held as to the form of incision which most favors the exposure of the deeper parts by dissection.

Von Dittel places the patient in the ventral decubitus with thighs hanging over the end of the table, and makes an incision in the middle line from the coccyx to the central point of the perineum, sweeping around the anus and pressing the rectum to one side. (Fig. 2.)

Zuckerkindl's incision, Fig. 1, (2), is a semilunar one, commencing at one tuber ischii and reaching the other by a sweep across the perineum in front of the anus. I have employed this incision but found it somewhat disappointing as it confines the operations of the deep dissection to a narrow area bounded by very dense resisting walls.

The incision which seems to give the best satisfaction is that of Roux of Lausanne, Fig. 1, (1) who first in 1890 devised and carried out the rational and radical operation of removal of the testicle, vas deferens and vesicula seminalis at one sitting. The incision is about four inches long and a little more than an inch from the middle line on the left side. It passes from the front of the perineum backwards by the side of the anus and ends just behind the level of the coccyx. This incision I have found gives ready access to the vesicles and vasa of both sides; it involves less traumatism, affords good drainage, and presents a wound with good healing properties.

Roux divides his operation into two stages. The testicle with all infiltrated or diseased scrotal tissue is first removed. The vas deferens is isolated from the other elements of the cord, which are ligatured *en masse* and divided. Gentle traction is then made upon the vas, and it is freed by careful dissection of every film of fascia possible. When this is done it will be found possible to draw it from the inguinal canal with great ease. Retracting the skin upwards and outwards as far as possible, the vas is divided obliquely with scissors and its proximal end touched with pure carbolic acid, so as to avoid infecting the wound as it retracts. The scrotal wound is then stitched up, and the patient placed in the lithotomy position for the second stage. The incision above indicated is now made and the wound rapidly deepened. Some hemorrhoidal vessels are cut and may be clamped but do not require ligature. The transverse perineal muscle and artery are too far forward to be in danger, and the internal pudic could only be injured by gross error, but the proximity of the rectum must always be borne in mind, particularly in the deeper part

of the dissection. Some fibres of the levator ani are necessarily cut, but care should be observed to preserve from injury as much as possible this important muscle.

In the depth of the incision the apex of the prostate is now identified, and it should be cleaned from its fascial investment by dissecting with blunt-pointed scissors. Proceeding upwards the vesicles are sought for on the posterior surface of the bladder. Their identification is greatly facilitated at this stage by slowly distending the bladder with a boracic acid solution, but it must not be forgotten that a distended bladder is much more easily injured than an empty one. Great assistance may be obtained by the finger in the rectum which has been disinfectant and guarded by a sponge with tape attached passed up into the hollow of the sacrum. It is most important to remember that the vesiculæ have a close investment of fascia, and that this must be freely incised before they can be ex-cochleated. This perhaps is the most difficult part of the operation. An aneurysm needle with a stout silk thread attached may be passed around the vesicle just as it enters the prostate, and used to draw the parts down within reach. The enucleation must be done principally with the forefinger, and every care must be taken to avoid rupturing caseating or broken-down masses.

Having freed the vesicle, the smaller but firmer cord-like vas is sought a little nearer the middle line. When it is hooked down a clean dissection is made of its ensheathing fascia while gentle traction is made upon it. When quite separated from every vestige of clinging fascia it will be found easy to draw it down from the side of the pelvis, and in this way the whole of the long tortuous vas is drawn out of the inguinal canal, the completeness of its removal being verified by recognizing the obliquely cut stump which was left when the testicular portion was removed. Seizing the vesicle and the vas together, gentle traction is now made, while the common duct is followed into the prostate where it is divided a short distance from its termination in the prostatic urethra. The right vesicle and vas may be readily reached and similarly dealt with from the same incision.

If any tubercular nodules are recognized in the prostate, these may now be enucleated. If such have undergone caseation, they should be scraped out with a Volkmann's spoon and the cavity swabbed with pure carbolic acid.

The manner of closing the wound will depend upon the stage to which the disease in the vesicles has advanced. If caseating or suppurating foci have been unavoidably opened, it may be thought advisable to pack the whole cavity with iodoform gauze; if no such foci have been encountered, deep sutures may

be inserted with a reasonable expectation of obtaining healing by first intention.

CONCLUSIONS.

1. Every case of advanced tubercular testicle should be dealt with by operation, and if the disease is found to have spread up the vas to the vesiculæ seminales, the whole tract should be ablated as above described.

2. It should be the aim of the surgeon to remove every particle of the disease as clearly as in a case of carcinoma, but failure to secure every atom of disease is much less disastrous than in the case of carcinoma, since the resistance of the tissues to the ravages of tubercle is very considerable.

3. The patient should be placed under the same hygienic conditions as are found to be favorable for recovery from tuberculosis in other parts of the body.

ADENOID VEGETATIONS.

BY J. P. MORTON, M.B., L.R.C.P.

Ophthalmologist and Aurist to Hamilton General Hospital.

This article is not intended as a complete presentation of the subject of adenoids, but rather as a collection of facts gleaned from the experience gained in seventy-eight operations for their removal, performed by myself during the last eighteen months.

Although the term "adenoid vegetations" has been adopted as the subject of this paper, and is as used by Meyer of Copenhagen, undoubtedly the most comprehensive one, it should not be considered as altogether synonymous with the term "hypertrophy of the pharyngeal tonsil." To make this point clear, let us consider Waldeyer's lymphatic ring as one, anatomically and physiologically. The whole is studded with crypts which are surrounded by lymphoid tissue. In three regions these crypts with their lymphoid tissue are closely bunched, and these spots we name the lingual, faucial and pharyngeal tonsils. The mucous membrane between these is practically of the same nature, but the crypts are placed farther apart and the lymphoid tissue is less abundant.

Now, if that concentration of lymphoid tissue situated in the vault of the pharynx, becomes enlarged, the term "hypertrophy of the pharyngeal tonsil" is applicable, but if the more scattered patches surrounding this centre are also hypertrophied we think the term "adenoid vegetations" the more suitable.

Etiologically there are some rather interesting points to consider. Lermoyez believes the process to be a pharyngeal tuberculosis and instances some cases where a general tuberculosis has been set up by operation for removal of the outgrowths. Such coincidences are admitted, but that they prove the process to be a tuberculosis is denied. He also mentions that Pilliet, in his microscopical anatomy of adenoids, describes a giant cell formation; other observers, however, attribute this appearance to a degenerative process: but even if giant cells were actually present, we would answer Lermoyez that giant cells without the presence of the tubercle bacillus are not proof of tuberculosis. We do not then accept Lermoyez's view of the etiology, although quite willing to admit that rarely a tubercular process may complicate.

My experience leads me to believe that 90 per cent. of the cases are part of a congenital process. Of hereditary and acquired cases there are undoubtedly instances, but in the great majority of the children with adenoids they seem to have been born with lymphoid tissue which enlarges on the least provocation. A case of last week well illustrates what I mean by this congenital adenoid temperament, which is just one of the exhibitions of a more or less general "lymphatic temperament" as Löwenberg styles it. The child had enlarged inferior turbinate bodies, enlarged faucial and pharyngeal tonsils and slight hypertrophy of the lingual tonsils. The glands of the neck were enlarged and conjunctivitis eczematosa was present. In this case the condition was not hereditary.

Frequent attacks of inflammation are often put down as the cause of adenoids. But why are some children so subject to frequent attacks while others are not? These inflammatory attacks no doubt act as exciting causes, but the adenoid temperament, *i.e.*, the congenital tendency of the adenoid tissue to inflame and hypertrophy, is the underlying factor. In the case cited above this general congenital temperament was very manifest, and to say that the condition is due to inflammation is to view it very superficially and to entirely overlook the primal factor.

Measles, diphtheria and scarlet fever are often mentioned as causes. They are so only indirectly, and must be looked upon merely as excitants; the hypertrophy becomes undoubtedly increased by those diseases, but I believe that the adenoid vegetations are more often the soil in which the germs of these affections find entrance and develop, than that they are the result of the diseases.

Rheumatic and strumous diatheses are no doubt predisposing factors.

Regarding this locality, *i.e.*, the County of Wentworth, I

would say that adenoids are very frequent, probably because of the humidity due to the proximity of the lake. Other circumstances being equal, they are rarer in dry climates. In Egypt I found by personal inquiry that they are much less frequent.

Symptoms.—When we recollect that adenoids constitute twenty-five per cent. of all diseases of the upper throat, the necessity of a thorough knowledge of the symptoms is obvious. These, however, are so well known that I do not intend to do more than mention them. There is the mouth-breathing chiefly during sleep, restlessness during wakefulness or sleep, nightmare, teeth grinding, nervousness, stammering, stuttering and dulness of hearing. Lennox Brown mentions the breathing of Biot (periods of apnea, respiratory movements in the intervals being unexaggerated), which my experience teaches is a very common symptom during sleep. Then there is the characteristic facial expression, the flat-bridged nose, indrawn ala nasi, open mouth, obliterated naso-labial fold and the lowering of the upper lids caused by the drawing down of the inner canthi.

All of these symptoms may be present and then there is no doubt regarding the trouble, but a great many cases of adenoids are overlooked by the general practitioner, when there is noticed only one of these symptoms, *e.g.*, occasional attacks of dulness of hearing.

In some cases the reflex symptoms are the most prominent and are then very apt to mislead us. There may be laryngismus stridulous, paroxysmal sneezing, hay fever, chorea, asthma and epilepsy. Knight mentions torticollis, Menière records a case having daily attacks of headache for two years, and we all see cases of enuresis in this connection. We must admit the causal relation of adenoids to these, for in the cases mentioned the removal of the growths effected cures.

Lauffs reported an interesting case of a child five years of age who had suffered from prolapse of the bowel for two years. Without thinking of any connection, he had to remove some adenoids. The rectal trouble was cured almost immediately, and he attributes the prolapse to a reflexly exaggerated peristalsis.

Diagnosis.—There are many ways of making sure of the presence of adenoids. Of course when we see them hanging down behind the palate the diagnosis is absolute. Almost as great certainty exists when by digital examination we feel them. In doing this the child's confidence should be gained by passing the finger over the surface of the palate for a while, then suddenly going on into the naso-pharyngeal space. In this process the mucous membrane may be unduly scraped or punctured, and if the child squirms one may injure the orifice of the Eustachian tubes. One examination should be sufficient,

and we should decide at this juncture whether we have to deal with an enlarged pharyngeal tonsil or a mass of adenoid vegetations.

In very young children I do not favor the digital method, for the very small naso-pharyngeal space, made smaller by the pharyngeal spasm caused by the finger irritation, almost forces one to injure the Eustachian openings and may cause middle ear catarrh. In such cases, if mouth breathing is present I adopt what I have found to be a very useful and sure method of diagnosis, which may be called the "method of exclusion." Continuous mouth-breathing indicates some obstruction. Examine the tonsils, and if they are not or only slightly enlarged they cannot account for the stuffing up. Then examine the nostrils carefully, and if they are free the only way to account for the mouth-breathing is the presence of adenoids. So then, a young mouth-breather without enlarged tonsils or hypertrophic conditions in the nostrils has probably adenoids.

But why not use the posterior rhinoscopic mirror? I have found this means absolutely impracticable in these young cases, nor do the Vienna or London schools use it. I employ it always in older cases. In these very early cases when the tonsils are enlarged sufficiently to impair the breathing, I always take the curette along with the tonsillotome, for in about 100 per cent. of such cases adenoids are present. Then we know that adenoids are more common than enlarged tonsils in the proportion of six to five.

