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INTERNAL MEDICATION FOR DIRECT REMEDIAL EFFECTS.*

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At the American Medical Association in May last, Dr. Solomon Solis Cohen, in his address as chairman of the Section of Materia Medica, Pharmacy and Therapeutics, said: "Under all circumstances it must be kept in mind that neither morbid agents nor remedial measures add anything to the powers possessed by the body. They alter, they invoke the natural actions and reactions—the vital processes of disease and recovery; but it is the living body that determines the nature of the disease process—it is the living body that determines the nature of the process of recovery."

Admitting this, it matters not whether Byron Robinson ("The Abdominal Brain": The Clinic Pub. Co., Chicago, 1899) is right when he claims that the ganglionic system generates a form of nerve force separate and distinct in character from that generated by the cerebro-spinal system; or Schofield ("The Force of Mind": Churchill, London, 1902) that the functioning of organs are all manifestations of unconscious mind, for it will hardly be questioned that the ganglionic system is the agent through which life influences the functions of organs.

When Hahnemann, as a regularly educated physician, announced his idea in therapeutics (*Similia similibus curanter*), the profession had been for a long time a unit in pursuing methods of cure that are now universally condemned. When he proceeded to demonstrate that this idea had an element of truth in it by his

*Read at meeting of the Canadian Medical Association, London, Ont., September, 1903.

success in treating disease, he met a storm of opposition, if not persecution, which caused him to narrow curative measures down to this one idea, which resulted in the extraordinary absurdities of his later teaching. While this idea is undoubtedly sometimes seemingly true, it has never been proved to be universal, as claimed by him and his followers. It would be too much to ask this proof, did they not assert its universality so strongly, and treat with disdain every remedial measure not originating in it. At the same time it is difficult to see why we should not admit its seeming truth and utilize their ideas and methods for the relief and cure of our patients in so far as they may be found useful.

Again, in the early sixties of the nineteenth century, C. J. B. Williams, a highly educated regular physician, published his principles of medicine, in which he clearly enunciated the idea that disease was an excess, a defect, or a perversion of normal life. Although this work of Williams was so notable that it was widely adopted in medical colleges as a text-book, this idea of his did not impress the profession as it should. Some ten years later, however, one Scudder, a practiser of the methods of Thomson, the basis of whose treatment consisted in excessive emesis, diuresis, diaphoresis and purgation, induced by poisonous doses of lobelia and steam-baths, re-enunciated Williams' idea in this way: "Disease is wrong life, wrong life is excess, defect or perversion." Adding to this the intensely practical corollary that the medicines needed to cure excess were sedatives; defects, stimulants; perversion, alteratives; and then inventing the phrases "specific diagnosis" and "specific medication," he became the founder of a new school of medicine—the eclectic, having now about 10,000 adherents.

That these ideas were steps towards direct medication and advances in therapeutics there can be no doubt, but their promulgators meeting the same reception from regulars and homeopaths as had been accorded Hahnemann by the regulars, shut their followers up to these ideas, antagonising all other work in the therapeutic field, at the same time claiming the broadest eclecticism.

The writer hopes that the mentality of the mass of the profession in the three schools has sufficiently developed by this time to ignore these narrow vistas, and to adopt what is useful from all sources without prejudice. How the refusal to do so proves, even now, a brake upon the wheels of therapeutic progress can best be elucidated by reviewing the different measures employed by the three schools in the treatment of some common disease.

Selecting colic at random, we find that Gould defines colic as "spasmodic pain in the abdomen." Intestinal colic is due to irregular and violent contractions of the muscles of the bowels. Byron Robinson says these contractions are controlled by Auer-

bach's ganglia through the plexus mysentericus. C. J. B. Williams says disease consists of excess, defect, or perversion of normal life, necessitating, according to Scudder, sedation, stimulation, or alteration, for cure.

Intestinal colic, then, is either perversion due to excess, or perversion due to defect in the nervous energy generated in Auerbach's ganglia. Experience has shown that medicines making directly for the correction of these two distinct conditions are by far the most successful in the treatment of intestinal colic.

