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EDITED BY

Medicine: Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross, Wm. D. Young.

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Dominion Medical Monthly

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Original Articles

OLD DOC'S CHRISTMAS

BY A. C. E.

Seated before a box-stove fire, in a round yellow armchair, of which his waiting-room contained two, and three black ones, like those usually found in the sitting-rooms of country inns, old Doc Lampard smoked his long, straight brierwood and gazed vacantly at the glowing coals intermittently dropping below the damper. It was Christmas Eve.

His right arm lay on a large oblong table once stained brown, as could be seen from the few stray patches covering its legs. Some old medical books, a few scientific journals mostly with their wrappers still on, an inkstand and pen, blue, yellow and red advertisement blotters, samples of pharmaceuticals left by the ubiquitous detail man, littered the table. By his side rested a letter-sized epistle only just laid down.

The table, which was of unusual size, occupied the space against the north wall and part of the east, the latter being all window and front door which led out onto a wide verandah. A step or two below this ran the village sidewalk, mixed ashes and gravel, now covered deep with snow.

A lamp was burning on the table, exhibiting his license to practise and diploma or "sheepskin" hanging on the wall above; and save for a big brown earthenware cuspidor, there was nothing else in the room.

The floor was bare and embossed with knots, the result of the

heavy soles of the neighboring farmers' and villagers' cowhide boots and shoes. The lower half of the window was frosted, so that any one on the verandah could see all within at a glance, but could not be seen by the old Aesculapian, unless he arose from his chair.

Through the south wall there led a door into the dispensing room; through the west, one into the library and consulting room; off this a bedroom, and a rear hallway to a door and walk leading to his private residence.

Only a few yards away was the residence, large and commodious, well-furnished, comfortable. He had not occupied it that winter, preferring to make his home in the office building.

His wife had been long dead; his only daughter, married, and bringing up a family of her own in a large city several hundred miles away. He had returned in the early fall after spending the summer with this daughter and her family at their summer home on the St. Lawrence. His three sons, grown to manhood, were in prominent positions in the Canadian west, hundreds of miles from their father's hearthstone. The eldest, John, was married, and possessed two fine, sturdy boys of eight and ten years. Will and David were still single.

When he had gone away in the spring his housekeeper had married a widowed farmer living at the edge of the village. He had not the heart to bring in a stranger. He lived the lonely life of a bachelor.

Seventy winters had frosted his long beard. His hair was gone on the top; it was white at the edges. The moustache was gray, approaching white, except for an amber-colored patch on the right side. He had been all his student and professional life a slavish disciple of the goddess Nicotine.

Like his wife and family, Doctor Lampard's practice was gone; but he knew he might have a home with either his daughter or his eldest son, John. The fear of jealousy arising between the two families, the fear that he might be in the way, the fear of being a burden possessed him. Like all old men he had this strange senile psychosis.

For over forty years, Old Doc, as he was lovingly and not disrespectfully called by his patients, had practised in the village of Twillingate. He had for all those years, through wind and sleet, rain and shine, mud and snowdrifts, bitter cold and sultry heat, day and night, Sunday, holiday and every day administered to their bodily wants. He had outpatienceed his patients. His

fame even in one disease, diphtheria, had travelled beyond the confines of his own territory, and often he had long drives for consultations with brother practitioners.

And now his horses and road outfit were gone—sold. He had no further use for them. Not but what he thought he was just as good a practitioner as he ever was, but the people, while they loved him, took pity on him in his old age and loneliness. They said: "Old Doc has made his fortune. Let him rest in peace in his old age. Let him enjoy the evening of life."

But little the people or his patients knew of his affairs. He had never kept any books—hadn't the time; had never sent out any bills—wouldn't bother; had just taken money when it was given him or when he needed it had asked for it; or oats, hay, potatoes, wood, chickens, eggs, a quarter of beef or a dressed hog.

Then a young doctor with a bent for surgery had established himself five years ago in the neighboring village two miles away. People disliked getting Old Doc out of his bed, nights, and drove by to the younger man.

It soon began to be the same when the days were stormy, or cold, or rainy. There were long drives. It was not right to ask an old man to do all this heavy work, especially as he had had his day. He was rich. And then they loved him. They were saving of him.

So Doc Lampard's practice had all drifted away from him and he only had a few of the poorer families in the village who required his services. They had no money—nothing; never had any. What else could they do? What else could he do? Rest. Sleep, smoke and eat.

Still Old Doc was not happy, even though he enjoyed the respect and love of all. He pined for his own boys and his little daughter again. If he only had them all around him once more, and their little ones, he thought he could be happy and contented and die peacefully.

As he sat and smoked, gazing into the fire, ever and anon taking his snow-white beard in his left hand at the chin and drawing his head back as he caressed its entire length, fond thoughts passed through his mind, fond thoughts of bygone Christmas eves—Christmas eves, when he would bring home in his cutter late at night, a little spruce or pine tree cut from some swamp by the roadside as he returned from a call. And then he would go over year after year, how and with what his wife and he had lovingly decorated and equipped it. By and by his boys had grown to man-

hood, away doing for themselves, and then there were joyful home-comings at Christmas times.

Then there came the time when Edith had married and been taken to her own home in the big city four hundred miles away. John, too, soon afterwards—the first break in Christmas home-coming. Will and David had come only once since that, but it was so unlike the old home-comings. Then the mother had died suddenly, and they had not been home for five years now.

Rousing himself from his reverie, he got up and stood at the side of the table, looking out of the window into the night. Standing with his face close to the window, he could see the snow falling gently, great large flakes of feathery down, a short stretch of roadway, and the village cobbler's cottage beyond in its little garden enclosure. It was now nine. Suddenly the light went out in a small window in the cottage. The village shoemaker and his family had retired for the night.

He heard the sound of the merry jingle of sleigh bells coming up the road from the direction of the lower end of the village. His heart almost stood still as he turned his eyes down that way. A fond longing was in his bosom. A sleigh load of happy young people dashed into his range of vision and sped by on its way to a surprise party, all waving their hands at him and shouting, "Merry Christmas, Doc!"

He waved his hand back to them as they darted out of sight.

"Well, I guess I'll fix up the fire and go away to bed myself," he sighed, "but I do wish one of the boys had come home."

He turned and his eye caught the letter lying open on the table. He put down his pipe, took out his spectacles, replaced the case in the upper right hand pocket of his waistcoat, drew out his handkerchief and wiped both lenses, adjusted them to his eyes, took up the letter and began to read it as he had done before a half dozen times that evening, after getting it from the post office in the afternoon, when the stage brought the mail in from the neighboring town twelve miles distant.

It was from his daughter Edith, warmly pressing him to come and spend the Christmas holidays with them, as her husband could not leave his business on account of his clerks going away for the holidays. But the letter written a week before had been delayed in transmission, probably owing to the heavy Christmas mails. He might have gone, but it was too late now. There would be no train, and even if there had been he would have been loth to ask any one to drive him to the stage town on Christmas eve.

As he lay down his glasses and the letter to reach for the poker to stir the fire and put more wood on for the night, he heard a heavy stamping of feet on the verandah. Quickly he raised himself, turning at the same time and still holding the poker in his hand, an eager, expectant look fastened on the door as it swung open.

"Merry Christmas, Doc!" cheerily called out James Walker, the farmer who had married his housekeeper the previous spring, as he walked in and closed the door, still continuing stamping the snow from his feet and shaking it from his big gray ulster.

"My, Jim, you scared me! I must be getting old and nervous when a sudden call like this will so upset me. Pull a chair up to the fire! I was just going to fix it up and go to bed," and he began hurriedly to poke the fire and put a couple of fresh sticks in the stove. "Have a pipe?"

James Walker took the proffered pipe which Old Doc reached from a drawer in the table, pulled up an arm-chair and stretched his feet under the side of the box-stove.

"Any of the boys coming home for Christmas?" was his first question.