There is another class of cases, however, which I have been very much interested in and which I do not find discussed very often, a class in which mouth-breathing is never or only very occasionally present. The hypertrophy in these cases is very slight and yet sufficient to keep up an inflammatory condition in the naso-pharynx without stuffing up the breathing. The misleading feature in these cases is that they do not present themselves for mouth-breathing or snoring, etc., but we are simply told that they are occasionally troubled with slight dulness of hearing. We recognize the condition as Eustachian catarrh, but overlook the slight adenoid condition which is the causal factor. The chronic catarrhal condition kept up in the Eustachian tubes and tympanic cavity by these as it were latent adenoids, is often the cause of a chronic dulness in hearing in after years, and in my opinion is often the forerunner of these almost untreatable cases of stenosis of the Eustachian tubes and of the slow sclerotic processes in the middle ear, chiefly around the base of the stapes. In children having this form one often sees a granular appearance of the lower pharyngeal mucous membrane. No case of ear trouble however mild is properly examined unless a thorough examination for even a slight adenoid hypertrophy has been made.

Treatment.—As a rule this is divided into non-operative and operative, but from my experience there is only one heading necessary, viz., operative.

I believe in operation in every case, because

1. Of all the well-known evil effects of mouth-breathing.
2. In eighty-five per cent. of chronic suppurative otitis media cases in children they are the cause, and they are almost invariably the cause of temporary deafness in young cases.
3. The presence of adenoids renders children far more subject to all the infectious diseases, the germs of which gain admittance through the air passages.
4. The mucous membrane is kept in a chronic catarrhal condition and is liable in after years to the atrophic conditions.

The sooner the operation is performed after the diagnosis the better. The youngest case on my list is six months old and was done after cleaning out the mastoid antrum.

Some say that as these structures often atrophy of themselves, it would be better to give them the opportunity to do so. I say no! Because, in the meantime, the child is risking the infection of measles, diphtheria and scarlet fever, is perhaps contracting middle ear trouble, becoming stupid in appearance and mind, and is developing a chronic catarrhal condition in the nose and throat.

I mentioned that Lermoyez does not believe firmly in the operation, for on one occasion a general tuberculosis afterwards set in. It might as well be argued that we must never do an extraction because sometimes a perophthalmitis results.

Preparation of Case.—Patient should be kept in the day before operation, a laxative should be administered and the nose and throat cleaned by a spray. It is best to operate in the morning and order that absolutely nothing be given for breakfast, as when vomiting occurs the wound is often rendered septic.

Anesthetic.—All my Vienna cases and three Hamilton cases were done without any anesthetic; the child is wrapped in a towel and the operation proceeded with. As a rule parents in Canada object to such a method. In the different London clinics, including Lennox Brown's, we were taught to use nitrous oxide gas. In my present practice chloroform is used; although I do not think it just as safe as nitrous oxide gas, it is more convenient and allows of more thorough work.

Degree of Anesthesia.—I like the cases well under. I know this is contrary to the opinion of many, but the throat is one of the last places to succumb to the anesthetic, and I have often found that when the case is not well under, the muscles around the throat contract forcibly on the introduction of the instrument, and one scrapes the ridges which are thus formed

instead of the adenoids, especially if the adenoids are not very abundant.

Position.—When no anesthetic is used or when nitrous oxide gas is administered the sitting posture is adopted. With chloroform anesthesia they should lie on the table with the head over the end; for although I do not fear inhalation of the blood or adenoids, this precaution is certainly on the safe side.

Instruments.—The finger nail is never a thorough method, for instead of removing the growths one is apt to tear them into pendent shreds and to puncture the mucous membrane. Gottstein's curette is the best. I make three downward scrapes with a large curette, then three downward scrapes with a smaller curette, and finally introduce the finger to feel if I have missed anything and to make sure that no vegetations are left around the eustachian openings.

Other instruments used are Lennox Brown's finger curette, Dalby's scraper, Löwenberg's post-nasal forceps and Hartmann's currettes. Guarded instruments for catching the growths are unnecessarily complicated. The galvano-cautery is obsolete in this use, for the same reason that taught us to give it up in hypertrophy of posterior end of inferior turbinate body.

After Treatment.—I let the patient suck small pieces of clean ice during remainder of first day. For two days they are kept indoors and a liquid diet administered. A cleansing solution should be sprayed through the nostrils for two or three weeks after the operation.

Recurrence.—Experience teaches that when adenoids are thoroughly removed recurrence is exceedingly rare, and this is why I use the two currettes and finger. The later in life the operation is performed the less likely are the growths to return, but the results are also less satisfactory, for the longer the adenoids remain the less likely will their removal banish their evil results.

Clinical Note.

TWO FORMS OF PUERPERAL INFECTION, WITH CASES.*

BY K. C. McILWRAITH, M.B., TOR.

Demonstrator of Obstetrics in the University of Toronto.

During the winter I examined the lochia in two cases of puerperal infection. The clinical course of the cases illustrated so clearly the difference between saprophytic infection and infection with pyogenic cocci that I think them worth recording.

In the first case the temperature and pulse had risen by the fourth day to 105.5 degrees and 180 respectively. The hand was passed into the uterus and a large piece of placenta stripped from the uterine wall with some difficulty. The temperature fell on the following day to 99.5 degrees, but never became normal again, and the patient died on the 26th day. Intra-uterine douches of carbolic acid 1-60 and of lysol $\frac{1}{2}$ per cent. were given on different occasions, but produced no effect beyond a temporary rise of temperature. Blood was taken from a vein and smeared on blood serum in sterile tubes, but no growth resulted. Lochia from the uterus put in beef-broth tubes gave growth, and agar plates taken from this showed a pure culture of staphylococcus pyogenes. Smears of the same lochia also showed typical staphylococcus groups.

The second case was that of a woman who was delivered while suffering from measles. The temperature had risen to 102.5 degrees by the third day. The hand was passed into the uterus and a large piece of placenta removed. An intra-uterine douche of creolin, half an ounce to the gallon, was given. The temperature began to fall immediately, was normal by the second day after the treatment, and there was no further trouble. In this case the lochia, taken from the uterus before the removal of the retained piece of placenta, showed a bacillus in the smears, and unmixed colonies of bacillus coli communis in the cultures.

Compare and contrast these two cases. In each there was retained placenta and infection; in each the uterus was manually emptied early in the course of the case; in one the patient died after a protracted illness; in the other convalescence was rapid

*Read before the Ontario Medical Association.

and complete. The difference in the result depended in the difference in the infecting organisms, and it was not the retained placenta, but the infection which caused the trouble.

In obtaining lochia from the uterus I follow the method introduced by Doderlein and advocated, on this continent, by Whitridge Williams and others. A glass pipette, three or four millimetres in diameter, is given a curve like a uterine sound. This is placed in a large test tube, the mouth of which is then stopped with a plug of absorbent cotton, and the whole steam-sterilized for one hour. In this tube the pipette can be carried to the bedside without fear of contamination. The physician's hands and the patient's vulva are sterilized as for an obstetrical operation. A sterilized speculum is introduced, the os freely exposed, and if necessary drawn down to the vulva with a sterilized tenaculum forceps. The discharge is wiped from the os with sterile cotton. The cotton plug is then removed from the mouth of the test tube and the pipette taken out and passed into the uterus. To the outer end a well-working syringe is attached by means of a short piece of rubber tubing, and lochia drawn into the tube by suction. The pipette is then withdrawn and its ends closed with sealing-wax. Thus far a knowledge and practice of obstetrical cleanliness will carry any practitioner. For the determination of the organisms present, laboratory facilities and some bacteriological technique are necessary. A sufficient result can generally be reached in twenty-four hours. The advantages gained by this procedure are :

First—A more accurate prognosis. If only saprophytes—i.e., organisms which live on dead tissue and cannot penetrate living tissue—be the only germs present, the patient will recover when the dead tissue is completely removed. If pyogenic cocci, which can penetrate living tissue and multiply deep in the uterine wall be present, the prognosis is grave.

Second—Some hints as to treatment. Repeated intra-uterine douches may be of service in saprophytic infection, for all the dead tissue may not be washed out by one douche. Repeated intra-uterine douches are quite useless in cases of infection with pyogenic cocci, for they cannot reach the enemy deeply entrenched in the uterine wall. Neither can we hope to remove them completely with the curette. The curette is a dangerous instrument to use in a puerperal uterus, especially when the walls are softened by septic infection.

TORONTO, June 7th, 1900.

Selected Article.

HAY FEVER.

BY J. C. CONNELL, M.A., M.D., KINGSTON.

This is the season of the year when the victims of this annoying trouble present themselves for relief. In the cold season they are few and far between. In the majority of cases the treatment I adopt either checks the condition or keeps it under control. Those that prove intractable are such as have been neglected at the onset. A close study of my cases confirms the belief that there are three distinct factors in each case. First, there is the predisposing neurotic condition with diminished vasomotor control; second, there is a hyperemia of the nasal mucus membrane; and third, there is the exciting agent which varies with the individual and locality. These three factors are present in varying proportion in different cases, and I find that if treatment be effective in overcoming any one of the three factors the combination is destroyed and the patient has relief. The neurotic condition should be looked after for some time previous to the date of the annual attack. There are patients who have an annual attack which comes on a certain day of a certain month, and they tell me this has been so for years past. Others expect the attack to come during a certain week, and still others, during a certain month. The usual story is that for a few years the attack was limited to a definite time, varying from a few days to a few weeks, but as the time passed the period has become prolonged. These are the patients who get relief from medicinal treatment carried on for a month or six weeks before the expected attack. Many of these patients are slightly anemic and iron and arsenic are of great benefit to them. Where this indication is absent I prescribe a tonic mixture of strychnia, or valerianate of zinc or sometimes a simple bitter, while for all of them I order lithia in tablet form. This, in a fair percentage of the cases, has prevented the attack, while in a larger proportion it has greatly modified its severity.

As to the second factor, the local condition, everything possible should be done to remove any focus of irritation from the nose. This may be no more than a simple hyperemia of the nasal mucus membrane or it may be a hypertrophic rhinitis, a polypus, a spur on the septum, or a deviation of the latter.

The third factor, the exciting agent, varies with the individual and locality, and it is not by any means always pollen of grass or flower, though it is sometimes impossible to determine its nature. City patients who are shut up in offices all day get better as soon as sent out to the country, and have a recurrence when they return to the dust and odor of the office. Two patients have an attack whenever they drive behind a horse or enter a stable. When an attack comes on I depend mainly on two remedies—one for internal use, the other for local application. The former is ammonol, (ammoniated-phenylacetamide,) of which I give eight grains in powder once or twice a day. A few get ample relief from one powder taken each morning, but usually a second powder is taken in the evening. The other preparation is stearate of zinc with aristol as prepared by McKesson & Robbins. This is used as a dusting powder in the nose, where it is perfectly non-irritating. This may be used as a snuff if the nostrils are patent; and when they are not, it is to be introduced by a powder-blower of any convenient form. In this way my patients are made comfortable and the attack is shortened.—*Kingston Medical Quarterly.*

The following appointments have been made in the Medical Faculty in the University of Toronto:

J. J. McKenzie, B.A., M.B., to be professor of pathology and bacteriology, in place of Dr. John Cavan, who has resigned.

Dr. J. A. Amyot, to be associate professor in pathology and bacteriology, or professor of clinical pathology, at his option.

Dr. F. N. G. Starr, associate professor of clinical surgery, and also demonstrator of anatomy.

W. Mackeown, B.A., M.D., demonstrator of clinical surgery.

C. L. Starr, demonstrator of clinical surgery, instead of assistant demonstrator of anatomy.

A. R. Gordon, M.B., demonstrator in clinical medicine, instead of assistant demonstrator of anatomy.

Dr. R. R. Rudolf, lecturer in Medicine and clinical medicine, instead of assistant demonstrator of anatomy.