Why are they not adopted by all practisers of medicine? The query is a fair one, for we have men in each school of equal honesty, energy, mental grasp and self-sacrificing devotion to curative measures, who not only cannot endorse each other's conclusions, but are inclined to think each other dishonest because they cannot.

Leaving aside causes of deranged nerve force, such as the ingestion of too many green apples, which, of course, must be removed, let us glance at the treatment of intestinal colic. The regular schoolman would relieve his patient by using morphia, which only reaches the condition to afford relief by paralyzing sensation, which is a function of the cerebro-spinal nervous system. This means that the force from Auerbach's ganglia may still be acting abnormally, but owing to the paralysis of sensation due to the morphia, the brain is unable to report the condition to the patient's consciousness. This is almost an exact parallel to the use of chloroform in labor, where painful uterine contractions continue to the end of accouchement, but the patient does not know it, because the chloroform does not permit the nerves of sensation to perform their duty.

The homeopath would prescribe colocynth in a minute dose (3x to 30x dilution), because he knows that in a large dose it will produce similar symptoms. When colocynth fails, as it often will, he may adopt the eclectic remedy, *dioscorea villosa*, with but moderate success, because he gives it in too small a dose (1x to 1 gtt. of the tincture).

The eclectic would prescribe the *dioscorea* in large doses (5 to 30 min. of the tincture) because adherents of the school have found it efficacious. When it fails, as it often will, he prescribes with prompt success the minute dose of colocynth, because he has known homeopaths to prescribe it successfully. Colocynth and *dioscorea* act directly upon Auerbach's ganglia, and when they succeed they do so at once, without apparent effect upon the economy beyond relieving the painful contractions permanently.

These three methods of treatment of the condition known as intestinal colic are all seemingly successful. What is the explanation? The cause within the organism of the condition is either

the defect or excess of function in Auerbach's ganglia to a point that causes them to lose control of the rhythmic muscular action in the intestines. The regular school treatment is not directly curative at all. It merely deadens the pain, enabling the patient to endure it long enough to let the disturbed nerve force recover itself, as it naturally tends to do. The morphia does not increase this tendency but makes the patient comfortable for the hours or days nature requires to accomplish the cure without assistance.

The colocynth of the homeopath meets a depressed nerve force and directly stimulates it until it reaches the norm, the extremely minute dose being a safeguard against over-stimulation, for, as is well known, a sufficiently large dose would produce the difficulty if absent, or increase it if present.

The dioscorea of the eclectic meets an excited or excessive nerve force, and directly sedates it to the norm, the large dose being useful to produce the effect quickly.

In these instances colocynth and dioscorea are *directly* curative, morphia is not.

In the use of colocynth the homeopath and the eclectic are on equal terms, because the eclectic adopts the minute dose of the homeopath. In the use of dioscorea, the homeopath is heavily handicapped by his faith in dynamization, and the resultant minute dose, for if he does not fail completely with it, it takes him much longer to cure than it does the eclectic with the much larger dose, which the homeopath refuses to adopt.

If you will, for the sake of argument, admit that the foregoing views are sound, you will be able to see that while each of the three schools may have therapeutic truth, neither one of them has the whole of it. And if you will reason the matter out from the foregoing data, you will understand why it is so difficult for one schoolman to influence the adherent of another school. A regular schoolman, called to a case of intestinal colic, due to depressed Auerbach's ganglia knows that morphia will relieve, but is not directly curative, and is more or less injurious. Possibly he also knows that eclectic claim that dioscorea cures colic. He therefore gives the latter remedy for several hours, with absolutely no effects, if (because he has a depressed nerve force) he is fortunate enough not to have made his patient worse. Disgusted, he gives a hypodermic of morphia, with the prompt effect of relieving the pain, and confirming himself and his patient in their belief in the beneficence of regular school therapeutics. Later, he is called to another case of colic due this time to an *over-stimulated* Auerbach's plexus. In the meantime, in his search for something better than morphia, he has learned that homeopaths use with success minute doses of colocynth for colic. He administers it faithfully, with results similar to those he obtained when he gave

dioscorea. But he is quite oblivious of the fact that though the diseases in both cases are called colic, the conditions present are diametrically opposed to each other. Now, homeopaths and eclectics might as well try to batter down Gibraltar by butting it, as to try to convert a regular schoolman, who has had this experience, to their way of thinking about colocynth and dioscorea, unless they can present some better arguments than they have hitherto been able to do. He has but one reason for his obstinacy, and wants nor needs any better—"I've tried 'em both, and they are no good."