"No, I guess not. Not that I've heard of," a little slowly and sorrowfully. "There wouldn't be much Christmas here now if they did."

"Doc, you ought to go and live with your daughter or with John. The neighbors are all talking about you. This is no place for an old man like you to be living all alone. Some thief will come along some night and rob you, and maybe worse, murder you for your money," and the farmer, his pipe gone out, drew another match across the stove.

"Humph! They'd get a lot," mumbled the old man under his beard, answering the latter admonition and ignoring the first.

"Well, that's what they're saying, anyway, and they think it, too, Doc," proceeded the farmer. "They say it is not right of you to stay on here, much as we all like to have you with us, and not right of your family to let you live on here alone, with all your money in the house, too."

"Money! Who says I have money?" placing his hands on the arms of his chair and bending forward, looking straight into the farmer's eyes.

"Why, everybody. It's well known you're a rich man; and the neighbors all think you keep a lot of it with you."

"The people all think I'm a rich man and that I keep a lot of it with me," slowly repeated the old man, as he settled down into his chair again.

Then there was silence for a few moments, nothing but the draft in the stove and the quiet puffs from the pipes breaking the stillness as Doc Lampard reviewed his professional life—no books, no accounts, hardly ever a dun.

"They all love you, Doc," began James Walker again, "and they don't like to see you living all alone like this."

"They all love me!" sighed the old doctor in reply, and then he relapsed into silence again, gazing at the little coals and sparks dropping, dropping, dropping.

* * * * *

It was a merry and joyous party gathered in the parlor of the leading hotel of the stage town of Twillingate village. There were Edith and her husband and three sweet girls of six, eight and ten years. Will was there, and David.

"Won't grand-dad have a jolly surprise party?" confidently whispered the eldest girl to her Uncle John.

"We'll all have a jolly party," exclaimed John, with an extra fond hug.

"I've got a surprise party all my own, Edith," broke in Will. "I'm going to be married in January to the sweetest girl in all the West," and before Edith could embrace and kiss her good wishes, David broke in with: "No, you haven't got the sweetest girl—I've got her. Ours is in February."

"Hurrah!" cried John's two boys, "two more aunties," while their mother gently reproved them for their boisterous hilarity.

"Here are the sleighs!" called Edith's husband, poking his head in at the parlor door. He had made arrangements to get away at the last minute after Edith had got the wire the day before from John that they were all on their way east to spend Christmas with grand-dad, and as grand-dad had not answered her letter or come himself in response to her invitation, they had taken the seven o'clock morning express, first despatching a message to him apprising him of their visit. But the telegram had arrived too late for the stage, and there was no one to take it out to Old Doc.

"Now, have we got everything: turkey, chickens, cake, pudding, nuts, candy, oranges, bananas, raisins, grapes, bread, butter, eggs, tea, sugar, salt, pepper, because you know dad has been 'baching' it these three months and will not have much in the way

of eatables in the house?" and John went over the list for the sixth time.

"Yes," laughed Edith, "and I've got bacon, canned goods, potatoes, celery, milk, cranberries and a whole lot of things, besides the case of pipes and the slippers."

"Tobacco?" called back Will as he was going out first with his arms full of parcels.

"Yes, Will, and tobacco," and she indicated with a nod a red tin she was carrying in her arms.

"Come on, then; let's hurry! It's going to eight, and we have twelve miles to drive," and John took a last hasty look around the parlor to see if anything was being left behind.

* * * * *

James Walker had gone after exacting a half-hearted promise from Old Doc to come and have Christmas dinner at his home. That was why his wife, Mary, had sent him to the doctor's office that night.

Old Doc still sat on dozing, awakening every little while as some cutter or sleigh sped by, then gazing into the fire. He seemed unconcerned now. His bed was forgotten. He was living his Christmas eves over again.

Now two faces are looking in at him over the frosted panes; two faces he loves well, John and Will, who had left the sleighs at the lower end of the village. They had got Edith's telegram at the hotel in town and so knew that it would be a surprise to the old man to see them all, and they didn't want it to be too sudden. There was a glad light in their eyes as they took in the bent form, the well-remembered head, the shiny crown, the snow-white hair and beard.

"John," whispered Will, "you must take him home with you!"

"I would, gladly, but Edith says she's going to have him for good and sure this time, and I guess that will be for the best. Come!" and he took Will quietly by the arm and softly opened the door.

"Merry Christmas, dad!" and both were upon him, their arms around him.

"John—Will! Oh! This is too good," as he arose tremulously and put an arm around the shoulders of each.

Sleigh bells came jingling, quivering. Youngsters' lusty throats were calling heartily. There was a rough and tumble scramble to see who would be out first and in to see grand-dad.

"We're all here, dad—all the kids and Henry and Edith, and David, too," and John placed an arm around him as Edith hastened to her father's embrace.

"Well," he chuckled, "I guess Old Doc is going to have a Christmas after all."

THE CLINICAL FEATURES AND TREATMENT OF ACUTE PERFORATING GASTRIC AND DUODENAL ULCER

BY ELLSWORTH ELIOT, JR., M.D., OF NEW YORK.
Surgeon to the Presbyterian Hospital.

A most interesting paper on this subject is begun in the April number of "*Annals of Surgery*." One could wish that space would permit the reproduction of the entire paper; but failing that, an attempt will be made to single out the salient points, at least, of this comprehensive discussion. Free quotation will be made from the original article.

SYMPTOMS.—Dr. Eliot says, "the perforation is usually preceded by a more or less well-defined history of gastric disturbance, which in many instances does not differ materially from that of a chronic dyspepsia; exceptionally the perforation may occur without the slightest premonition at any time of day or night in a patient who, up to that time, has enjoyed perfect health. The onset of the perforation is marked by severe pain. This is undoubtedly the most constant subjective symptom."

Character of pain is mostly knife-like, epigastric in location and is frequently borne by the patient only with the greatest difficulty. "The pain is usually increased by inspiration, by turning from one side to the other, or by raising the body, unassisted by the elbows, to a sitting posture, and possibly by the flexion of one or both thighs."

"Vomiting, although by no means constant, is, next to pain, the most important subjective symptom." It occurs in from half to two-thirds of all cases of acute perforation, shortly after the advent of the pain, and may recur with increasing frequency as the peritonitis becomes further advanced. The character and quantity of the vomitus naturally vary according to the nature and amount of stomach contents at the time of the perforation. If stomach be quite empty at the time of perforation, vomitus will

consist chiefly of bile and mucus. "Blood in any considerable quantity is at all times a rare constituent." Vomiting is more common in duodenal than gastric perforation, for in this latter condition the physiological act of vomiting is, of necessity, materially modified by the fact that even with but slight expulsive effort the gastric contents escape more easily downward through the perforation into the peritoneal cavity, than upward through the esophagus; whereas in perforation of the duodenum the stomach wall is intact, and the mechanism of vomiting, in consequence is undisturbed.

"Shock, with its associated symptoms, is certainly the exception in both gastric and duodenal perforations. . . . It is essential to emphasize this fact, for the opposite view, frequently held by different authors, leads to erroneous diagnosis and to dangerous, if not fatal delay in operation. For similar reasons it is well, in this connection, to emphasize the fact that shock, when present, is no contraindication to immediate operation."

The objective symptoms embrace changes in character of respiration, (being mostly thoracic), the presence of tenderness, and muscular resistance, together with dullness in either the left or right flank. Of these, muscular resistance is regarded by Dr. Eliot as the most constant and most valuable objective symptom, and in its point of maximum intensity the most reliable guide to the site of the lesion.

DIAGNOSIS.—The condition with which it is most frequently confused is acute appendicitis. In gastro-duodenal perforation the onset of pain is more sudden, while its location is more definitely epigastric. In the early hours after the onset of either lesion the diagnosis should be easily made by the difference in the physical signs; while in perforation the tenderness and rigidity are most marked above the level of the navel to the right (duodenal or pyloric) or to the left of the median line (cardia), according to its location, in acute appendicitis the tenderness and rigidity are most marked in the right lower quadrant. In perforation the dullness is elicited in either the right or left loin, while in appendicitis it is more tardy in its appearance, and is located at first between the anterior superior spine and the umbilicus.