Dr. K. C. McIlwraith, demonstrator of obstetrics, instead of assistant demonstrator of anatomy.

Dr. W. P. Caven, associate professor of clinical medicine.

H. T. Machell, M.D., associate professor of obstetrics and pediatrics, his work to be confined to pediatrics.

G. Chambers, M.A., M.B., demonstrator of clinical medicine.

Dr. G. R. McDonagh, professor of laryngology and rhinology.

W. H. Ellis, M.A., M.B., professor of toxicology.

Bertram Spencer, M.D., professor of medical jurisprudence.

Dr. W. H. Beemer, to be extra mural professor of mental diseases.

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, J. FERGUSON, T. McMAHON, H. J. HAMILTON,
AND INGERSOLL OLMSTED.

Day-Terrors in Children.

Less frequent than night-terror, day-terror is not an exceptional phenomenon, as Dr. Still, assistant in the Pediatric Department of King's College Hospital, London, has recently had occasion to observe it in two boys, one of six years, the other of three years, and in a girl four years old. These were children of nervous temperament, who did not, however, present any other neurotic symptoms than the paroxysm of terror. In the antecedents of two of these children, there was traced only the rheumatic diathesis, and in the family of the third there were several cases of mental and nervous affections and frequent rheumatic attacks. In these three children the paroxysmal terrors were of the same character. When the child was playing, or when he was quiet, but completely awake, he suddenly had spells of terror, thinking he saw something terrifying. In no way could he be calmed until the attack ceased of itself, after a few minutes. During the paroxysm the little patient always recognized those about him. These day-paroxysms varied in frequency from two a month to twenty in a day.

It is apparent that these attacks differ from night-terror only in the fact that they occur during the waking state, not during sleep. These two varieties of terror are manifestations of one and the same morbid condition. Thus the patients in question had, at the beginning, terrors of the nocturnal type, occurring during sleep; but afterwards the terrors occurred during the day and in the waking state. The same treatment is required for both kinds of terrors. The bromides and belladonna preparations which are used so frequently for night-terror, exercise a favorable influence also on day-terror. But Still is convinced that in both cases the action of these drugs is rather symptomatic than curative and that better and more lasting therapeutic effects are obtained by treating the digestive troubles, which are the common cause of the spasms of terror, these latter being very often a reflex phenomenon whose point of origin is to be found in the gastro-intestinal tract. Thus two of our patients were sufferers also from digestive derangements due to the abuse of sweetmeats. After

putting them on a proper regimen and giving them some alkaline treatment, the attacks disappeared rapidly and completely. The same result was obtained in the case of the third patient after the expulsion, by means of a vermifuge of numerous ascarides.—Translated from *Giornale Internazionale delle Scienze Mediche*, by HARLEY SMITH.

Two Cases of Typhoid Pleurisy.

These two cases of pleurisy were caused by the bacillus of Eberth. They appeared during the first seven days of the typhoid attack and were preceded by bronchitis in the one patient and by broncho-pneumonia in the other. The pleuritic fluid contained blood in both cases. Both recovered without paracentesis thoracis. The examination of the conglutinating reaction of the pleural liquid was negative. It has been suggested that the presence of the bacillus of Eberth in the exudate might explain this absence of reaction. But this hypothesis cannot be admitted, as Achard has found a very marked conglutinating power in two cases of typhoid pleurisy. We do not yet know why the exudate in typhoid pleurisy conglutinates in some cases and not in others. In one or two cases the exudate was very toxic, bringing about the death of a guinea-pig in twenty-four hours, when one-tenth of a cubic centimetre was injected into the peritoneum.—Translated from *Giornale Internazionale delle Scienze Mediche*, by HARLEY SMITH.

Alcohol and Alcoholism.

Dr. Charles Macfie, of Bolton, England, makes some important statements upon the above subject in the *Quarterly Journal of Inebriety* for April. He claims that at least sixty thousand persons die annually in Britain from alcoholism, a number as large as the death-rate from consumption. In Britain 20 per cent. of the asylum inmates are insane from drink. Medical men, as units in society, can do much to further correct views on temperance. In dealing with scientific facts physicians should discourage the indiscriminate use of alcohol, and the habit of treating. Many who become drunkards protect themselves by saying that their doctors ordered them to take alcohol. It behooves medical men to be very careful in ordering it. The writer contends that, during the thirty years he has practised, there has been a very strong trend in medical opinion and advice in favor of temperance, and that this is growing stronger. He claims that very much of the success of the movement towards temperance is due to the efforts of the medical profession, both by word and example. To show that stimulants are not now ordered as freely

as some years ago, he quotes from the records of St. Thomas' Hospital. In 1888, with a daily average of 374 patients, \$5,300 was spent in alcoholic beverages; while in 1898, with a daily average of 407 patients, there was spent only \$1,200 for the same purpose. In the Hospital for Sick Children in London, in 1873, there were 572, with an outlay for alcoholics of \$530; in 1888 there were 1,100 patients and an expenditure of \$115, whereas in 1898 there were 2,067 patients costing \$215. It is not needed in health, and must be regarded as a luxury, with local and far-reaching effects. In cases of emergency it may be necessary to have recourse to alcohol, as it may be impossible to procure anything else; but it should always be borne in mind that there are other agents that could be employed. Hot water is often a better stimulant than alcohol. In warding off a chill warm diluent drinks do more good than alcoholic beverages. Not much reliance can be placed upon the feeding qualities of alcohol. There are still a few that hold the view that alcohol is a food. This view is but little shared in by the writer. In the febrile states of sleeplessness alcohol acts as a soporific; but sleep is better obtained by means of hyosine combined with minimum doses of morphine or heroin. The writer of the article speaks strongly against those so-called remedies containing wine, quinine, meat extracts, coca, etc., etc. These are almost always worse than useless. They are not required in health and are not trustworthy in sickness. Whatever the malt in these cases may do, the meat extract is of no value. He then points out the danger that underlies many of the quack cures for intemperance. Some of these contain a large percentage of alcohol, and some dangerous doses of strychnine. There is no remedy that will take away the craving for alcohol. The treatment of the patient must be hygienic, moral and dietetic.

Bulbar Paralysis and its Counterfeits.

Dr. G. A. Gibson, of Edinburgh, in the *Brit. Med. Jour.* for April 28th, reports two interesting cases of different types of bulbar paralysis.

In the first there were present all the well-known symptoms of the disease. There was wasting of the muscles, reaction of degeneration, fibrillation, characteristic cough, inability to articulate dentals and labials. In this case the degeneration was in the nucleus for the nerve supply of the larynx, pharynx, tongue, and lips.

In the second case there was paralysis of these muscles, but no atrophy nor reaction of degeneration. The cough lacked the features of the type where the degeneration is in the medullary nucleus. The health remained good. There was some

weakness of arms and legs. The disease was of very slow progress, having lasted over five years, and the last two with slight improvement. This was a case where the degeneration was in the upper neurons, or in other words, was in the cerebral cortex causing paralysis but no atrophy.

There is still a third form to which the writer calls attention, that known as asthenic bulbar paralysis. This form has been described by Dr. Thomas Buzzard, under the name *myasthenia Gravis pseudo-paralytica*. It was spoken of by Samuel Wilks, in 1877, as bulbar paralysis without anatomical changes. Strumpell, Jolly and others have reported cases. The feature of this form is the absence of degeneration changes, and the extreme exhaustion of the muscles. After a rest they act fairly, but rapidly exhaust—one or two contractions under faradic current sufficing. This form is likely due to some toxine acting upon the nerve centres. J. F.

Raynaud's Disease.

Dr. Adolf Calmann, of Hamburg, in *Alienist and Neurologist* for April, concludes, after a very exhaustive article on this disease, that it is a neurosis, and, while the symptoms may occur in organic disease of the central nervous system, there is usually no demonstrable change to be found in it. It is not due to any disease of the peripheral nerves. Neither is it due to hysteria. Whether the local symptoms of syncope, asphyxia and gangrene are due to trophoneurotic or angioneurotic influences is not yet settled. J. F.

Diabetes Mellitus and Epilepsy.

Prof. W. Ebstein, of Gettingen, in one of the recent Paris clinical lectures, which appeared in the *Medical Press and Circular* for May 16th, dwells at length on the several relationships of these two diseases. In the first place, the causal connection between diabetes and epilepsy is discussed. These cases may be divided into two groups: Those where epilepsy is due to lesions in the brain resulting from the diabetes, and those due to the actions of poisons on the nervous system during the course of diabetes. The former class of cases are very rare; and the latter assume more the characters of coma than convulsions, though true convulsive seizures have been noticed in some cases. The toxic product in some of these cases is probably acetone, though it has been shown that this is not the only poison in the blood. The second class of cases are those in which the epilepsy causes the diabetes. Here there are two possible forms. One is that in which the glycosuria follows the epileptic attack, and soon disappears. In other words, there is a recurrent glycosuria with the recurrence of the epilepsy.

The other form is where the epilepsy gives rise to a chronic or confirmed glycosuria. The author inclines to the belief that epilepsy does not cause glycosuria, as has been often contended. The third class of cases are those where the epilepsy and diabetes are due to a common condition of health, to some hereditary neuropathic state. Diabetes, epilepsy and insanity frequently alternate with each other in the same family history. Any two of these conditions may occur in the same person, from a common cause, neither being dependent upon the other. Cases coming under this third class are certainly rare. The lecturer came to the conclusion that causal relationship of these diseases to each other is much less frequent and effective than has generally been taught by some writers.

The Results of Gonorrhœa.

Dr. Neisser, of Breslau, in a recent number of the *Medical News*, gives some very important facts about gonorrhœa. There are few more competent to speak upon this subject than the writer of the paper. He points out that there is great persistency in the latent forms of this malady. He shows that according to the best of authorities from thirty to fifty per cent. of the women infected with gonorrhœa suffer from salpingitis. With regard to sterility it is claimed that over fifty per cent. of involuntary sterility is due to this disease in men and women. As to blindness, there were 30,000 in Germany and 7,000 in Britain who lost their sight through gonorrhœal ophthalmia.

J. F.

Cerebral Hemorrhage.

Dr. E. P. Benoit, of the Department of Pathology, Laval University, Montreal, in *L'Union Médicale* for May, has a lengthy article on the above subject from which the following points are culled: No matter what may be said about the sanguine temperament and heredity, it is necessary to have a ruptured vessel in order to have a cerebral hemorrhage. The reason why the vessel ruptures is that generally an aneurism has formed. This may be very small, and there may be many of them. The causes of these aneurisms are such as disease of the walls of the vessels, as gout, chronic Bright's disease, diabetes, alcoholism, lead poisoning, syphilis and arteriosclerosis. Sometimes a profound change in the blood, as in hemophilia, purpura, pernicious anemia, leucocythemia and Gravis jaundice, is capable of causing such disease in the vessels as will lead to their rupture. When the vessels have become diseased and there are small aneurisms on them, conditions that suddenly increase arterial tension may cause an attack, such as exertion, exposure to cold, bathing after eating, and

such like. It is important to note that the arterioles of the brain have their walls spring directly from the circle of Willis, and are no larger at their origin than at some distance from the circle of Willis. The pressure in the thin vessels is equal to that in the carotids.