A homeopath is called to a patient with colic due to an *overstimulated* Auerbach's plexus. He knows that colocynth in a minute dose will *sometimes* cure colic, and persists in its administration without benefit until his fear of dismissal from the case induces him to try dioscorea. His training and his faith in dynamization teach him erroneously that if dioscorea will cure at all, it will do so in the minute dose. He therefore gives it in the first or higher dilution, instead of from five to thirty drops as an eclectic would, and he meets with absolutely no results. In this instance, at least, his theory of dynamization fails him, but instead of realizing the fallacy of his theory, he is filled with disgust for eclectic therapeutics. If a *true* homeopath and honest, regular school therapeutics are, of course, entirely out of the question.

An eclectic knows that dioscorea *sometimes* cures colic, but when it fails because of a depressed Auerbach's plexus, he tries colocynth in the homeopathic dose with success, knowing little and caring less as to the reason why. But when a regular schoolman urges him to use morphia, and points out its beauties when introduced through a hypodermic needle, he laughs him to scorn; and, if pressed for his reason, exclaims: "What! make my patients drunk with morphia to cure cramp? I don't have to."

Is it not clear that narrowness of view dissipates energy and prevents progress in this instance?

While the facts just presented can easily be substantiated, the reasons adduced for their existence, as far as the writer is aware, are original with him, and as the use of colocynth in the minute dose and the use of dioscorea in any dose may not be familiar to some, it may be wise to illustrate the principle involved by as old and respectable a drug as ipecacuanha. The laity, as well as all three schools of medicine, have long been familiar with its power to produce emesis, in large doses. It was this power that induced Hahnemann to use it to cure vomiting in the minute dose. This use of it was made widely known to the regular profession twenty or more years ago, by Sidney Ringer, and has been adopted by both regulars and eclectics. *The U. S. Dispensatory*

says that "Ipecacuanha, in small doses, is a stimulant to the stomach."

We will now assume a normal organism, and begin to administer the drug in gradually increasing doses. At first the dose is so small that no appreciable effect is produced, but at a certain point, as the dose is increased, a sense of warmth is experienced in the stomach. As the dose continues to increase, we have successively nausea, secretion of mucus, emesis, paralysis of over-stimulation, the last effect being used medicinally by regular schoolmen to relieve dysenteric tenesmus. Now, assuming we have an organism in which the nerve force in the stomach is depressed enough to produce nausea and vomiting, we will begin to give ipecacuanha. In the minute dose which, in the normal organism, produced no appreciable effects, its stimulating or irritating action gradually raises the nerve force in the stomach to the norm, and nausea and vomiting cease. Increase the dose and they will be reproduced from an over-stimulated condition of the nerve force.

Ringer wrote in his handbook: "Few remedies are so efficacious as ipecacuanha in checking certain forms of vomiting." As to the kinds of vomiting, he says that in adults they are (1) vomiting of pregnancy; (2) nausea and vomiting during lactation; (3) nausea and vomiting at menstrual periods; (4) the morning vomiting of drunkards; (5) morning vomiting of general weakness, met with in convalescents. Hare, in his "Practical Therapeutics," p. 235, 1897, confirms these observations. The one etiological element which is common to all these conditions, is the depressed nerve force in the stomach, manifesting itself by nausea and vomiting. Ipecacuanha, through its local stimulating effects, removes this etiological factor, and thus makes directly for cure in all these conditions, so long as the dose is kept just too small to stimulate the stomach beyond the normal, producing over-stimulation. In the latter event the symptoms would be reproduced.