"The lesions in the upper right quadrant for which acute perforation may be mistaken, include those of the gall-bladder, the pancreas, and the appendix.

. . . . Severe acute cholecystitis, especially of the gangrenous type, with or without perforation, may simulate acute perforation at or near the pylorus, so closely as to render differential diagnosis well nigh impossible. . . . In perforation the pain

is usually nearer the mid-line than in acute cholecystitis, although exceptions to this rule are numerous. . . . The differential diagnosis between perforating ulcer and acute pancreatitis may be much more difficult than between perforation and either appendicitis or cholecystitis. . . . Occasional obstipation, together with vomiting, may suggest intestinal obstruction."

Dr. Eliot goes on to say:—"The consideration of the differential diagnosis of perforating ulcer could not be passed over without emphasizing one final important point, that no matter what the condition which may simulate a perforation, immediate operation is just as necessary and delay may be just as dangerous as if a perforation actually existed. In other words, that any lesion of which the subjective and objective symptoms simulate perforation, should be immediately referred to the surgeon, and that delay for any reason can only be prejudicial to the patient's interest, and is therefore entirely unjustifiable."

It is also to be borne in mind that . . . "ulcers in which perforation may occur are single or multiple; in the latter event ulcers may be found simultaneously in the stomach and duodenum." . . . "The ease with which multiple perforations are overlooked emphasizes the necessity of a rapid, but careful search of both sides of the stomach before the abdominal wall is closed."

TREATMENT.—The treatment of perforation is exclusively surgical, and consists in the closure of the perforation, with or without a partial or complete excision of the ulcer proper. Simple suture of a perforation seems to be followed by as complete a cure of the affected ulcer as is accomplished by its excision. It should be borne in mind that excision can in no way remove the cause of ulceration—whatever that may be—and that after successful excision, through the formation of new ulcers the patient may be again subjected to the risk of perforation, hemorrhage, or any other serious complication.

Dr. Eliot goes very fully into the subject of drainage, and the toilet of the peritoneal cavity. He considers the most efficient drain is a soft rubber tube with a gauze strip inside. The gauze should not fill the entire lumen. Any form of suction attached to a drain improves its efficiency. He considers that gastro-enterostomy probably diminishes the danger of the perforation of co-existing ulcers by facilitating the passage of the gastric contents into the intestine. It is the general custom to give small quantities of food by the mouth as early as 15 to 20 hours after operation, and if tolerated, this amount is rapidly increased.

WHY NOT HOLD THESE CASES?

BY G. R. WILLIAMS, M.D., PARIS, ILLINOIS,

Author of "Laboratory Methods, with Special Reference to the Needs of the General Practitioner," "Surprises, Delights, and Curiosities Met in Medical Laboratory Work," etc., etc.

Specialism is, within certain limitations, a necessary phase of medicine, but when carried to the extreme, aims at the ruin of the country practitioner. No better is this shown than in the tendency on the part of the latter to refer his patients to the hospital physician for a diagnosis by modern methods, after which he rarely ever sees these people again, or, when they return, hold a less exalted opinion of him. The word spreads around the neighborhood that he is a fogley, and the loss is great.

How much better it would be if samples of urine, pus, etc., were submitted to a medical expert and an opinion asked. And yet it would be best of all if the practitioner would inform himself upon the more simple analytical methods and apply these in his own office and send away such samples as lack of time, experience and equipment rendered impossible of completion. I am speaking only from the standpoint of the practitioner, being, as I am, one of the ninety-five per cent. of our profession located in towns where the family doctor serves the needs of the people.

Surely the family doctor cannot shut his eyes much longer to the fact that the laboratory methods threaten his very future if he does not properly inform himself in these. Our younger men are coming into our communities trained in these things and are able to convince the people that they are best fitted to do their medical work.

An ulcer which is refractory to all methods of treatment which you can devise is finally released by you to the larger hospital. It heals so quickly that you are astonished and chagrined. Still, with a twenty-five cent bottle of drawing ink you could have found the germs of syphilis and administered the salvarsan. The man with "nephritis," whom you have given up to die, returns to tell all his friends concerning the wonderful methods they use in town, when with but a simple staining process you might have seen the parasites in the blood which were causing the cachexia. One case of "dyspepsia" is given a blood count and a rotting appendix removed. The sputum of another is examined and a radical but scientific change made in the treatment. And so it goes down the line, these men doing just what you could have done.

Many of those analytical procedures introduced during the past few years have proven worthless. But it is just as well to realize that certain others have stood the test and have proven priceless to the man who desires to diagnose best and treat best his patients.

There is a feeling among many of the older practitioners that the field of laboratory work is for them an impossible field. This is not correct. For the really valuable test may be easily carried out by the ordinary practitioner with but little study, which he will find absorbing; with but little expense, which will prove a good investment for the future, and with very little trouble or loss of time, which will more than repay for the slight effort he will put forth.

Where do you stand? If the ink on your diploma dried many years ago, it is not even yet too late to insure your future. Even though you may never have looked through a microscope nor held a test tube in your hand, it is easy for you to learn. Purchase some of the more valuable and inexpensive bits of apparatus and the smaller and more practical guides, and you will have no trouble. Many others, even the older men, are doing this and are becoming enthusiastic in the work. I have carried on a large correspondence with men who are fitting themselves in this line of work, and am always willing to answer questions, providing return postage is always enclosed. I have demonstrated that the little laboratory in the physician's office is just as reliable as the one with marble walls and mahogany desks or nickel-plated apparatus. Though asphalt pavements do not lead to success, the feeble rays of a tiny lantern may illuminate many a stone which would otherwise stub the toe. Step by step one goes a long way. Avoid the big books intended for the student and research worker and the encyclopedia with its countless embroidered descriptions, where much whittling of the bark would be necessary to reach the pith.

Secure the simple but necessary apparatus. Start your work not by idle reading, but by carrying out the tests, and soon you will marvel at your progress. Stick to it. It will pay you. It will save you. Your neighbor's "bosh" will be but as the kick of the ass and will not kill. Do not have the temerity to kick against the pricks.

Save your patients and your future. To-morrow the whole world will be awake. To-morrow, just as you are in the prime of your practice, do you wish to be shelved as incapable? It is in your journals and your books. Short talks with your colleagues will drive home the truth. Do not eat and do not sleep until you have made the start.

Proceedings of Societies

THE MUSEUM AT THE SEVENTEENTH INTERNATIONAL MEDICAL CONGRESS, 1913

A committee, with Prof. A. Keith, of the Royal College of Surgeons, as chairman, has been formed for the purpose of organizing a museum in connection with the Seventeenth International Congress of Medicine, London, 1913. The arrangements have been entrusted entirely to this committee, and it has been invested with the power of acceptance or refusal of any offered exhibit.

It has been recognized that the collection of material illustrative of recent advances in medical science in one centre possesses obvious advantages over the plan of leaving each section to collect and house the specimens and other material required by the readers of papers for their communications, separately. A central museum offers to a large number of members of the Congress an opportunity of studying these advances from the available material, and this study is enhanced by the co-ordination of the various departments.

The committee has drawn up regulations which shall govern the museum and is following a plan of procedure. The museum will consist of exhibits illustrating the subjects which will be discussed in the various sections and such other material as the committee may deem of interest or importance. The specimens will embrace the scientific side of medicine, to the exclusion of a commercial element. Excellent accommodation has been secured for the purpose at the Imperial College of Science, South Kensington, and the museum will be arranged in this place as far as is possible in correspondence with the sections of the Congress. The co-operation of the officers of each section has been obtained, in order that the collections may be worthy of the occasion. It has further been decided that inasmuch as the meeting is to take place in London, and as the visitors will doubtless desire to inspect the metropolitan hospitals and other great institutions, material will not be collected from the museums of the metropolis. The committee is, therefore, seeking exhibits from provincial and foreign institutions and from private collections.