With regard to treatment much importance is given to venesection. The vascular symptoms should guide us rather than the nervous. If the case is sudden, with indications of a congestive character, and activity in the vascular system, the sufferer should be bled. The amount of blood must vary with the effects. In all cases a thorough impression must be made on the pulse. Derivatives to the surface of the body and extremities are called for in the form of hot bottles and sinapisms. Free action by the bowels is of great use. The writer recommends a tablespoonful of the following mixture every quarter of an hour: Croton oil, one minim; castor oil, one ounce; sweet almond oil, one ounce; syrup, two ounces. Whether the sufferer can swallow or not, a copious injection containing decoction of senna and four or five drachms of sulphate of soda should be given. The paralysis following the hemorrhage should not be treated by electricity nor strychnine as they tend to increase the rigidity and contraction of the muscles. Massage and movements are useful. Pot. iodid ℥ iii; sodii arseniti gr. i; aquæ ℥ x in tablespoonful doses after food is useful as an after treatment to favor absorption. The prophylactic treatment is of great value. Those suffering from all those conditions that predispose to apoplexy should be properly treated. J. F.

Tuberculosis.

Dr. A. N. Bell. in his presidential address before the Congress of Tuberculosis, *Medico-Legal Journal*, March, 1900, states that in England and Wales the death rate from consumption was as follows per 1,000,000 of the population: In 1850-54, 2,800; in 1864-68, 2,400; in 1882-88, 1,600, and in 1892-93 it fell to 1,400. Thus in the past fifty years there has been a decrease of nearly 50 per cent. in the death rate per 1,000,000 of the population. The disease is more frequent in proportion to the density of the population. Town air, foul soil and poor diet have much to do with the accessory causation of the disease. He attached much importance to the use of fats as an article of diet, and pointed out that among the negroes who were fed on "hog and hominy," there were, comparatively speaking, few cases of phthisis known among the slaves compared with its frequency now amongst the free negroes. He also dwelt upon the infrequency of tuberculosis among the Esquimaux, the Icelanders, the Norwegian, etc. These people

live in stifling huts, but use much animal food and an enormous amount of fat. When you come to the family, those suffer most who stint themselves of bacon and butter. Though no climate was a specific, suitable climatic changes and sea voyages were of value as affording much fresh air, and acted beneficially on the general health, as these means would in other chronic and wasting diseases. J. F.

Therapeutical Value of the X-Rays.

Dr. Edouard Schiff, of Vienna, in *Brit. Med. Jour.*, May 5th, claims to have had good results from the X-rays in the removal of hairs and the treatment of lupus. In the former the Roentgen tube is held 15 cm. from the skin, and the anticathode opposite and parallel to the irradiated field. The sittings are daily, at first for five minutes, increasing to ten and then to fifteen minutes. This must be continued for seventeen to twenty-five days. Short sittings at intervals are then required for five to eight weeks to prevent a regrowth of the hair. He has also had excellent results in the treatment of lupus.

Dr. R. E. Scholefield, of Blackheath, England, in same number *Brit. Med. Jour.*, reports satisfactory results from the employment of the X-rays in a case of lupus on the nose and adjacent parts of the face. The patient was exposed on alternate days from 30th June to 12th November, when every vestige of the disease disappeared. The tube was fixed five to 6 cm. from the skin, and the unaffected parts protected. J. F.

Antityphoid Vaccine.

Dr. R. W. Marsden, of Manchester, in *Brit. Med. Jour.*, April 28th, advances some rather strong arguments in support of the value of Wright's antityphoid vaccine. He comes to the conclusion, after his study of the subject, and having vaccinated a number of persons, that if it does not always prevent the disease, the attacks will be so mild as to present no danger.

Dr. T. Wilson, in same issue *Brit. Med. Jour.*, refers to his experience in vaccinating soldiers in South African service. He employed Wright's vaccine. He claims that if it does not render the typhoid bacilli inactive, it will influence favorably the attack of typhoid. He thinks that all going to the seat of war should be vaccinated. J. F.

Gastric Hemorrhage in an Infant.

M. Comte (*Soc. d. Sciences Med. d. Lyon*) gives a short account of gastric hemorrhage following infection in a child of 18 days. Infection took place at the umbilicus with purulent phlebitis of the umbilical vein but without abscess formation in the liver. Spleen hypertrophied, purulent infiltration in right

ear, hands and right foot. Stomach contained blood mixed with the milk contents; the mucosa was red with superficial ulcerations. He calls attention to the rarity of this gastric ulceration, and the fact that this had taken place in an infected infant. He thinks it a case supporting the theory of infectious origin of *Malena neonatorum*.

Treatment of Syphilis by Injection of Antisyphilitic Serum.

M. Neviorosky (*Rev. d. théér., méd.-chir.*) has treated recent cases of syphilis by injections of blood serum obtained from syphilitics in the tertiary stages. He considers that repeated blood examination is necessary as a marked improvement in the composition of the blood occurs in the certain number of cases where there is rapid disappearance of objective symptoms. Controls treated with blood serum from healthy individuals gave absolutely negative results.

Glycosuria of Bacterial Origin.

Following the interesting research of M. Lepine, who obtained an increase of sugar in the blood after intravenous injections of cultures of staphylococcus (*Soc. d. biol.*, 3 mars. 1900) comes the curious studies of M. A. Hammerschlag on the bacteria of the intestine in diabetic patients. He has cultivated bacteria growing in mucus like colonies, which on injection subcutaneously produced a prolonged glycosuria, showing 1 to 2 per cent. of sugar in the urine.

To the *Soc. de méd. d. Vienne*, 15 déc. 1899, M. Topfer presented the results of experiments on the same subject. Animals injected with cultures from intestinal contents of diabetics presented for more or less prolonged periods $1\frac{1}{2}$ per cent. of sugar in the urine, while controls who had received cultures from the intestinal contents of healthy individuals presented no such phenomenon. The same result is obtained if the intestinal bacteria from diabetics are introduced into the intestinal tract either by way of the stomach or through an intestinal fistula. M. Topfer concludes that the intestinal contents contain a "substance" capable of producing the formation of sugar in the organism.

The Persistence of the Typhoid Bacillus in the Body.

There is one other point which it may be of interest now to consider, and that is, What is the length of time during which the bacillus may remain in the body? It was naturally supposed at first that as the fever passed away and as health returned, the bacillus, the cause of the disease, would disappear from the tissues also. This apparently was demonstrated by

the earlier observations. Thus it was shown long ago that if the spleen or mesenteric glands—the classical breeding grounds of the microbe—be examined late in the disease, no typhoid bacilli would be found, the organs being either sterile or possibly containing bacillus coli communis. This has been noticed by Flexner as early as the sixth week. Dr. Klein recorded it in the ninth week, and recently a case dying at St. Bartholomew's Hospital in the thirteenth week showed the same disappearance of the specific organism. The experiments of Blackstein and Welsh, however, showed that, sometimes at least, the typhoid bacillus might remain for much longer times in the body. Thus, after intravenous injections of the bacillus into rabbits, they found that the bile still contained the microorganisms when the animals died or were killed at such long intervals as 84 days, 109 days, and even 128 days after the date of inoculation. The other organs were, however, found sterile.

These experimental results in animals naturally suggested that the same thing might occur in man after typhoid fever, and this has been amply proved, for we now know that it is nothing uncommon for the bacilli to remain dormant in the bile or the bone marrow for long periods, the patient, just like the experimentally inoculated animal, being meanwhile often in perfect health, and then, possibly after several years, under the influence of some passing stimulus, to resume their activity and to give rise now to peritonitis, now to osteomyelitis, or it may be to cholecystitis.—Extract from the *Goulstonian Lectures on the Typhoid Bacillus and Typhoid Fever*, by P. HORTON-SMITH.

SURGERY.

IN CHARGE OF EDMUND E. KING. HERBERT A. BRUCE AND L. M. SWEETNAM.

Employment of Chloride of Ethyl as a General Anesthetic.

At the meeting of the Lyons Surgical Society on the 31st of May, M. Auguste Pallosson read an interesting communication on the above subject. Two dentists using ethyl chloride upon the gums as a local anesthetic, noticed that it produced a general anesthetic effect. Afterwards Von Haker (of Inspruch) used it in surgical operations. To obtain anesthesia a special apparatus is necessary consisting of a mask fitting closely to the face by a rubber pad and connected with a metal reservoir containing 5 to 6 cc. of ethyl chloride. Anesthesia is produced in from fifteen to twenty-five respirations—between a minute and a minute and a half. For an operation which only

lasts a few minutes it is perfect. It has been even possible with ethyl chloride alone to prolong anesthesia to thirty or even fifty minutes, but for anesthesia for a longer period of time M. Pallosson prefers to substitute the ether cone for the ethyl chloride mask after anesthesia is once produced. All the disagreeable symptoms at the commencement of ether anesthesia are thus avoided and time saved. The anesthesia produced resembles that produced by nitrous oxide, and if the time during which the patient is under its influence is short, such as in opening an abscess, extracting a tooth, etc., consciousness returns almost immediately, and there are no disagreeable after symptoms nor nausea.

M. Nové-Josserand, following the example of M. Pallosson, has used chloride of ethyl with children of all ages, states that it acts well both with grown up children and with infants.—*Lyon Medical.*

Fever in Cancer of the Viscera.

Between 1884 and 1898 Fred Freundweler has collected at the Zurich Clinic 475 cases diagnosed with certainty as cancer, and distributed as follows: Cancer of the stomach, 265 cases; of the pharynx and esophagus, 105 cases; of the liver and gall bladder, 38 cases; of the colon sigmoid flexure and rectum, 24 cases; of the small intestine and peritoneum, 3 cases, and of the other organs, 40. Out of this number 189 patients, about 39.8 per cent., had fever, and in 24.6 per cent. the fever could only be explained by the presence of the cancer. The fever was of a continuous type in 6 per cent. of the cases, of a remittent or intermittent in 41 per cent.; intermittent rises like in ague, 14 per cent., and irregular in 38.5. Thus in the majority of the cases fever was present in cancerous conditions and presented a remittent or intermittent type. The results of his observations led him to believe that it was only in cases of visceral cancer that this rise of temperature occurred. The fever effects the prognosis as it rapidly induces a cachexia.—*Dent. Archiv. für Clin. Med. t. LXIV.*

Compresses of Alcohol in the Treatment of Peritonitis and Appendicular Colic.

M. Sehrwald reports in the *Therapeutische Monathefte* the happy results he has obtained in several cases of severe peritonitis from the use of compresses of alcohol. In a patient suffering from tubercular peritonitis he has seen, after two applications the pain, vomiting, meteorism and diarrhea disappear. Following this encouraging success the idea occurred to him of using the same treatment with several patients suffering from appendicitis. Recovery took place in every

case, and the symptoms rapidly disappeared. If this procedure is not new it deserves to be recalled on account of its simplicity. It would seem that in cases of peritonitis where urgent indications for operation are not present the action of the alcohol on the skin engorging it produced a salutary depleting action upon the underlying parts.—Translated from *Gazette des Hopitant*, May 9th, by DR. WALTER MCKEOWN.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, JAMES F. W. ROSS, ALBERT A. MACDONALD,
H. C. SCADDING AND K. C. McILWRAITH.

Live Child Delivered by Forceps after Death of Mother.