Should the nausea and vomiting be caused in the first instance by an irritant, over-stimulation is already present, and therefore ipecacuanha, in any dose, is useless as a means of relief, if it does not increase the difficulty. If this be true of ipecacuanha, there are many drugs that act on the same principles. Does there seem to be any good reason why all three schools should not adopt all three methods of administration, where the interests of the patient dictate, and the characteristics of the drug permit, in the same way that ipecacuanha has been adopted?

THE PHYSIOLOGICAL GENERATIVE CYCLE OF WOMAN.*

BY JENNIE G. DRENNAN, M.D., ST. THOMAS, ONT.

By those who believe in evolution,, and there are surely few in the scientific world of to-day who do not, there is observed a constant, slow and gradual changing of the functions and structures of the animal in accordance with changes in its environment—"structure is determined and preceded by function," and function is determined by environment. If an animal is to live in the water it must swim, therefore it must have structures to enable it to do so. In the generative system, as well as in any of the other systems of which the animal is composed, changes in structure due to changes in environment occur. Adaptation and heredity are the two factors which cause the changes wrought by evolution. If the environment be a good one, the adaptation to it improves the animal, and it is wise that the results of such an adaptation be handed down; but if the environment be a pernicious one, it is a misfortune for adaptation to it to occur, and also a misfortune that such shall be handed down to posterity. Unfortunately, evolution works backwards as well as forwards, and adaptation to error, as well as to right, occurs. Every people passes through its stages of "uncivilization, civilization, and decivilization." In this our day of vaunted enlightenment, we are prone to overlook errors of environment, and to fancy that we are always adapting ourselves to what is for our good; and that there can be no stage of decivilization for us. "A greater nation there hath not been." Nations may come and nations may go, but we are to remain forever; but as surely as the sands of time flow slowly away, it will be our fate, unless—and this does not seem probable—we bend our minds diligently and sincerely to the task of ordering our lives according to natural law, to our beneficial environment.

In every phase of life evolution is manifested, but it is to it in the generative system of woman that I shall confine my thoughts. The physiological, generative cycle is comprised of three factors: ovulation, pregnancy, and lactation, one of these being completed before another is commenced. When ovulation, the first factor in this cycle, is in progress, the greater portion of the blood in the generative, circulatory system is directed to the ovaries, which are in a condition of physiological congestion; every normal physiological act is accompanied by a physiological hyperemia. Ovulation being completed and fecundation having occurred, the con-

* Read at meeting of the Canadian Medical Association, London, Ont., September, 1903.

gestion is transferred to the uterus, and, upon the termination of pregnancy, is transferred to the mammary glands for the performance of the function of lactation by them. To every one of these three organs, ovaries, uterus and mammary glands, an active hyperaemia, under the control of a healthy nervous system, is necessary for the free and normal performance of its functions. If from any cause this normal cycle is interfered with, and more blood than is required to keep the non-functionating organs, or those which should at this time be in a non-functionating state, in health, is directed to them, then the one supposed to be in an actively functioning state is deprived of its normal amount of blood, and its functioning power is lessened.

Ovulation, with its attending sexual excitement, is to the mammal what blossoming is to the plant, an evidence on the part of each that a seed is ready for impregnation. With mammals other than the human species, ovulation is confined to distinct seasons—the mating times of the year or years. Among the lower forms of mammalian life, fecundation usually occurs and is followed by pregnancy and lactation; on the termination of the last, ovulation again occurs, the time between two ovulations being determined by the length of time necessary for pregnancy and lactation, the lowest orders requiring shorter periods for development *in utero*, and for sustenance by their mammary secretion after birth. This is the physiological, generative cycle of mammals; but in the female mammal—woman—this physiological cycle is interrupted by a lesser cycle, a monthly one, ovulation and menstruation, which is a pathological condition arising out of a non-adherence to natural law. In the most primitive humans this lesser cycle occurs only occasionally, and the normal physiological cycle is generally maintained; but as the scale of civilization is ascended, the reverse occurs, and the lesser cycle predominates. Ovulation precedes menstruation, and the latter is an evidence that impregnation has not occurred; it is the depletion of a hyperemic, uterine mucous membrane, which, on the occurrence of ovulation, was being prepared for the reception of the impregnated ovum; every menstruation is the sign of a disappointed pregnancy, and is therefore an abnormal state. It does not occur in the other forms of mammals, save in a few anthropoid apes living in captivity.