Medical practitioners and scientists who are willing to place at the disposal of the committee material illustrative of recent

advances in any branch of medical science are requested to communicate with the Hon. Secretary of the Museum Committee (H. W. Armit, Ravenhurst, Talbot Road, Wembley).

The committee is prepared to defray the expense of transit of the exhibits and to insure them against damage and loss, and will take every precaution to return them in good condition to their respective owners.

Exhibitors will be invited to hold demonstrations in the museum on their own specimens.

It may further be pointed out that permission has been obtained from the Council of the Congress to keep the museum open for a few days after the Congress has ended, if it be found desirable to do so.

PRELIMINARY LIST OF SUBJECTS TO BE INCLUDED IN THE MUSEUM
OF THE SEVENTEENTH INTERNATIONAL CONGRESS OF
MEDICINE.

1. *Anatomy*—Dissections. Macroscopical and microscopical specimens.
2. *Physiology*—New forms of apparatus (to be shown by physiologists only). Records of recent observations. Anatomical specimens, with especial reference to reciprocal innervation.
3. *General Pathology*—Muscular system of the heart. Grafting of normal tissues. The pathology of shock.
- 3a. *Chemical Pathology*—Pathological conditions due to the effect of diet. Clinical application of pathological chemistry. Chemical pathology of the alimentary tract.
4. *Bacteriology*—Cancer. Filter passers. Leprosy. Anaphylaxis.
5. *Pharmacology*—Non-bacterial toxins and antitoxins. The results of thermal treatment.
6. *Medicine*—Chronic arthritis. Heart failure. Diabetes. Hemolysis.
7. *Surgery*—Malignant disease of the large intestine. Tumors of the brain. Intrathoracic surgery. Arterial surgery.
- 7a. *Orthopedics*—Treatment of spastic paralysis. Treatment of scoliosis. Treatment of ankylosis. Treatment of tuberculous disease of joints in childhood.

8. *Obstetrics and Gynecology*—Cancer of the uterus. Hemorrhage from the placental site.
 9. *Ophthalmology*—Chronic uveitis. Glaucoma operations.
 10. *Diseases of Children*—Coli infections of the urinary tract. Effect of the ductless glands on development. Surgical treatment of tuberculosis in childhood. Poliomyelitis and polioencephalitis.
 11. *Neuro-Pathology*—Motor aphasia, anarthric and apraxia. Tumors of the brain. The myopathies. Parasyphilis.
 12. *Psychiatry*—The psychoses of infectious and auto-inoculations.
 13. *Dermatology and Syphilography*—Exhibits of this section will not be included in the general museum.
 14. *Urology*—Early renal and vesical tuberculosis. Malignant disease of the prostate.
 15. *Rhinology and Laryngology*—Neoplasms of the nose, accessory sinuses and naso-pharynx. Rarer forms of laryngeal tumors. Diseases of the trachea and bronchi. Bronchoesophagoscopy.
 16. *Otology*—Exhibits of this section will not be included in the general museum.
 17. *Stomatology*—Periodontal diseases.
 18. *Hygiene and Preventive Medicine*—The mortality of infants during the first four weeks of life. Visual defects in school children. Diseases of the lung due to dust.
 19. *Forensic Medicine*—The forensic aspect of syphilis. The psychology of crime.
 20. *Naval and Military Medicine*—Transport of the wounded in hill warfare. Hospital ships. Water supplies in the field. Antityphoid inoculations. Sanitary organization in the Tropics. Caisson disease.
 21. *Tropical Medicine*—Leishmaniasis. Relapsing fever. Beri-beri. Plague. Tropical diseases of the skin. Filariasis. Worms.
 22. *Radiology*—Technical advances in radiography. Radiographs illustrating diseases of various organs, etc.
- Special Department*—The technique of the museum.

Medicine

GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND,
GEO. W. ROSS, WM. D. YOUNG.

Brill's Disease. (*Med. Rec.*) (*Abst. Interstate Med. Jour.*)

To Dr. N. E. Brill, of New York, belongs the great credit of having isolated from the mass of confusing fevers seen in a large general hospital, a group with uniform and definite findings. This group had been studied by Brill for many years before he felt justified in describing the disease as an undoubted clinical entity; and, in the literature which followed the publication of his articles, the disease became known by his name. As there still seems to be some discussion as to the nature of the malady, we shall keep the name, "Brill's disease."

The definition of the disease is quoted verbatim from Brill's report: "An acute infectious disease of unknown origin and unknown pathology, characterized by a short incubation period (four to five days), a period of continuous fever, accompanied by intense headache, apathy and prostration, a profuse and extensive erythematous maculo-papular eruption, all of about two weeks' duration, whereupon the fever abruptly ceases either by crisis within a few hours, or by rapid lysis within three days, when all symptoms disappear."

Headache is intense, conjunctivæ are congested. About the sixth day a characteristic rash appears. At first found over the abdomen and back, it quickly spreads to the thorax and to the arms and thighs, and occasionally to the neck, forearms, hands, legs and feet. The rash is dull red, very slightly raised, does not disappear on pressure, does not appear in crops, is profuse and is distinctly erythematous. The pulse is not high—86 to 100 per minute, is soft, full, of low tension and often dirotic. The temperature reaches its fastigium on the second or third day, remains constantly high till just before the crisis, when a precritical rise may occur. Constipation is a marked feature of the disease. The spleen is frequently, but not always, enlarged. Associated with intense headache are extreme apathy and a facial expression of great pain. On the twelfth to the fourteenth day the symptoms disappear, the temperature drops, and the patient feels perfectly well.

The average blood count is from 9,000 to 11,000; the average differential count showed 69.4 per cent. polymorphonuclears, and 30.6 lymphocytes. As for the Widal reaction, in not a single case was a positive reaction obtained, even though the test was done daily in most of the cases. Blood cultures were persistently negative, and attempts to isolate a specific micro-organism from feces and urine were also unsuccessful.

In a second report one autopsy is recorded. This showed absolutely none of the characteristic lesions of typhoid fever, and gave no specific picture. The lesions found were the congestion and parenchymatous changes of a severe toxemia.

The clinical similarities between Brill's disease and typhus fever are so striking that Brill says: "In the case of an epidemic of typhus fever, in my opinion, it would be simply impossible to say that these cases were not mild typhus fever. From the clinical aspects no lines of demarcation can be fixed." However, this disease was not virulent, was constantly present in New York, was not communicable; and, until typhus fever was shown to have been so changed by its environment as to have acquired these characteristics, Brill was decidedly of the opinion that his disease must be other than typhus.

About one year later Louria reported 18 cases of the disease from Brooklyn, and his conception of the disease is that it is merely attenuated typhus. Friedman, in the same year, in a critical clinical review of endemic and sporadic cases of typhus in Russia, concludes that these cases and Brill's are absolutely identical, and Cheinisse holds the same opinion regarding some cases he saw in France. Brill, however, in a subsequent note again states that he does not think his disease is typhus fever. The writer of this review has seen cases in Chicago, and is of the opinion that they are typhus fever.

Thus the matter rested on purely clinical grounds until Anderson and Goldberger applied experimental methods to the study. Struck by the clinical similarities between Mexican typhus, which they were investigating, and the disease described by Brill, they attempted monkey inoculations with blood of patients suffering from Brill's disease. Brill had already made unsuccessful efforts to transfer the disease to monkeys, but Anderson and Goldberger succeeded in their attempts. In monkeys successfully inoculated, after an incubation period of five to fourteen days, a rapid rise of temperature ensued, falling by rapid lysis or crisis after about nine days. An eruption was never seen. The disease thus produced in monkeys by inoculating the blood of a human could be transferred

from monkey to monkey, and in one case it has been carried through fifteen generations. Having shown that the Rhesus monkey is susceptible to Brill's disease, Anderson and Goldberger next attempted to study the relationship between this disease and Mexican typhus. In a most striking series of perfectly controlled experiments they demonstrated that monkeys, which had recovered from an inoculation with blood of Brill's disease, were immune to subsequent infection with Mexican typhus, and vice versa, monkeys which had recovered from Mexican typhus were immune to Brill's disease. They conclude that "the disease described by Brill is identical with the typhus fever of Mexico, and inasmuch as the New York strain is undoubtedly of European origin, we may also conclude that the typhus of Europe and the tabardillo of Mexico are identical."