Dr. Fleischmann, of Buda-Pesth, reports a case of some medicolegal and obstetrical interest, the third instance only of the successful use of the forceps after the death of the mother. The patient was a primipara, aged 30, the subject of mitral and aortic incompetence. Dr. Fleischmann first saw her when she had been in labor at term over twenty-four hours; the membranes had ruptured on the previous evening. The fetal head presented in the first position; its heart sounds were normal. The os was rigid, so an hourly hot douche was ordered. A few hours later Dr. Fleischmann was called again to the patient, who was clearly dying of severe dyspnea. Just as he had introduced one blade of the forceps the mother's pulse and respiration ceased. For about ten minutes his attention was turned entirely to the mother, the blade being left in its place. All attempts to revive her proved useless; then he introduced the second blade, and at once extracted an asphyxiated female child, who was resuscitated and successfully reared. The first case of successful *post-mortem* delivery of a child by the forceps is recorded by Heinrichus, of Helsingfors; the mother died suddenly at term of rupture of the aorta; immediately afterwards a large healthy male child was delivered by the forceps, and reared. In the second case recorded by Piskacek. The patient, a woman, aged 28, died during her second delivery of advanced heart disease. An asphyxiated child, weighing a little under 5lbs., was delivered and revived, but died in thirty-six hours; in this instance, however, the pelvis was extremely kyphoscoliotic, so that delivery was not easy. Dr. Felischmann publishes these interesting cases in the fourth number of the *Centrallblatt fur Gynäkologie* for this year. In a general or abstract sense the duty of the obstetrician seems clear in cases of this kind, but very natural objections are almost sure to be raised against any handling of the body of the mother.—*Brit. Med. Jour.*

Protracted Gestation.

Dr. John Phillips (*Lancet*), records the case of a primipara, unmarried, aged sixteen years and four months, with whom a single intercourse was said to have occurred thirteen days after the cessation of the last period on August 24, 1898. The confinement did not take place until July 13, 1899, three hundred and twenty-three days after the cessation of her last period, and three hundred and ten days after the date of coitus. The evidence of the girl as to the date of her last period was supported by that of the aunt who looked after her.—*N. Y. Med. Jour.*

Rupture of the Uterus successfully treated by packing the Tear per Vagīnam with Iodoform Gauze.

Herbert Spencer (*Ibid.*) reported four cases of rupture of the uterus treated in this way, all of which recovered. The iodoform gauze was less dangerous than cyanide or carbolic gauze, and might be left in for six days or even longer. When the broad ligaments were so much damaged as to endanger the vitality of the uterus hysterectomy should be performed, but abdominal hysterectomy in patients already suffering from the shock of rupture should not be attempted except in extreme cases, as it was nearly always fatal. In cases where the fetus had passed wholly or in great part into the peritoneal cavity abdominal section was demanded, but should always be accompanied by flushing of the abdomen with hot saline solution. Before packing with iodoform gauze all clots and fluid blood should be removed.—*Amer. Gyn. and Obst. Jour.*

Superfecundation and Superfetation.

By superfecundation is meant the separate impregnation of two ova discharged from the ovaries within a short interval of one another. It is a well-recognized fact among breeders of animals, and there are enough instances in which a negress has given birth to a black child and a mulatto, or a white woman to a white child and a mulatto, to prove its occurrence in the human female. But as Spiegelberg points out, in such cases it is possible that in the twins resulting from such a cross, one might resemble the father and the other the mother. Some obstetricians have thought that superfecundation accounted for most twin pregnancies, but this is negatived by the fact that there is commonly but one placenta.

By superfetation is understood the impregnation in a woman already pregnant, after the first pregnancy has lasted some weeks or months, of a second ovum belonging to a second ovulation. To render this possible ovulation must occur during

pregnancy. It has been proved beyond question by Löwenthal, Slavjansky, and others that ova are occasionally discharged during pregnancy, but can they find their way into the uterus, and become fertilized? It is certain that the ovum does not fill the uterine cavity during the first two months of pregnancy, but the ends of the tubes may become blocked early in pregnancy. Cases have been reported from time to time of women giving birth to two apparently mature infants, one three or four months after the other. But it is probable that either the woman possessed a double uterus, or else the pregnancy was a twin one, and the development of the two children, born at different periods, was not carefully compared and recorded. Marked difference in development is often noted in twins born at the same time, and two children may attain to the same degree of development in very varying periods of time. Superfetation must be regarded as still "not proven."—*The Lancet*.

The Treatment of Bacteriuria.

Jeanbrau. (*Annales des Maladies des Organes Génito-Urinaires*) treats bacteriuria by lavage and instillations of silver nitrate, sublimate or protargol, combined with salol given in increasing doses, as much as two and a half drachms a day being given. This medicament is combined with large quantities of water. Denys has successfully used an antistreptococcic serum, when the streptococci are found as the dominant organisms. There are certain cases which prove absolutely rebellious to intravesical treatment. Under such circumstances ureteral catheterization should be practiced, the pelves of the kidneys being subjected to antiseptic flushings.—*Therapeutic Gazette*.

Antenatal Pathology.

THE *British Medical Journals* for June 16th and 23rd have two lectures and an editorial on the above subject. Every event in natural or fetal life, from the time of inception of the latter to the close of the puerperium falls within the province of the obstetrician. The future welfare of the race, therefore, will largely depend on progress in the knowledge of obstetrics; for the physician and surgeon watch over the human life, but the obstetrician guards its inception. This economic aspect of the matter is well put by the editor, while Dr. Ballantyne summarizes the means at our disposal at present, and suggests subjects for research work. The field is a large one and we submit that no department of medicine has more interesting

and important questions for the investigation, *e.g.*, the diet that will give small but healthy children to women with small pelves; the influence of fetal on maternal metabolism, in eclampsia and other conditions; and *vice versa* influence of maternal metabolism on the fetus; the question of the production of the liquor annii and the control of it, etc., etc.

With the growth of our universities and the lengthening of our period of primary education and establishment of post-graduate schools in our midst, we in Canada should do our part in the solution of these problems.

K. C. M.

Repair of Perineal Lacerations.

In the April number of *Obstetrics* there is an able editorial on this subject. The writer says:

"Our parturient patients would, perhaps, not be the losers if we should now and then dismiss from our minds the graver operations and turn our attention to the best methods of repairing lacerations.

"The general practitioner is not often called upon to perform laparotomy for uterine rupture or ectopic gestation, and he will probably have to wait a long time for a case of extreme pelvic contraction. If he has much to do, however, his experience of perineal lacerations, especially in his earlier years, will be by no means inconsiderable. . . . The maxim that 'whatever is worth doing at all is worth doing well,' is nowhere better illustrated than in primary perineorrhaphy. The statement that in case of failure the patient's condition is no worse than before, is true only with the qualification that the operation has been aseptic throughout. We will not discuss here the ordinary triangular tear of perineal skin and adjacent vaginal mucous membrane, extending for a short distance into the underlying structures. It may be observed in passing, however, that the practice of guiding the needle through the tissues underlying the laceration by the aid of the left forefinger in the rectum, and then withdrawing this finger for use in tying the sutures is a good way to cause infection with bacillus coli communis."

With these remarks we are entirely in accord, but should like to add that unless the perineum be unusually thick this class of tear generally heals as well without sutures as with them. The more important tears are those which extend up one or other vaginal sulcus and involve the levator ani.

The writer further adds: "Indeed, asepsis of the suture material is the chief essential of primary union in these cases. When it can be relied upon catgut is, of course, the ideal suture. When not, silk-worm gut, because of the ease with which it

can be disinfected by boiling, is perhaps to be preferred in spite of its disadvantages."

Our experience is that silk and catgut, especially catgut, no matter how prepared, will occasionally give cases of infection, and that silk-worm gut is more reliable than either. Its great disadvantage is that its lack of flexibility causes pain to the patient, which is no inconsiderable matter during the six days that it is in-situ.

Another point of great importance which is mentioned in the article is that the stitch should *completely* envelop the tear, and should be carried "far out laterally so that a good grasp of the several ends of the levator ani is secured."

PATHOLOGY AND BACTERIOLOGY.

IN CHARGE OF J. CAVEN, W. GOLDIE, AND J. AMYOT.

Morphology of the Heart in Mitral Stenosis.

Ferrannini (*Arch. Ital. di Med. Int.*) has made a study of this question, with especial regard to the condition of the left ventricle. This by many authors is said to be atrophied until it becomes a mere appendage of the left auricle. Others have found it hypertrophied even in uncomplicated cases of mitral stenosis. Ferrannini examined the condition of the left ventricle during life by Rummo's volumetric method in twenty-nine cases of mitral stenosis (complicated and uncomplicated with other cardiac mischief) and found a constant enlargement of the left ventricle. This was so in but seventeen cases of simple uncomplicated mitral stenosis. The records of twenty-seven *post-mortem* examinations in addition furnished corroborative evidence of the frequency of this hypertrophy of the left ventricle. The explanation is possibly to be found: (1) In sympathy with the hypertrophy of the right ventricle, the two muscles not being so widely separated as used to be taught; (2) in the attempt to cope with the increased peripheral resistance due to the diminished capacity of the arterial system resulting from the mitral stenosis; (3) on the myocarditis which commonly accompanies this as other forms of cardiac disease.—*Indian Medical Record.*

Biological Method for Detection of Arsenic.

Abel and Buttenberg (*Ztschr. f. Hyg.*) communicate the result of their experiments. Long ago Gmelin showed that among rooms with arsenical wall paper, those situated on ground floors or in other conditions favoring dampness were

most dangerous to live in. It has long been known that besides arsenical particles in the dust of such rooms, the atmosphere contains arsenic in some gaseous form. Abel showed that this was due to the action of moulds, which derived their necessary moisture and nourishment from the paste on the wall paper. The nature of this gaseous arsenical compound is not known, but it possesses the garlic smell characteristic of arseniuretted hydrogen. *Aspergillus glaucus* and *niger*, and in form of *Mucor mucedo*, can produce this change, but *penicillium brevicaulis* is the most suitable. The following is their method: The suspected article reduced to a state of fine division is added to moistened breadcrumbs contained in a 100 c.c. flask. After sterilization the contents are inoculated with the mould, the cotton plug of the flask covered by a caoutchouc cap, and the whole set to incubate for one or two days at 37° C. If arsenic be present the garlic odor is readily detected on removing the caoutchouc cap. The authors think their method generally applicable and valuable when the arsenic is present in very small quantity. One-tenth of a milligram is readily detectable.—*Indian Medical Record*.

On the Bacteriology of a Case of Progressive Portal Cirrhosis.

From the study of a case of progressive portal cirrhosis, M. E. Abbott (*Journal of Pathology and Bacteriology*) draws the following conclusions: The bacterium coli can, when first cultivated outside the body, appear in the form of a minute diplococcus, which assumes in subcultures the recognized morphology of this bacillus. When cultivated for some time on the ascitic fluid these diplococoid forms may become fixed, refusing in our hands to revert wholly to type. The action of the body fluids would thus seem to be one agency in the production of this alteration in form. As the bacterium coli can appear in cultures as a minute diplococoid body, it would seem probable that the minute diplococci seen in such numbers in the liver cells are the altered forms of this (and possibly also of other) bacteria.—*Medical Age*.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

Tumor of Nasal Septum.

Herbert Tilley (*Jour. Lar. Rhin. and Otol.*, May, 1900.) A female patient aged 62 had a dark red, broadly pedunculated tumor growing from right side of septum. Nasal obstruction and repeated attacks of epistaxis drew her attention to it. On

examination the growth was found to reach nearly to the external naris.

It was removed by snare, and profuse hemorrhage occurred four hours afterwards. This was checked by plugging the nostril. Six months later the growth had recurred and was the size of a bean and purple-red in color, the attachment being to the tubercle of the septum. The case was believed by St. Clair Thomson as well as Herbert Tilley to be one of the fibroangioma. Treatment: removal and cauterization of base. These should be done, notwithstanding the tendency to recurrence which occurs in these cases.

Suppurative Cyst of Turbinal Bone.

Henry A. Davis (*Jour. Lar. Rhin. and Otol.*, May 1900). A woman aged 40, had complained of a lump in the nose, which had been present for three months. On examination there appeared to be a large hypertrophy of left inferior turbinal. Upon this cocaine had very little effect. In spite of treatment the swelling increased, resulting in complete nasal obstruction upon that side. The swelling was red, dense and painful.