There has been much discussion as to when ovulation occurs in the human mammal. My own opinion is that it occurs at the middle of the intermenstrual period, about 12 or 14 days from the commencement of the previous menstruation. This opinion has been formed by observing cases of intermenstrual pain; in noting in cases of chronic and acute pelvic disease marked exacerbations of symptoms at this time; and in the apparently healthy, slight

leucorrhœal discharge, or mammary tenderness and enlargement, generally of one gland, leading one to believe that ovulation is a unilateral function; the human uterus, moreover, shows evidences of being intended to normally house but one fetus at a pregnancy. By some this leucorrhœal discharge at this time is considered to be due to the discharge of the unimpregnated ovum from the uterus; but this, I think, occurs about two weeks later at the menstrual period, and that the intermenstrual discharge is due, as are also all of the other above-mentioned menstrual symptoms, to a compensatory congestion induced in these other organs to relieve ovaries, which, in a pathological state, cannot accommodate the physiological hyperemia incident upon ovulation. In the perfectly healthy woman this would not occur; but where in civilization is she always to be found? In neurotic patients one may notice an exhilaration or depression as the individual case may be, corresponding to this period; the Levitical law is another indication in favor of the occurrence of ovulation at this time. In the civilized human we find thirteen menstruations during the year, denoting that thirteen ovulations have occurred, this order being interfered with only by the interruption of the greater cycle. Ovulation, then, is a monthly phenomenon in woman. Why this more frequent occurrence in an animal whose offspring requires a longer time for development *in utero*, and for sustenance by the mammary secretion after birth? Should one not naturally expect ovulation to occur at very much longer intervals? Such would be the case if natural law had been, and were now, obeyed; if an adaptation to a pernicious environment had not occurred, and if this adaptation had not been handed down by heredity.

We have seen that in the lower forms of mammalia ovulation occurs at distinct periods of the year, and occurs at no others. There is every reason to believe that in primitive woman such also occurs; the fact that even in civilization more births occur in the spring and autumn, indicates an adherence to natural law. In Europe the maximum number of conceptions occurs in May and December, and the results of the May conceptions possess a great amount of vitality than those of any other month, those of September having the least. Mating with primitive woman is much the same as it is with the brute creation; as soon as she is sexually mature she marries and enters upon the physiological, generative cycle of a mammal, one factor of this cycle following the other as night the day and day the night. As she nourishes her child by her mammary secretion for two years at the least, ovulation then would not re-occur until the end of the period of lactation; that is, ovulation would occur about once every three years. Primitive people do not produce large families—the production of such is a sign of the non-adherence to

natural law, and is in itself as unnatural as the present-day small family, which, unlike that of savagery, is not a physiological, but a pathological, outcome. As the scale of civilization is ascended, mating becomes a more difficult matter. Many exigencies, which must be considered, slip in; but while this difficulty in mating would cause a disappointed pregnancy once in three years in the unmated, this is not to blame alone for the occurrence of the non-physiological cycle. In the married aspirant to civilization, a disregard to natural law has arisen, and error has slipped in, which is handed down. As a race becomes more artificial in its mode of life, it becomes a more sexually-inclined race. Every factor of life is then sought as a source of pleasure. The most primitive people eat to live, but civilized man too often lives to eat, and this principle is seen in every phase of his existence. The sexual element becomes adapted to the new state of life, and heredity hands down an increased functioning of the ovarian portion of this system, until at length menstruation is a monthly phenomenon, and the lesser cycle predominates, interrupted only at times by the physiological and greater.

Primitive woman has an economic value which civilization takes from woman, though there are signs that the woman of civilization is returning to a possession of this value under different and higher circumstances. She keeps herself. Woman's engagement in industrialism does not prevent her from reproducing her kind. Woman in savagery is the industrial factor, while man is engaged in militarism; but, as civilization is entered upon, he assumes the charge of industrialism, and woman gradually loses her economic value. Now matrimony and maternity are alone left to her. Now every act of her life, her whole education, is a preparation for these. This condition of affairs leads to an increased stimulation of her sexual nature; function is determined by environment, and structure is determined by function.