Later, Brill reviews the work of these two men and considers their conclusions too far-reaching. He argues that while Anderson and Goldberger have shown that Brill's disease and typhus fever are related, they have not proved their identity. In support of this contention reference is made to recent work at the Pasteur Institute by Metchnikoff and Besredka, showing that chimpanzees immunized against paratyphoid are immune to typhoid. Everyone knows that whereas these two diseases are closely related clinically and etiologically, they are not identical. Furthermore, the well-known reaction of immunity against variola by inoculation of vaccinia virus is evidence that the production of immunity to one disease by another is not proof of their identity. Brill's opinion then is that the disease described by him is very closely related to typhus fever, but that proof of their identity is still lacking.

The mode of transmission of the disease was studied by Anderson and Goldberger in connection with their similar investigations of typhus fever. They showed that both body lice and head lice are capable of transmitting the infection, but their work does not prove that this is the only possible method.

Whether the disease be mild typhus fever or a new clinical entity similar to typhus remains to be demonstrated. But its close relationship to typhus makes it imperative for the medical profession to be on the lookout for the disease and for Boards of Health to demand that it be reported.

Surgery

WALTER McKEOWN, HERBERT A. BRUCE, W. J. O. MALLOCH,
WALLACE A. SCOTT, GEORGE EWART WILSON.

Spinal-Cord Surgery. C. A. ELSBERG, NEW YORK (*Journal A. M. A.*, October 26.)

In the course of more than sixty spinal operations he has observed a number of lesions within the substance of the cord which seem amenable to surgical treatment. This led him to investigate the frequency of such lesions and to attempt to develop a technic for their treatment. He is convinced that under proper treatment and with proper technic it is feasible and safe to incise the cord substance so as to allow the extrusion of localized intramedullary growths, to drain cysts in the substance of the cord, etc. He is at present experimenting on animals, and hopes in the near future to report some valuable results. Intramedullary tumors are not as rare as has been supposed, and in rare instances they have been operated on, but no well-worked-out methods have as yet been elaborated. Knowledge, as complete as possible, of the anatomy of the cord is the first essential of knowing where to make the incision with the least risk. Elsberg describes the anatomy, and concludes that in the lumbosacral region an incision may be made anywhere in the posterior column, but best a few millimeters away from the median line and not too near the posterior root zone, lest it damage the marginal fibers. The deeper the incision the greater risk of injury to the higher lumbar roots. In the dorsal and cervical regions the incision should always be made in the posterior median column, and the higher the level the nearer to the median line. In the upper and middorsal regions the incision is best made from 2 to 4 mm. from the median line, while from the level of the midcervical region upward it should be made very near the median line, preferably in the posterior median septum. In rare instances, it might be necessary to incise the cord on its anterior aspect, and a small cut through the anterior fissure and into the anterior gray horn should not cause a great amount of motor or sensory disturbance. Aspiration of the cord can be done with safety, provided that only the finest aspirating needle is used and that care is taken not to injure the very fine blood-vessels which enter the cord from the arachnoid. A very fine von Graefe knife:

is the best instrument for the incision. The pia-arachnoid should always be first incised and carefully grasped with fine forceps; then the proper site of the posterior column is selected and an incision of less than 0.5 cm. long is made. It should be carefully deepened and enlarged, care being taken that it should be in the axis of the cord, which is best done with a blunt instrument. In the case of an intramedullary tumor the incision can usually be made into the most bulging part of the cord. No attempt should be made to enucleate it unless it is superficial and small; it should be left to extrude and be removed later by the method previously described by Elsberg. Great care must be taken to avoid hemorrhage and any injury to the cord; its substance should never be grasped by the forceps, and sponging should be done very gently, so as not to exert any pressure. After removal of the extrusion, one may attempt to suture the delicate edges of the pia by a few extremely fine silk sutures. When the anterior surface of the cord has to be incised it can usually be done after section of one posterior root. The cord can be gently lifted by the divided root and partly rotated on its own axis to bring the anterior column into view. A complete laminectomy (three spinous processes and laminae removed at least) is always needed with a thorough exploration and examination of the cord, and the pia and the dura are incised separately. While difficulty may at first be experienced in differentiating the cord substance from the capsule of the growth, in most cases it can be easily recognized. Careful palpation of the cord will often enable the operator to tell the pressure of a solid tumor or a fluid accumulation. Eight cases are reported, some of them briefly. The article is illustrated.

MANUAL EXTRACTION OF PLACENTA.

Rogoff (*Monat für Geburt. and Gyn.*) reaches his conclusions from 973 cases of extraction of placenta, from 1901 to 1911, in the Moscow Hospital. The uterus or abdomen should not be massaged after the birth of the child, as it interferes with normal contraction and relaxation. Two hours is not too long to wait and interference should not be undertaken earlier unless there is indication for it. Crede's method should always be given a trial before introduction of the hand. In the Moscow hospital patients are given a douche of bichloride, iodine or lysol solution immediately after the delivery of the placenta, which is kept up if there is the slightest odor to the discharge.

THERAPEUTIC NOTES

Delirium tremens.—S. Walter Ranson: That of the drugs used in the treatment of delirium tremens—morphine, chloral, bromides, scopolamine, whiskey and ergot, ergot has proved of the greatest value. Of the fluid extract of ergot give drachm doses every four hours. Combine with this hot baths and liquids.

Sea-Sickness.—A. T. Brand (*The Lancet*) has drawn attention to the value of reflex stimulation of the vagus centre and its vicinity by vesication over the par vagum between the mastoid and the angle of the jaw. Beneficial effects are produced in cardiac, respiratory and gastric affections. He suggests this treatment in *mal-de-mer*.

Chorea.—Eustace Smith (*The Lancet*) says ergot of rye in the treatment of diseases of the nervous system is of long standing. It was a recognized remedy in epilepsy in 1881. He became acquainted with it first in the early "seventies." Smith urges the importance of giving ergot in substantial doses in chorea if any good result is to be obtained. He has found no appreciable effect from small doses.

Fistula in Ano.—A. W. Elting (*Annals of Surgery*) reports 105 consecutive cases. Of these 96 were non-tuberculous and 9 tuberculous. Of the latter, 7 had pulmonary tuberculosis at the time of operation. Of the total number of cases, 64 were in males, and 41 in females. The essential features underlying the cure are: (a) The severance of the communication between the bowel and the fistulous tract; (b) the removal of the diseased portion of the bowel, including the fistulous opening. It is often necessary to perform a widespread and destructive dissection and removal of the fistulous tracts. By the application of the Whitehead principle cures can be effected without injury to the sphincter and no subsequent loss of sphincteric function.

Primary Pyelitis in Infants.—J. T. Fotheringham (*Can. Med. Ass'n Jour.*) says there are two requirements as regards treatment of this affection: Abundance of fluid by the mouth, increasing the quantity of urine and reducing its acidity. Second, a simple alkali, the best being citrate of potash, in doses of 25 to 180 grains in the twenty-four hours. The urine will clear and the constitutional symptoms will disappear as early as four and often not later than seven days. The alkaline treatment should be persisted in for two weeks. Usually disinfectants are not required.