Upon incision two drams of thick pus was discharged; and on passing the probe into the cavity, bone was felt in all directions. Subsequently the cavity was washed out at intervals through a rubber tube with creolin lotion. Still the enlargement continued; and finally the inferior turbinal bone was sawed off. The cyst which it contained, however, was too large to be removed entire, and required to be broken up and taken away piece-meal.

The cavity was in the substance of the turbinate; it was filled with pus and surrounded by a fine shell of bone.

Study of the Microbe of Ozena.

Mademoiselle M. Robineau (*Thèse de Paris*, 1899). The microbe of ozena is a polymorphous bacillus, immobile, unprovided with spores and unstained by gram. It often presents filamentous forms. In the nasal mucus of ozenatous subjects it exists in almost a pure form. In cultures it gives off odorous products, but under no circumstances agreeable ones (!!) On the other hand, old cultures give off ammoniacal compounds having the odor of old cheese.

The morphological and biological characteristics are identified with those of the bacilli of Friedländer.

Ozena in the Light of Recent Researches as to its Etiology.

J. Holinger (*Laryngoscope*, June 1900), says that ozena is often observed in Austria; and viewed from the standpoint of nationality it is very common with the Chinese. He claims

that breadth of face is a physical condition which seems to favor the development of the disease. In the examination of a large number of cases only two and a half per cent. could be classed as among those with narrow faces.

Have the Tonsils an Internal Secretion?

Maséni (*Ann. des Mal. de L'Or*, July 1899), in a very short paper, answers this question in the affirmative. As a proof, he claims that intravenous injection of the aqueous extract of the gland produces increased arterial pressure, with slowing of the heart's action, and increase of force—the results being comparable to those obtained with suprarenal extract.

The Conditions of the Throat and Larynx Simulating and Predisposing to Tuberculosis.

Lennox Browne (*Jour. Lar. Rhin. and Otol.*, May, 1900), opened the discussion upon this subject at the March meeting of the London Laryngological Society. Lennox Browne still believes in the apothegm of Trousseau that "*Un catarre negligé, c'est une phthise commencée.*" He relates many cases illustrating that derangements and disorders of structure and function in the nasal fossæ, naso-pharynx or fauces, may be held responsible for symptoms at a lower level of the respiratory passages, which may be mistaken for, or predispose to tuberculosis.

In the fauces, frequently as the result of nasal obstruction, conditions are set up which lead to laryngeal irritation.

"In the larynx it is as difficult to say when an inflammation, subacute or chronic, may have overstepped the boundary of tuberculosis as it is to define the point of tuberculous invasion in the chest."

Of conditions of the throat simulating and predisposing to tuberculosis, hypertrophied fauceal and pharyngeal tonsils deserve special mention, particularly when they are accompanied by enlargement of the cervical glands. In such cases it is allowable to assume that there is a tuberculous tendency. Very frequently in these cases removal of the enlarged tonsils is followed by subsidence of all glandular enlargement and rapid disappearance of the anemic dyscrasia.

As a remarkable instance of throat disease, simulating tuberculosis, the history of a physician aged 50 is given. He had long been troubled with loss of flesh and impaired health. There was constant pain in the left infra-scapular region as well as much irritable cough. He was so ill that at the recommendation of two physicians, skilled in chest diseases, he sold his practice. On further examination he was found to have a relaxed uvula. This was removed; and was followed by complete recovery. He engaged in professional life again, not

far from his old sphere of work, and carried it on successfully for an additional twenty-five years.

Two other instances of a somewhat similar character are quoted in which irritable cough, bronchial catarrh, apical disturbance, pain, and the presence in the sputum of tubercle bacilli were all manifest; one of them being likewise attended with severe hemoptysis. In the first case the removal of a relaxed uvula materially aided the recovery. In the second, the hemorrhagic one, the uvula and also a varicosed lingual tonsil were both removed. Complete recovery occurred in both cases, aided of course by systemic and climatic measures. The general indications for throat treatment in cases of the foregoing character he considers as follows:

1. To clear away any obstruction to free nasal respiration.
2. To remove all sources of irritation in the palate and fauces.
3. To reduce inflammation and its products in the larynx and air passages, by the use of intra-laryngeal and intra-tracheal injections, made under pressure, preferring guaiacol in almond oil in the proportion of 50 per cent.
4. Drugs to improve the general health: carbonate of guaiacol when assimilation is defective, and ferro-manganese, with or with or without arsenic, nux vomica, etc., for improving the blood quality.

Stereoscopic Photograph of the Larynx.

Garel (*Ann. des Mal. de L'Or*, June, 1899). The author describes and gives photographs of the apparatus which he has devised. It consists of a small double camera, to which is fixed by a strong stalk an ordinary laryngeal mirror. The fixation of the latter ensures that it is always within the axes of the two cameras. Sunlight is employed, and is thrown in by the forehead mirror of the operator, who observes the throat at the same time that the images are taken. Roller films are used in order to save trouble in recharging.

On the Compression of the Trachea by an Aneurism of the Arch of the Aorta Simulating Paralysis of the Abductors.

Courtade (*Journal des Praticiens*, Oct., 1899) gives the history of the case occurring in a man aged 45 years. He had suffered for six months with much dyspnea upon the slightest effort. During rest respiration was calm. Walking produced stridor, suggesting paralysis of the abductor muscles.

Laryngoscopic examination revealed neither paralysis nor tumor, the symptoms being due to aneurism of the arch of the aorta.

Bromoform Treatment of Whooping Cough.

Feer (*Corr. Bl. Schweizer Aerzte*, 1899, No. 19), recommends bromoform as the best remedy for whooping-cough. He always prescribes pure bromoform, and gives two to four drops, according to the age of the child, three or four times a day after meals in a teaspoonful of sweetened water. All cases were cured in a very short time. Only newly prepared bromoform should be used.

Pseudo-Membraneous Adhesion in the Anterior Commissure and Symmetrical Thickening Below the Anterior Part of Vocal Cords.

Sir Felix Semon (*Jour. Lar., Rhin. and Otol.*, May, 1900). A gentleman, aged 27, had all his life suffered from extreme weakness of voice. On being examined by Semon a red, granular, elongated, mobile growth was found attached to the free edge and lower surface of the left vocal cord, at the region of the anterior and middle third. The growth practically covered the anterior part of the glottis. It was removed by forceps, and proved to be a soft fibroma.

After its removal the voice still continued weak. It was then discovered that the vocal cords were united somewhat extensively at the anterior commissure, by an intermediate reddish granular mass. While from the commissure itself two symmetrical thickenings extended below and backwards, almost the entire length of the cords themselves, simulating a reduplication of the cords.

The removal of a portion of the reddish mass, in the anterior commissure, resulted in the production of a normal voice. In accordance with Professor Seifert's investigations, in a similar line of cases, the condition was believed to be one of arrested development.

Hysterical Deaf-Mutism in a Little Girl of Three and a Half Years.

M. Courtade (*Arch. Inter. de Lar.*, Nov.-Dec., 1899). On the morning following a mental shock the child awoke both mute and apparently deaf. The ears were intact. Treatment directed towards the nervous disorder failed to effect a cure. Similar cases were quoted.

Foreign Body Removed from the Esophagus.

Fletcher Ingals (*Laryngoscope*, June, 1900). A boy aged two years was said to have swallowed a cent. Still he could swallow fluids, and at times solids. By the use of the X-ray the cent was located; and under anesthesia was removed by means of an esophageal forceps.

Editorials.

DR. PLAYTER'S SANITORIUM.

It is well known to the profession of Canada that Dr. Playter, of Toronto, has for years devoted much time to the study of tuberculosis in all its aspects. He was for some time an active worker in the organization of the Toronto Association for the Prevention and Treatment of Consumption and other forms of Tuberculosis. As we understand the matter, he retired from this association and established a home for consumptives in North Toronto. Unfortunately he selected a house for his purposes in a residential portion of Moore Park, adjoining the northern boundary of Toronto. By making such a choice he antagonized a large portion of the community, and the residents of that locality complained to the health office of the Township of York. After a careful inspection it was decided that Dr. Playter's house was not suited for the purposes of a consumptive home, and also that its situation made it offensive to his neighbors in Moore Park. An application was made to the Toronto Council for a grant for indigent patients, but Dr. Sheard reported adversely, and, as a consequence, no assistance was given by the city. The matter was brought before a magistrate, Mr. Ellis, of York Township, and, after a trial extending over some days, Dr. Playter was heavily fined. We presume the result will be that the location of the home will have to be changed. We regret that Dr. Playter should have been put to so much inconvenience; but we think that, although his intentions were good, his effort to fight public opinion, and also the municipal authorities of both York Township and the City of Toronto, was very unfortunate in all respects.

ENTERIC FEVER IN SOUTH AFRICA.

We have heard much of the prevalence of enteric fever in South Africa among the troops engaged in the war. Unfortunately we find that the reports received some time ago as to the serious results were in no sense exaggerated. Dr. Conan Doyle,

in a letter to the *British Medical Journal*, dated June 5th, says that the outbreak of the fever was a calamity, the magnitude of which had not been foreseen, and which even now is imperfectly appreciated. It appears that there was a general desire on the part of correspondents (perhaps influenced by the press censorship) not to dwell too much on the extent of the suffering and mortality involved. Dr. Doyle further says that he knows of no instance of such an epidemic in modern warfare. He thinks that in one month there were from 10,000 to 12,000 men afflicted with this very debilitating disease, and during that month 600 men were laid in the Bloemfontein cemetery. A single day in this town saw forty deaths.

He adds: "How was this unforeseen and unprecedented crisis grappled with? Entirely by the efforts of the medical men and by the devotion of the orderlies. When a department is confronted by a task which demands four times more men than it has, the only way of meeting it is for each man to work four times as hard. This is precisely what occurred, and the crisis was met. I do not think any men have ever expended money better than those who fitted out the private hospitals. Without the Yeomaury, the Portland, the Irish, the Scotch, the Welsh and the other hospitals fitted up by private effort, and manned by volunteers, it is difficult to see how the epidemic could have been met." The statements of the Canadians who recently returned to Canada are fully in accord with those made by Dr. Conan Doyle.

MEDICAL FACULTY, UNIVERSITY OF TORONTO.

WE publish in this issue a list of the recent appointments to the Medical Faculty of the University of Toronto recommended by the Senate. It was generally concluded that Dr. McDonagh and Dr. Spencer, who had been in charge of their departments for several years, should be made professors without any further delay. Why such a simple act of justice was so long delayed is a question that we cannot answer. The position of Dr. W. P. Caven in the Faculty appeared for some time to be in doubt. About two years ago he tendered his resignation to the Senate; but, as we understand the matter, such resignation

was never accepted. After the death of Dr. Graham he was asked by some of the University authorities to reconsider his decision. We are glad that he agreed to do so, with the result that he will continue to be a teacher of clinical medicine.

There was a difference of opinion in the Medical Faculty as to whether a Professor of Pathology in the place of Dr. John Cavan, who resigned some months ago, should be at once appointed. The majority favored an immediate appointment, and recommended Dr. J. J. McKenzie for the position. The new professor is very popular, and many of those who have had a good opportunity of judging as to his ability and teaching capacity express confidence in his fitness for the place. A minority of the Faculty favored Dr. Amyot, but advised a postponement of the appointment for a time, as they objected to have any one placed over him at present. It is only fair to say that all friends of the Faculty fully appreciate the fact that Dr. Amyot has done excellent work in this important department. We only wish that such appreciation could have been demonstrated in some more effective way.

CANADIAN MEDICAL ASSOCIATION.