The sexual, social and religious life of a people are closely interwoven. Among primitive people religious feasts were really sexual orgies. In our civilized state we indignantly refuse to recognize any connection between the three; but it is existent. What effect the moon may have had in determining this monthly ovulation cannot be definitely stated; but moonlight nights are those chosen for pleasure, and bringing the sexes together. The savage, weary with the chase, sought his couch as the bird his roost, but civilized man turns night into day. With the increasing demands of a higher mode of life mating becomes a more difficult matter, and festivals became more frequent. The social life of civilization interferes with the performance of the function of lactation, many mothers refusing, on account of social duties, to nourish their own offspring. A few years ago it was a fad not

to do so, but, fortunately, the fashion has turned. The period of lactation is not as long as it should normally be—only seven, eight, or ten months, instead of two years—but we find that if a mother does nurse her child for a longer time, the child suffers. What is the cause of this? It is simply due to the fact that ovulation is again taking place, and that the amount of blood necessary for the performance of the function of lactation is not present in the mammary glands, and that the supply of mammary secretion is deficient in quantity and quality, and is not adequate for the demands of the child. Every child has its dietetic rights, *in utero* and after birth. When the period of lactation is lengthened, and all causes which would excite an abnormal ovulation are removed, the normal physiological cycle of woman will be that in common occurrence, and the abnormal will disappear. By adaptation and heredity will the error be removed.

Beatson's cure of inoperable cases of mammary cancer is based on an appreciation of this physiological cycle. If preventive medicine is to be practised, a physiological understanding of the human body must be possessed by the profession, and we, the physical leaders of the people, must teach them according to natural law. The effect of mind upon matter, and matter upon mind, is daily becoming more apparent to the leaders in scientific thought. The body must be studied from a psychological, as well as from a physiological, point of view; and gynecological disorders have their psychological causes, as do those of other portions of the body. The sexual element is so interwoven in the being of all that it must influence the organism in many ways. By the untiring efforts of Mr. Havelock Ellis much has been accomplished along this line. Delicate subjects are generally neglected, but ignorance is no excuse in the laity, nor is false modesty any excuse in us.

THE FINSEN LIGHT CURE.

BY H. JOHN STEWART, M.D., CHICAGO, ILL.

HAVING read and heard so much about the Finsen Light treatment in the cure of disease, I decided in April of last year to make a personal investigation to see and learn for myself if it was true that such diseases as lupus and rodent ulcer could be cured by light. I visited several institutions where the Finsen Lamp was in operation. In Manchester, England, in the Salford Skin Hospital they had a Finsen Light department, under the supervision of Prof. Brooke, who informed me they were unable to treat half the sufferers who applied for treatment, and they had solicited by public subscription, \$125,000 for the erection of a new hospital for skin diseases, where they would be able to enlarge the "light department" so at least 200 people could be treated daily, as there were people on their waiting list whom they would be unable to treat, with their present facilities, for an indefinite time. Prof. Brooke was most enthusiastic over the wonderful results they were obtaining there.

I next visited the London General Hospital, of London, England, and found they were just completing an immense light department, that had been established by the present Queen of England, then Princess of Wales, in 1900, who presented the first lamp at that time, and as it was found to be far too inadequate, she had just given a second lamp, and Alfred Harmsworth had also given \$50,000 for the perpetual endowment of another Finsen Lamp in this department, and they were then building a platform to receive the King and Queen, whom they expected to come June 11th to dedicate this new department, and even with these increased facilities, I was informed by Prof. Squirey, there were patients on the waiting list who were unable to receive treatment.

I next visited the Light Institute at Copenhagen, and found that all the statements that had been made regarding it were not in the least exaggerated. I had the pleasure of meeting and studying under Prof. Finsen himself, and was extended every courtesy by Prof. Finsen and his assistants at this institution. He seemed very much pleased to describe in the minutest detail the apparatus, treatment, etc., and gave me a detailed history of the Finsen Light.