Parasyphilitic Nervous Diseases.—Jadassohn (*Corr. Bl. F. Sch. Aersto.*) says that specific treatment should be employed in every case of tabes and general paralysis, provided there are no distinct contra-indications. It should be employed early, as the best results are likely to follow. It is not rare for parasyphilitic and true syphilitic diseases to be combined. Mercury, iodides and Salvarsan should be combined in the treatment. First give small doses and gradually increase them. If Salvarsan be given continuously the danger is no greater in parasyphilis than in syphilis itself, and not greater than in mercury.

Arteriosclerosis.—T. D. Coleman (*J.A.M.A.*) says prevention of the condition is the best treatment. Worry, overwork, excesses of all kinds are to be shunned, as is the strenuous life. Properly adjusted massage is valuable where active exercise cannot be taken. Baths are of distinct value; and the physical and mental activities properly adjusted to the needs of each individual case. As most persons eat too much and too fast, the diet should be directed. Alcohol, coffee, tea, tobacco should be restricted, and even forbidden in some cases. Mercury may be used in syphilitic cases and nitroglycerine may be safely used to advantage, or it may be preferable to use the nitrites owing to their less transient action.

Acute Articular Rheumatism.—Lemoine (*B.M.J.*) believes that as inflammation of the throat is one of the first symptoms, it should be treated with 20 grams of sodium salicylate in 1,000

grams of distilled water. He prescribes this drug internally in cachets as follows: Sodium salicylate, 0.60 grams; sodium bicarbonate, 0.40 grams. For the adult from 6 to 8 grams should be given in the 24 hours. For children under two years, one gram in a day; 2 grams if four or five years. It should not be given if nephritis with casts is present, and with caution if there is slight albuminuria. Aspirin is less efficacious, and should be administered in divided doses up to 1 to 3 grams in the day according to age. The dose of pyramidon is 0.50 to 1.50 grams. If improvement does not take place rapidly, these remedies may be combined. Painful, swollen joints are best treated with mesotane-vaseline, 20 grams; lanoline, 20 grams; mesotane, 5 grams.

Drop Method.—Eberhard (*Am. Jour. Gastro-Enterology*) thus describes the technique of nutrient feeding per rectum by the drop method:

The rectum and colon are first cleaned with warm normal saline solution. The head of the bed should be elevated and the nutriment, warmed to the body temperature, is placed in the inner can surrounded with water at a temperature of 110°—115° F. in the larger can. The flow should be regulated to a drop a second and it will require about one to one and a half hours for ten ounces of milk and two raw eggs to flow into the bowel—and when necessary the water in the larger can can be changed several times. This drop method is valuable in acute inflammations of the stomach with persistent vomiting, recent hemorrhage, hyperesthesia of the stomach, stenosis of esophagus or pylorus, late carcinoma of stomach, pernicious vomiting of pregnancy.

Angina pectoris.—Fiessinger (*The Lancet*) recognizes six forms arranged in order of decreasing gravity. 1. Disease of coronary artery; 2 and 3, aortic disease and myocarditis; 4, angina of interstitial nephritis; 5 and 6, angina of aerophagia and obesity. Treatment is considered under the headings of general and particular for each form: 1, Administration of nitrites and morphine; 2, prolonged rest in bed—on the value of which he insists; 3, small meals of one dish every two hours, so that seven are taken in the day. Thus stomach distention is avoided. Usually

immediate improvement occurs. In only one form is little benefit derived from the treatment—angina of syphilitic disease of coronary arteries. This, of course, requires specific treatment. During attacks, theobromine and trinitrin are the best remedies. Whatever the cause, iodide of potassium in gramme doses is useful; and this remedy should usually be given for twenty days a month. Angina due to myocarditis usually ceases with dilatation. Rest in bed for a month is the best treatment for relief of pain. Where angina occurs in persons whose weight is above normal immediate effect is secured through diet. Where it is due to aerophagia, small meals should be prescribed, followed by bicarbonate of soda and some absorbent powder.

Infantile Constipation.—C. G. Grulee (*Jour. Mich. State Med. Soc.*) states the indications for treatment to be stimulation of the bowel musculature, best brought about by suppositories, which act mechanically by irritating the rectal sphincter. Changes of food and massage may be added to this treatment.

Hemorrhage.—Levison (*Interstate Med. Jour.*) arrives at the following conclusions:

1. The term of hemorrhagic disease of childhood includes a number of conditions and diseases in which the hemorrhage dominates the clinical picture.
2. These conditions have not been accurately classified, because the etiology and pathology are not yet worked out.
3. It is probable that there are a number of bacterial organisms, any of which may produce this hemorrhagic condition in childhood.
4. The chemistry and mechanism of blood coagulation is not yet settled.
5. The efforts to check hemorrhages by means of calcium, gelatine, adrenalin and styptics have been unsatisfactory.
6. The use of animal serum rather than human serum has not been successful.
7. Human serum never produces toxic results.
8. Human serum should be invariably used in all hemorrhages of childhood.
9. A liberal amount should be used, and it should be continued a short time after the hemorrhages have ceased.

Psoriasis.—J. M. Winfield (*J. A. M. A.*) believes this disease is an expression of some disturbance of metabolism rather than of parasitic origin. Assuming intestinal intoxication as a factor in its causation, he has been treating patients for some years with lactic acid and colonic flushings. The lactic acid acts as a disinfectant in the alimentary canal. Of forty cases, twenty-three cases were cured and sixteen much improved.

Pertussis.—John Zaboosky (*Interstate Medical Jour.*) reports 40 cases of whooping cough, treated in private practice, in which he used a pertussin bacterin prepared by Parke, Davis & Co. He comes to the following conclusions: Pertussin bacterin in doses of 30 to 50 mm. is a very helpful therapeutic resource. It should be given hypodermically every three or four days in infants from the very beginning; in older children at the height of the disease. It is questionable whether it hastens immunity.

Diet in Typhoid Fever.—The *Journal of A. M. A.* says, editorially, the employment of a more liberal diet, consisting of 4,000 calories and upward per day, in the management of typhoid fever has received prominence as the result of the painstaking researches of Shaffer and Coleman. They have reported an excellent outcome with relative absence of relapses. The daily use of a quart of milk, a pint of cream, six or seven ounces of milk-sugar, several eggs, toast, butter, cereals, potato, custards and apple sauce, provides enough to satisfy an ordinary healthy man. Clinical experience has shown that patients do well on this diet; and one may be assured that this so-called "high calorie diet" has been rationally selected. Meat is excluded; easily digestible carbo-hydrates are abundant; fats are liberally administered.

Reviews

The Physician's Visiting List—1913. Price, \$1.25. Philadelphia: P. Blakiston's Son & Co.

For sixty-two years this visiting list has held an honored place in the medical profession. Many have used it year by year to the exclusion of all other methods of book-keeping. The usual valuable information as to incompatibility, physician's dose-table, etc., is incorporated. Once tried, we believe no physician would do without it.

W. B. Saunders Company, medical publishers, are now established in their new building on West Washington Square—an ideal site right in the heart of Philadelphia's new publishing centre.

The remarkable success of this house and the rapid growth of their business, with the increased facilities which this growth demanded, necessitated removal to larger quarters. They therefore erected a seven story building, housing all their departments under one roof. Constructed of reinforced concrete, the building is absolutely fireproof and equipped with every modern aid for the manufacture and distribution of medical books and for the comfort and convenience of their employees. A cordial invitation is extended the profession to inspect the new plant.

Collected Papers by the Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1911. Philadelphia and London: W. B. Saunders Co., Publishers. Canadian Agents: J. F. Hartz Co., Limited, Toronto.

To those who are familiar with the wealth of clinical matter which has before appeared, from the staff of this now world-wide clinic, little is needed by way of introduction to this further contribution, embodied in one large volume of over six hundred pages. To merely scan the table of contents is sufficient to immediately arrest one's attention. The alimentary tract, genito-urinary system, ductless glands, thorax and extremities; also papers on technic and general papers are full of matter to claim the closest attention of the student of medicine, be he graduate or undergraduate. To those engaged in clinical teaching the work is especially valuable; in fact, it may all be summed up in a few words: Not criticism but praise.