WE regret that we cannot at the time of writing give any more definite information as to the programme of the coming meeting of the Canadian Medical Association to be held at Ottawa. We announced in our last issue the fact that a number of distinguished visitors are expected, including Mr. Edmund Owen of London, England, Dr. Shattuck of Boston, Dr. Gerster of New York, Dr. Senn of Chicago, and Dr. Hamilton of New York. We have every reason to believe that the meeting will be well attended, and that a good programme will be provided. The members will receive further information from the secretary early in August. The members of the profession of the Ottawa District are making arrangements to give the visitors a fitting reception. The president, Dr. R. W. Powell of Ottawa, is working with his usual energy, and is receiving substantial assistance from his confreres.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

The 13th annual meeting of the Association was held in the Library Rooms on June 28th, the president, Dr. J. F. W. Ross, in the chair.

The number present was not large, but included a great many of the members most interested in the welfare of the library.

The reports submitted by the secretary, treasurer, and curator were very encouraging, giving evidence of increasing growth and usefulness of the library. Letters received by the secretary from the profession throughout the Province requesting information have been many. A circular letter sent to all the medical practitioners whose addresses could be obtained, in reference to the advisability of approaching the Legislature for an annual grant, was responsible for their increased interest. In this connection we are glad to learn that a deputation waited upon the Premier and presented a petition asking for Government aid, and that it was favorably received. Though nothing has been granted as yet, the president, Dr. Ross, assures us that next year a grant will probably be made which will materially help to make the library even a greater success than it has been in the past. The Board takes this opportunity of thanking those who, by their signatures, gave their assistance in this matter. In a short time the association will be able to send copies of the by-laws and catalogue, now in course of publication, to the members of the profession. At present, however, the attention of the city members is drawn to the fact that their annual dues (\$2.00) should at once be forwarded to the treasurer, Dr. H. A. Bruce.

Books are sent to medical men throughout the Province on their paying express charges both ways, and returning them within two weeks. This is a privilege secured to the profession at large through the kindness of the Ontario Medical Council in granting the association rooms in which to store their books.

The curator, Dr. Powell, reported that 161 new volumes and three cases still unopened had been added to the library during the past year. Dr. Powell is a member of the American Association of Librarians and is enabled to secure duplicates from other libraries in exchange. The secretary, H. J. Hamilton, will be glad to give further information to those writing for the same.

At a meeting of the Board of Directors held on July 4th, Dr. Ross was again elected President; Dr. R. A. Reeve, 1st Vice-President; Dr. A. A. Macdonald, 2nd Vice-President; Dr. G. H. Carveth, 3rd Vice-President; Dr. H. J. Hamilton, Secretary; Dr. H. A. Bruce, Treasurer; Dr. N. A. Powell, Curator, and Dr. W. J. Wilson, Assistant Curator.

STATE OF HEALTH IN THE YUKON DISTRICT.

DAWSON, JUNE 23rd, 1900.

WILLIAM OGILVIE, Esq., Commissioner, Y. T.,

President of the Board of Health for the Dawson Health District.

Sir,—I have the honor to submit the following report of the state of health of this district at the present time. The number of patients in public hospitals at any given time is generally considered, and as a matter of fact is, a fair index of the state of health of the community at large, and the number of paying and non-paying patients should indicate with tolerable clearness the prosperity or poverty of a district. Looking at things in this light there can be no doubt that illness in Dawson, apart from accidents, is merely nominal, and this is more especially true of classes of disease which science teaches us is preventable. There is, for instance, no typhoid, no diphtheria, no smallpox and no dysentery, the latter of which is universally admitted to be the result of using impure water or unhealthy food, and moreover, the prevalence of which is the general precursor of typhoid fever itself.

Noting these things one naturally arrives at the conclusion, that the water being used now is good, and that the food is of sound quality. At this time last year dysentery was prevalent, and cases of typhoid were here and there cropping up.

Number of pay patients in Good Samaritan Hospital.....	11
Number of non-paying.....	12
Total.....	23
Number admitted on Government account during	
month.....	6
Number of discharges.....	5
Number of pay patients in St. Mary's Hospital.....	4
“ “ non-paying patients.....	14
Total.....	18
Number of discharges.....	1
“ “ patients admitted.....	0

The method of having a patient, and also his friend, make a declaration as to the state of an applicant's finances appears to work with great smoothness. They all, so far, have uniformly certified that they have no money, no claims in the country and no money outside, and no hope of any kind unless it be the hope of heaven. Such uniformity in affidavits excites a suspicion that the moral standard is not very high, or that the sanctity of an oath is not regarded with the same reverence as it is in the more pastoral communities.

Having months ago recognized the possibility of smallpox finding its way into the community, I suggested at a meeting of the Board that a good supply of vaccine be sent in here monthly. If this had not been already done, it should be seen to without any delay. I have since learned that smallpox is more or less prevalent in Canada at the present time, and should it by any chance reach this district, the consequent expense, loss of life and general damage to the industries of the district would be simply appalling; and there can be no doubt, but that when it it does arrive, as sometime it will, unless vaccination is more largely practised, everything will be ripe for the conflagration.

It cannot be too clearly recognized, nor too often insisted, that the prevention of disease is cheaper than its cure, and to do this has been the chief aim of the sanitary officer and myself. During last year our time was largely taken up in prosecuting people who were selling rotten eggs, diseased meat and unsuitable food of all kinds. It was discouraging and heart-breaking work, but by perseverance we gradually stopped that kind of crime, and when dealers learned that such conduct was sure to be followed by punishment, they gradually awakened to the fact that, on the whole, it was wiser, even as a matter of policy to choose the straight and honest path, and as a result, the Sanitary Inspector and myself are enjoying in this Department a placid calm to which we have hitherto been strangers. The wharf constructed at the foot of 8th Street for emptying garbage is proving a great convenience on account of the rise and fall of the river. However, the approaching platform will have from time to time to be lowered and raised accordingly, which will involve occasionally some little trouble, but which, however, seems to be unavoidable. It will be necessary, however, to construct another chute on the other scow, so that two waggons can empty simultaneously, thus avoiding unnecessary delay. The expense will be trifling, and it should be done at once.

I have inspected fish which come down on the boats, and also cattle previous to their being slaughtered, all of which so far we have found perfectly healthy and sound.

Most people are still using in the w.c.'s receptacles which are not water-tight. This is a violation of the Ordinance, but hitherto it was felt that to insist upon its observance would work a hardship on many; but as material for the construction of such receptacle is now plentiful we propose to insist on its observance from now on.

I cannot help feeling that it would be wise to in some way do what we can to improve the sanitary condition up the creeks, for, if not, in the autumn we will find the Dawson Hospitals filling up with cases from the creeks where illness cannot be

attributed to defects of sanitation in this district. To this end circulars should be posted up on the claims which are being largely worked, and in other public places, calling men's attention to the generally conceded fact that typhoid may be entirely avoided by the sole use for drinking purposes of water which has been thoroughly boiled. The expense would be little, and the effect would be good.

The water supplied by the new company is of good quality, and has almost entirely displaced the use of drinking water from other, and questionable sources. I believe it to be a safe source of water supply, and the fact that it is safe cannot be too widely known.

The improvements that have been made in the way of drainage, and removing obstructions of various kinds from the streets, while highly desirable and useful, and appealing directly to the artistic sense, should be considered very subsidiary in comparison with these enterprises which furnish the people with a liberal supply of pure water and healthy food. There are a few patients in each hospital who will never recover here. Should they remain they will become a chronic burden. They have no means at their command. They may, and as a matter of fact will, live for many months, and some of them years. While I do not wish to interfere in things which do not directly concern me, I cannot refrain from suggesting that an examination of these chronics should be made, and that they all be shipped out simultaneously, in charge of an intelligent nurse. I think that from an economic standpoint it would be found to pay.

While we may dwell with pardonable pride on the work already done, I feel that it is our duty to earnestly and constantly be watchful as to what we are now doing "lest we forget."

I have the honor to be, Sir,

Your obedient servant,

(Sg'd.)

J. W. GOOD,

M.H.O.

ARE ANGLO-SAXONS DEGENERATING? is the query propounded by Dr. J. Russell, of Hamilton, in an exceedingly thoughtful and able paper, which appears in this issue. Dr. Russell is not only a capable writer, but is in addition a deep thinker of the advanced type. We hope to have further communications from him on the subject of race degeneracy, for publication in this journal.

Personals.

Dr. Fred Grasett, of Toronto, is spending a holiday in Metis.

Dr. I. H. Cameron, of Toronto, sailed for England, July 7th.

Dr. John B. Gullen, of Toronto, left for Europe, July 10th.

Dr. Thos. G. Roddick, of Montreal, sailed for England, July 12th.

Dr. W. A. D. Montgomery, of Chicago, visited Toronto, July 17th.

Dr. Ivan Senkler (Tor. '91), of Vancouver, visited Toronto in June.

Dr. J. Herbert Austin, of Brampton, has settled in El Paso, Texas.

Dr. Allen Baines, of Toronto, registered at the Canadian Commissioner's Office, London, July 23rd.

Dr. W. C. Barber, Mimico Asylum for Insane, left Toronto, July 7th, for a three weeks' sojourn in Algonquin Park.

Dr. James H. Cotton, of Spadina Avenue, Toronto, has returned to his home after spending a few weeks in Baltimore and New York.

Dr. A. B. Welford, of Woodstock, has left for a trip to the Pacific Coast. Dr. C. W. Brand has charge of his practice during his absence.

Dr. J. Arthur Sutherland, of Dawson City, is enjoying a holiday with his many friends in Toronto. He returns to the Yukon about Sept. 1st.

Dr. R. J. Dwyer, of Toronto, after spending a few weeks in Baltimore, sailed for Europe, July 18th. He will continue his post-graduate work in Germany and England.

After Dr. G. U. Fish resigned his position as resident physician of the Home for Incurables he was presented with a gold-headed cane, silver-mounted umbrella, and ebony backed hat brush by the members of the staff.

Dr. J. F. Dickson, (Tor. '80) of Portland, Oregon, has undergone a successful operation for appendicitis at the Toronto General Hospital. His old friends were greatly pleased to see him, but regret the occasion of his stay in the hospital.

Dr. James Third, has resigned his position as Superintendent of the Kingston General Hospital. We don't know at present whether a successor to Dr. Third has been appointed, but we understand that Dr. Herald is likely to get the position.

Drs. Sheppard, Schmidt, Spence, Turnbull, Stuart and Weir of the resident staff of Toronto General Hospital, 1899-00, left Toronto June 30th for North Bay, and spent three weeks on a canoeing expedition in the neighborhood of Lake Nipissing. They returned to Toronto July 23rd.

Dr. Montizambert, of Ottawa, left July 24th for Dawson City, to investigate an outbreak of smallpox. It is said that the disease was imported from Cape Nome, and that there were three patients. While in the Yukon he will examine the health regulations adopted by the Council, and report to the Dominion Government. He will also inspect the quarantine stations at Victoria, Vancouver, and along the southern boundary line.

PRISON REFORM.—Dr. A. M. Rosebrugh has returned from New York, where he has been spending a week in connection with the work of prison reform, the treatment of inebriates, and in the interests of the Canadian Conference of Charities and Correction. He has been fortunate in securing the co-operation of the Executive Committee of that body in his efforts to secure the attendance of the members of the National Prison Congress, which meets in annual session at Cleveland, Ohio, September 16th to 26th, just previous to the meeting of the Canadian Conference of Charities and Correction. The latter meets in Toronto on September 27th and 28th.

Obituary.

JOHN H. PARSONS, M.D.