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COMMENT FROM MONTH TO MONTH

"Whither are we Drifting?" is a question which the medical profession may well put to itself at the close of the year 1912. That it has been a year of more than ordinary unrest few will deny.

In Canada there has been no clamorous uproar; but in the British Isles there has been a sullen and obstinate indignation over the National Insurance Act. Indeed, it does not take one to be gifted with second sight to accurately define the position into which the medical profession is rapidly advancing in the motherland. Nationalization of the profession there does not appear far off to the discriminating eye. The prospect is disturbing and the anxiety distressing.

In the United States the wail is over vanishing incomes. Graft has invaded the ethically sacred portals and the division-of-fee-system portends distressful times. The country is seething in quackery, and the dispassionate observer views the narrowing field of the regular practitioner with a disconsolate heart. The pursuit of gain is prosecuted with a dogged pertinacity, and the spirit of the age is mercenary to the highest degree. The land is over-run with charlatans. It is no fanciful dream to say they

have multiplied after their kind. Seeking new pastures green, many have migrated to Canada, and have spread themselves over the face of the Dominion, infecting our country in the year 1912 as it never was before.

Consider with this the great strides made in public medicine; the increased volume of business done by the patent medicine trade; the hospital extension and charity extension schemes; the high cost of living to the poor and middle classes—and the consequent strenuous truth that physicians suffer thereby in more unpaid bills—and the wonder is that our profession has anything left after eking out a precarious livelihood.

And yet, yearly grinds the mill, and one hears the continuous tramp, tramp, tramp of the new disciples of Aesculapius. Truly flattering prospects!

“ To catch Dame Fortune’s golden smile,
Assiduous wait upon her,
And gather gear by every wile,
That’s justified by honor.
Not for to hide it in a hedge,
Nor for a trained attendant,
But for the glorious privilege
Of being independent.”

Septic Sore Throat in the past few years has practically become a specific disease entity. It has been particularly observed and studied by numerous physicians, and some have published somewhat extensive papers thereon.

Louis P. Hamburger published a paper on “An Epidemic of Septic Sore Throat in Baltimore and Its Relation to a Milk Supply,” in the *Journal of the American Medical Association*, in April last, and quite recently there has appeared an extensive study in the Public Health Reports, by Passed Assistant Surgeon, Wade H. Frost.

The clinical features as described by Hamburger were sudden onset with chill; irregular fever, sometimes surprisingly high; diffuse inflammation of the tonsils and peri-tonsillar tissue; enlargement of the cervical glands; unusual prostration; and a characteristically prolonged remittent course.

While the severity of the inflammation varied greatly, there were cases with a foul, pseudo-diphtheric exudate covering tonsils and fauces; while one of the marked features to be found was persistent enlargement of the cervical glands.

Next to the adenitis, otitis media was the most common complication, while some cases presented general septicemia, septic arthritis, erysipelas causing early death.

Cultures showed a diplostreptococcus, resembling the pneumococcus.

As with a similar outbreak in Boston in 1911, this was traced to the milk supply.

It is interesting to know that commercial pasteurization of the milk was the method of pasteurization applied in the dairy which supplied practically all the families in which the cases occurred.

In the Baltimore outbreak not less than 1,000, and perhaps as many as 3,000 cases occurred, causing thirty or more deaths.

In the Boston epidemic, in May, 1911, there were at least 1,000 cases, about fifty resulting fatally. Unpasteurized milk.

Another epidemic occurred in Chicago in the winter of 1911-12, also traceable to the milk of a single dairy.

Two items stand out prominently in connection with these studies: This new or heretofore rare disease, "septic sore throat," should be placed on the list of notifiable diseases. All milk should be scientifically pasteurized, held at a temperature of 145° F. for at least twenty minutes.

Editorial Notes

THE NATIONAL INSURANCE ACT

At a representative meeting of the British Medical Association held in London, Nov. 19th and 20th, the following resolution was passed by an overwhelming majority:

“That, in the opinion of this representative meeting, the regulations issued by the Insurance Commissioners and the latest proposals of the Chancellor of the Exchequer are unworkable and derogatory to the profession. As a consequence, the medical profession declines to undertake service under the Act and Regulations as at present constituted.”

TUBERCULOSIS AND TELEPHONES

So far as is definitely known the tubercle bacillus has been recovered from a telephone swab but once. Prof. Klein found this in 1908 after examining a number of transmitters. In 1905 he had undertaken to conduct these investigations, but failed to find either the tuberculosis or diphtheria bacillus. Spirta recently confirmed these investigations, and although his experiments extended over a year, he did not recover the tubercle bacillus in one instance. Some instruments used were in a hospital for consumptives by patients actually suffering from the disease. Spirta concludes “that the transmission of tuberculosis through the medium of the telephone mouthpiece is practically impossible.”

BANQUET TO DR. ADAM H. WRIGHT

Dr. Adam H. Wright, late professor of obstetrics in the Medical Faculty of the University of Toronto, was the guest of honor at a complimentary banquet in the York Club Friday evening, 30th November, tendered by his colleagues and friends, and he was the recipient of a sterling silver service presented by Dr. E. E. King on behalf of Dr. Wright's friends.

The large dining-room of the club was filled with many of the

leading professional men of the city. Dr. Beemer, Superintendent of the Mimico Asylum, presided, and Dr. A. A. Macdonald and Prof. Cameron occupied the vice chairs. Others at the head table beside the guest of the evening were:—Col. A. E. Gooderham, Prof. Lang, Mr. John King, K.C., Dr. C. K. Clarke (Superintendent of the Toronto General Hospital), Prof. Vander Smissen, and among those who spoke were Col. Gooderham, Mr. King, K.C., Prof. Baker, Dr. R. A. Reeve, Prof. Cameron, Dr. Temple, Dr. A. A. Macdonald, Dr. Sheard and Dr. King. One of the interesting features of the function was the reading of an ode to Dr. Wright by Prof. Ellis. The address of presentation accompanying the sterling silver service was signed by all present, and was read by Dr. Fotheringham.

THE TROUBLES OF TELEPHONE GIRLS

Dr. George M. Gould (*Med. Review of Reviews*), on Eye-Strain and Occupational Diseases, quotes the Report of the Royal Commission of Canada, before which physicians from the University of Toronto were called to give their testimony as to the illnesses resulting from telephone-operating. These facts, conditions or diseases were found to exist: Reaching upward injuriously affects the nervous system; nervous debility; faces showed indications of weakness on account of strenuous employment; eye, ear and throat all strained; nervous hysteria; constitution and nervous system injured; wearing down of nervous system; optic and auditory nerves strained; debilitating to the nervous system; girls burn up more energy than they produce; most exhausting of all occupations; injurious to eyesight; produces headache looking at the holes; prevents rest; cannot sleep when they go home; cannot eat well; reaching is hard and injurious; eye-troubles, headaches and nervous troubles; affects the eyes, and through the eyes the general system; the most trying of occupations; throat, chest and nervous troubles and headaches; nervous prostration and nervous breakdown; after three years unable to perform the ordinary occupations of womanhood satisfactorily; fainting; strain on nervous system through eye and ear; nerve fagged; nervous exhaustion; strain upon the optic nerve and muscles of the eyes; difficulty in fitting the plug in—they seemed to scrutinize it closely; the nerves governing the extra-ocular muscles which focus the eye.

upon the object looked upon are the nerves where the greatest part of the strain comes; reaching added to the physical fatigue; when they leave they turn out badly in their future domestic relations.

It is this sort of thing which is laying the foundations of the asylums, and it is dealing with the question now that will prevent the building of asylums, and the loss of people to the community; not so much physical and mental as nervous, and exhaustion of nervous energy, a depletion of nervous force; the reason for such a marked increase in insanity and nervous prostration all over the country; after five years she would be disqualified to become a wife and mother; on future generations the effect will be epilepsy and all sorts of nervous diseases.