DR. PARSONS died after a prolonged illness, partly produced by injuries received some years ago when he was thrown from a carriage. He was born at Newcastle, Ont., in 1846. He graduated, M.D., Victoria, in 1871. After receiving his degree he spent some time in Vienna and London, and was at one time assistant to Dr. Morell Mackenzie of London.

Book Reviews.

Diseases of the Nose and Throat. By J. PRICE-BROWN, M.B., etc., etc., Toronto.

Below we give a few excerpts from reviews of the above mentioned work, which have appeared in recent issues of medical journals in United States and Canada. This volume as we have noted before is published by the F. A. Davis Co., Philadelphia, royal octavo, 470 pages, bound in extra cloth, price \$3.50.

"The descriptions of the various rhinal, pharyngeal, and laryngeal diseases are given in a lucid and attractive style. The work is handsomely printed and deserves a large sale."—*Canadian Journal of Medicine and Surgery*.

"The style of the author is clear, condensed, direct and expressive, and the work is written in readable and enjoyable English. One noticeable feature is that the author has given just as much time, attention, and space, to the consideration of one disease as another, thus sparing the reader an overdiscussion of one condition, to be annoyed by the scant consideration of another."—*Charlotte Medical Journal*, Charlotte, N.C.

"In this rushing age, when a thousand and one things demand the attention of the busy practitioner, any work of this kind to be of real use must be terse and to the point. This book meets this requirement better than any work that we have seen. The book is clearly written and the price is so low that it is within the reach of all practitioners and students."—*American Medical Compend*, Toledo, Ohio.

"The illustrations of which there are 159 are to be commended for their clearness and beauty. The colored plates made from frozen sections are very accurate and instructive from an anatomical point of view. In this work the busy physician will find a clear but a succinct exposition of the present knowledge of the diseases of the nose and throat."—*Georgia Journal of Medicine and Surgery*, Savannah, Ga.

"The work is a plain, practical statement of the conditions ordinarily met with, with particular reference to their symptomology and treatment. As such it cannot fail to be of great assistance to the general practitioner, who will be helped over many hard places through its teachings. The illustrations are excellent and ample, and the publishers' work most satisfactory."—*Harper Hospital Bulletin*, Detroit.

"This important book has been prepared particularly for the assistance and guidance of practitioners who cannot send all their patients to the specialist of acknowledged skill. The

book is freely illustrated with clear plates, the colored and Indian ink illustrations deserving special mention. Altogether we regard the production as a worthy addition to the many volumes already presented to the medical public on this subject."—*Canada Medical Record*, Montreal.

"This book is to the general practitioner what Bishop's book on the ear is, something to have and read, secure that such of the special work as he must do, or wishes to do, will be done intelligently and in modern ways. We refer especially to the clearness and intelligibility of the text, which does not require the experience of the specialist to comprehend."—*The Alkaloidal Clinic*, Chicago.

"It has been a sincere pleasure to peruse this volume, the first to issue from a Canadian writer in connections with diseases of the nose and throat. The author has given us a record of his own experience and the results of his observations, and therefore, has made a distinct contribution to the medical science. He is to be commended, in that he has avoided padding his volume with long histories of cases, or with long extracts from other writers, and has succeeded in making his descriptions of the various diseases brief and yet comprehensive and perfectly clear. To the student principally this is of great value."—*Canada Lancet*, Toronto.

"No modern work on diseases of the nose and throat has been published so adapted to the wants, both of the specialist and general practitioner as this. The author, for a long time engaged in general practice, deals with his subjects in a broad-minded, scientific manner. In each disease is given in order, the pathology etiology, symptomology, diagnosis, prognosis and treatment. The illustrations are admirable."—*Medical Sentinel*, Portland, Oregon.

"With a ripe experience of general practice preceding his special work in laryngology, the author is eminently qualified to present the results of his work. We are impressed with the simplicity of arrangement, terse description and practicability of this book. The illustrations are unusually clear and well selected, and the series of five full-page colored plates of frozen sections of the head deserve special commendation. Among recent works in this field, this volume should be given prominent consideration, and both author and publisher are deserving of much commendation in the production of the book."—*Laryngoscope*, St. Louis, Mo.

"It was with more than ordinary interest that we took up this book for review, particularly as the author is a Canadian practitioner. It is pleasing to note that the author, who has just launched his writings before a critical profession, is a man who had been long in active practice before engaging in special

work. On this account the teachings of Price-Brown ought to be read with more than ordinary interest. His book is written more particularly for the general practitioner, and therefore fills up a gap heretofore unoccupied to any great extent."—*Maritime Medical News*, Halifax, N.S.

"In this work the author has afforded the general practitioner a good guide to assist him in the treatment of diseases of the nose and throat: and offered him that aid to a knowledge in which he acknowledges himself deficient. Having been engaged in the general practice of medicine for twenty years, and in special practice for ten years, he has fully appreciated the needs and wants of the physician unacquainted with diseases of the nose and throat, and he has certainly filled this hiatus in the book before us. The illustrations are numerous and well made, and their selection has been very judicious."—*St. Louis Medical and Surgical Journal*, St. Louis, Mo.

"It is a compact work well adapted to the needs of the undergraduate and of the general practitioner. There is an excellent description of the anatomy of the nose and throat, in which the illustrations are largely taken from other writers; but included in the text are a number of colored plates taken from frozen sections in the Primrose Anatomical Museum of Toronto. There is an excellent description of the different instruments employed in nose and throat operations, and an absence of the rare and more complicated operations which frequently fill the pages of text-books of the nose and throat, and which are of doubtful value to the general practitioner and student."—*Medicine: A Monthly Journal of Medicine and Surgery*, Chicago.

"In a review of this work, one is impressed with the interesting way in which the author has so completely dealt with his subject. His treatment both medicinal and surgical is, in every instance of the most approved form and that which is generally recognized and practised by most of our own advanced workers in this branch of medicine and surgery, there being however, many original therapeutic hints of undoubted value. The text is clear, the illustrations are instructive and artistic, and the literary tone is of the highest character. The book should be received kindly by the profession at large (for whom the author especially intends it) and enthusiastically by those who have a selective interest in this branch of Medico-surgical science."—*Annals of Surgery*, Philadelphia, Pa.

Injuries to the Eye in their Medico-Legal Aspect. By S. BAUDRY, M.D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by ALFRED JAMES OSTHEIMER, JR., M.D., of Philadelphia, Pa. Revised and Edited by CHARLES A. OLIVER, A.M.,

M.D. Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by CHARLES SINKLER, ESQ., Member of the Philadelphia Bar. 5 $\frac{3}{4}$ x 7 $\frac{1}{2}$ inches. Pages, x-161. Extra Cloth, \$1.00, net. THE F. A. DAVIS CO., PUBLISHERS, 1914-16 CHERRY ST., PHILADELPHIA, PA.

Although not a large work, this is a very valuable one. The accomplished Author and Editor have placed before us the results of their wide experience in this field. The various injuries, first of the external parts, then of the eye-ball itself, are considered in regular order. Every portion of the book is written from a medico-legal standpoint, therefore prognosis comes in for special attention. The chapter on malingering is excellent, but it would have added to the value of the work had a more complete notice of the neuroses of Hystero-traumatic origin been included.

The concluding chapter, on "Expert Evidence," will be of value to all who have to do with the courts of law. The book as a whole is of so much merit that the progressive ophthalmologist can not afford to be without it.

The Treatment of Fractures. By CHARLES LOCKE SCUDDER, M.D., Surgeon to the Massachusetts General Hospital, Out-Patient Department. Assistant in Clinical and Operative Surgery in the Harvard Medical School. Assisted by FREDERIC J. COTTON, M.D., with 585 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. Canadian Agents: J. A. Carveth & Co., Toronto, Ont.

We have before us a most useful book on fractures by Dr. Scudder, of Boston, in which the subject of fractures is dealt with in a most classical manner, and the different fractures illustrated as we have never seen them illustrated before. It would be invidious to name any particular chapter in the work because they are each of uniform excellence. The illustrations are all peculiar to this work; they are made from all points of view, many of which we have never seen before. The application of dressings and the position in which fractures should be examined for diagnosis, are illustrated so accurately that nobody should fall into error as to the kind of fracture he has nor the best methods of diagnosis and treatment if he has this work before him. The whole subject of fractures is gone into very fully, and the comparisons between the normal condition

and the injured one are made side by side, so that one is able to refer to the normal condition without having to turn up a text-book on Anatomy. There is nothing dogmatic about the work, but everything is stated tersely, and without any uncertain meaning. The chapter on X-rays is written by Dr. Codman, who has had a great deal of experience in this field, and illustrates beautifully the most practical method of taking X-ray. The concluding paragraph of that chapter puts the case in really the best form that we have seen it, and we therefore quote that paragraph: "This chapter has been mainly devoted to warning of the dangers of the Rontgen ray, and may in a measure discourage practitioners from its use. It should be stated, however, that when the limits of error are kept clearly in mind, the actual value of the discovery to surgical science is very great. When there is doubt of the detailed diagnosis of a fracture, no physician has done his full duty by his patient if he can command skiagraphic examination and has not used it. This is particularly true in medicolegal cases where there is a question of liability."

We would strongly recommend this work to the general practitioner and believe that he has in it alone a work that will tide him through any emergency in the treatment of fractures. The paper, press work and binding are of a most excellent quality.

The eccentricities of the index-maker are sometimes almost as amusing as the vagaries of the printer's "devil." The following, even if it be not new, is good enough to be repeated: A learned clerk of Oxenford, who was interested in the subject of the Immaculate Conception, wished to consult a rare work on that theological dogma, which he had been told was in the library of a certain college. The catalogue, however, gave no clue, and, after exhausting his ingenuity in the matter of possible entries, the divine was driven to apply to the custodian, who, with the weary smile of one who has had long experience of human stupidity, at once directed him to the subject heading "Obstetric Anomalies," where, sure enough, the elusive tractate was found:—*The Practitioner*.

A NEW LITERARY DRINK.

One tumbler of Byron's rhetorical splash,
 One dram of Macaulay's heroical dash,
 A smack of old Campbell (for flavoring this is):
 Mix all up together, and drink while it fizzes.
 Can you doubt what the beverage is that you're tipping?
 It's capital, first-rate, in fact, R-dy-rd K-pl-ng.

—*Literary Digest*.

Selections.

ALMA MATER.

The following lines composed for the occasion by Prof. Maurice Hutton, were sung by the alumni of the university at their banquet, June 12th, air, the Austrian national anthem :—

Nos Alumni Canadenses
Alma Mater te tua
Salutamus pietate,
Tua reverentia.

Ab utroque procedentes
Dispari oceano,
Unum hic potamus fontem,
Pari omnes studio.

Nova Scotia hos. illosque
Misit huc Columbia
Britannorum : plurimosque
Ipsa haec provincia.

Utque hoc sub sole sumus
Stirpis dissimillimae,
Sic sub altero debemur
Multiformi patriae.

Sed seu vigor Anglicanus,
Seu sales Hibernici,
Sive lepos Gallicanus,
Seu fervores Scotici.

Quicquid nos accendit horum
In quicquid juravimus,
Sen sit leo Britannorum,
Sive gallus Gallicus.

Seu pro signo mitiori,
Citharam Hiberniae,
Carduumve Scotiorum,
Liliumve Galliae.

Omnes certe sacramento
“ Frons Acerna ” adigit :
“ Velut arbor. ” aiunt, “ aervo ”
Carius in diem fit.

Omnis certe Canadensis,
Unus ardor omnium,
Schola haec Torontonensis
Canadae Dominium.

Age dic “ Torontonensis ”
“ Vivat Universitas, ”
“ Vivat aequae Canadensis ”
“ Ante omnes civitas. ”