In other words, Gould says, brave statements of facts and end-results with no recognition of the single cause, ametropia, or eyestrain, from lack of scientific spectacles.

TRAFFIC IN HUMAN HAIR

The Medical Press and Circular writes as follows:

Traffic in human hair is growing extensively since fashion imposes the wearing of chichis on our fair sisters. China is the great exporter of hair, and the best market is New York, whither 282 tons were sent last year, representing £150,000. But Vienna, London, and especially Paris, are not much behind.

The hair from China does not come from the dead, as was often feared, but almost exclusively from hair falling during the toilette of the Celestials, collected with care by hair dressers and servants.

For many years the hair was exported in the "raw" state—that is to say, with no other treatment than the disinfection imposed by the sanitary service. But recently several manufactories have sprung up, one of which employs no less than 600 hands. Here the hair is combed and washed in a bath containing soda, black soap and ammonia; after drying in a current of hot air, the hair is plunged for twenty-four hours into a vat of boiling water. It is finally sterilised in an autoclave, and then receives the color desired, as there is very little use for black hair.

Some years ago the region of Limoges, in the centre of France, and some parts of Brittany were great markets for human tresses; the young peasant girls sacrificed, however reluctantly, their luxuriant hair against one or two hundred francs, but to-day the belles

prefer keeping the ornament nature has so richly provided them, and refuse the tempting offers. On the other hand, the market has considerably fallen on account of the competition from the East.

CANCER

The third clinical congress of the surgeons of North America, which closed lately in New York, requests all journals, lay and professional, to spread broadcast the following:

THE WARNING SIGNS OF CANCER.

Any lump appearing in the breast should be at once shown to the family physician. The safest treatment is immediate removal; for the so called benign growths may become malignant or cancerous.

Of cancer of the womb, the first symptom in practically all cases is a slight discharge ("whites" or leucorrhœa), with an occasional spot of blood. This slight streak of blood is seen usually after extra exertion at housework or lifting, after a long walk, or after a douche. Any such spotting of either the discharge or the clothing is a danger signal in a woman over thirty-five years old.

Cancer of the womb is, *in the beginning*, essentially a local process, and consequently can be permanently removed by operation. There are no grounds whatever for the belief that it is a "blood" or constitutional disease.

Over fifty per cent. of cases of uterine cancer are of the "neck" of the womb.

A certain authority on cancer, whose opinions are entitled to respect, has said that very often in the beginning stages of cancer of the womb, women will boast of their recent increase in weight and strength and perfect health; shortly afterward, however, this pleasant feeling is followed by an increasing mental and physical apathy, or lack of interest in the surroundings, and by a strong inclination to sleep.

When consulting your physician concerning the "spotting" of the clothing, insist upon a microscopical examination of a scraping from the womb. This is the only sure test. If it turns out that no cancer is present, your mind is set at rest, an ample reward for the slight trouble of an examination.

The only cure for cancer is thorough and complete removal of the affected part or organ. No pain is felt during an operation, and the risk to life is very slight. The occurrence of cancer in an organ is Nature's rather cruel announcement that she no longer needs that organ, which should be at once removed. In other words, cancer is a sign of degeneration.

Treatment by plasters is well known to the regular medical profession and is used for very small growths. In larger cancers the application of plasters is terribly painful and an open wound is produced, unsightly and dangerous.

No internal medicine, or so called "blood purifier," clover, prickly ash, burdock, wintergreen, poke root, iodide of potash, or their combinations, has ever cured a cancer. If any growth ever disappeared after the patient had been taking such a mixture, that is sure proof that no cancer existed.

Place no faith, therefore, in the statement of friends concerning their own experiences, or concerning cases known to them, where cancer was cured by any other method than by complete removal by a surgeon. They are mistaken, and one of the most extraordinary things about mistaken people is their insistence that they are right; the less the likelihood of their being right, the more emphatic and angry they will become. People do not lose their tempers over absolutely proved facts.

SCIENTIFIC LESSON FROM THE ATTEMPTED ASSASSINATION OF FORMER PRESIDENT ROOSEVELT

MY DEAR SIR,—I beg leave to call your attention to a plan to lessen or prevent crime and other abnormalities, especially such as the attempted assassination of former President Roosevelt. This plan of study is suggested in enclosed leaflet.

I have been advocating this plan for many years in the Congress of the United States, State Legislatures, large cities and in Legislatures of other countries. The idea is to establish laboratories or bureaus for the scientific investigation of criminals and other dangerous abnormal. I believe that every large city, every State and especially Federal Governments should have such a laboratory, which is just as necessary as a Health Department, if not more so.

When any one sends to the President, the Governor, Mayor, or any prominent citizen, threatening letters, or repeatedly utters threatening words, or attempts to injure such persons, or is unreasonably insistent in demanding to see them personally, such individual should be detained at least a few hours and thoroughly studied by the scientific experts in criminal anthropology, psycho-physics and social pathology.

By such study of dangerous, unbalanced and often illusioned persons, who may be called mattoids, their eccentricities and peculiar behavior under varied conditions can be determined to such an extent that we may detect them in advance. At present it is almost impossible to do this, because of little or no knowledge concerning them. This ignorance is due to want of systematic scientific sociologic investigation.

Millions of dollars are annually expended by Governments for the scientific investigation of the antecedents, peculiarities and behavior of some bacillus, causing the death of plants or animals, but little or nothing is given for a similar study of the larger human bacillus, which has caused nations to suffer losses beyond human calculation.

Who can estimate the injury and cost to the world of the assassination of rulers or attempts to assassinate them? Shall we wait until more Kings, Presidents, Governors, Mayors, or other distinguished citizens lose their lives at the hands of assassins, before we begin scientific study of such dangerous individuals?

I would suggest, therefore, that all nations adopt some such plan as is indicated in enclosed leaflet, so that there may result an international protection from criminals, especially those dangerous to rulers and other prominent persons.

I shall be very grateful for anything you can do to further this plan, and should be glad if you will honor the work by publishing this letter in your Journal.

Trusting that such work meets your approval, I have the honor to remain,

Most respectfully,

ARTHUR MACDONALD.

"The Congressional,"
Washington, D.C.,
November 1st, 1912.

News Items

Dr. J. N. Roy, Montreal, has gone on a tour of Africa.

Dr. Shirriff, Medical Officer of Health, Ottawa, has resigned.

Dr. Charles W. Vipond, Montreal, has returned from a trip to Florida.

Dr. J. P. Cade has been appointed health officer of Prince Rupert.

Cape Breton is to have a sanatorium for the treatment of cases of tuberculosis.

Dr. A. Lome, Sydney Mines, has been elected president of the Cape Breton Medical Society.

Syphilis and gonorrhoea have been made notifiable diseases by the State Board of Health of Michigan.

Dr. Howard A. Kelly is working actively in the crusade against the social evil in Baltimore and other cities.

Dr. W. W. Chipman, Montreal, was elected vice-president of the Clinical Congress of Surgeons of North America.

London, Ontario, physicians have established the following charges: Day visits, \$2.00; subsequent visits, \$1.50 to \$2.00; night visits, \$3.00.

Dr. Chas. Clouting, editorial writer, New York, and well known in Toronto and Montreal, sailed for London on the 11th of December for a two months' visit.

From January 1st to September 31st, 1912, there were 189 cases of typhoid fever reported in Toronto; for the same period in 1911, 385 cases; same period in 1910, 588 cases.

Montreal is to have an Eastern Hospital on the lines of the Western Hospital of that city. It is to be established by the Jewish people and manned by Jewish doctors, but will be un-nominational.

Dr. Reginald S. Pentecost, late Senior Resident Surgeon New York Eye and Ear Infirmary, New York City, Post-Graduate Diploma University of Vienna, has opened offices at 90 College Street, opposite the new General Hospital, for the practice of diseases of the ear, nose and throat.