The Finsen Light is a large specially constructed arc lamp of 20,000 candle-power, or twenty times stronger than an ordinary street lamp, and uses from sixty to eighty amperes of current. This lamp burns a specially made carbon, which can only be procured at Copenhagen. In the upper holder is a large carbon,

while a smaller one is used in the bottom holder; when properly adjusted for arcing, a maximum number of violet and ultra violet rays are produced. The advantage of the Finsen Light over others is in the greater number of violet rays produced. The Finsen Lamp produces a much greater number of chemical rays than sunlight, as the atmosphere absorbs a large percentage of these rays. The light is so intense it is impossible to look at it with the naked eye, and it is necessary for all the attendants and patients to wear dense smoked glasses while the lamp is in operation; an aluminum hood about two feet wide surrounds the lamp, which hood is fringed on its lower border with a deep crimson colored paper skirt to further aid in excluding the diffused light from the patients.

The concentrated rays are carried from the arc to the patients through four telescopic tubes, known as converging tubes, suspended at an angle of forty-five degrees, the tubes containing a series of rock crystal lenses so arranged that reservoirs for running water exists between them. By means of the water screen and rock crystal lenses, all rays but the violet are eliminated, and these rays are converged and concentrated, thus vastly increasing the healing and bactericidal effects.

The heat from the original arc is so intense that to prevent cracking of the lenses and discomfort to the patients, a stream of cold water is kept constantly circulating through the reservoirs or water screens.

To further concentrate and cool the rays a compressor is provided, which consists of two rock crystal lenses, so arranged that a chamber for running water exists between them. This part of the apparatus is used to compress the affected area, and make it bloodless during the treatment, thus facilitating deeper penetration. The Finsen arc light has been used with marked success in curing many skin diseases, thought until this time incurable, especially lupus and rodent ulcer. During a period of six years the Finsen Medical Light Institute at Copenhagen has grown from a very small shed, where they were only able to treat one patient at a time, to a magnificent institution, where they are now treating three hundred people daily, and light institutes have been established in London, England; St. Petersburg, Russia; Paris, France, and Chicago, Illinois, where they are all carrying on a similar work to the parent institution.

It has been a popular belief that lupus was a very rare disease, and common only in the northern countries, and although it was supposed there was no lupus in London, yet the hospitals are now treating 175 daily, and the management was compelled to instal two more lamps and build a separate department, so great has been the demand from people seeking relief. Lupus was con-

sidered very rare in the United States, but since the establishment of the Finsen Light Institute in Chicago the author is informed they have been taxed to their utmost capacity, and they, too, have found it necessary to increase their facilities, as there are now patients on the waiting list who are not able to receive treatment. It seems but a question of a short time until light institutes will be established in every large city in America, because it has proven so efficacious in many other skin diseases, besides lupus and rodent ulcer, such as acne, alopecia-areata, localized eczema, chronic ulcers and nevus. The treatments are given while the patients recline on couches. By firm pressure with the compressors on the tissue to be treated, the blood is removed, and more heat can be borne and deeper penetration produced; this compression has another important advantage in that the bactericidal effect is greater, because it has been shown that the corpuscles absorb a considerable portion of the rays and thus prevent deep penetration.

The affected area is placed about ten inches from the distal end of the converging apparatus, and the treatments, or seances, as they are called, take about one hour daily in lupus and rodent ulcer, and in other skin diseases from ten to twenty minutes, depending upon each individual case.

The results attained have been hardly less than marvellous since from carefully compiled statistics covering a series of over 800 cases of lupus treated at the Finsen Institute, an overwhelming percentage of cures and an insignificant number of failures is shown, and Prof. Finsen goes so far as to say that in lupus-vulgaris cures can be obtained in 97 per cent. of cases, even where the whole face is involved. In these 800 patients, with ages ranging from 5 to 74 years, the average duration of disease was eleven years. This treatment has an advantage over the X-ray in that there is no danger of burning, and consequent sloughing. With the light treatment we are dealing with a known quantity, while with the X-ray we have an unknown quantity with uncertain action.

The light treatment causes no pain; a red erythematous spot and blister appears where the light is applied, and in five or six days the scab falls off, and the ulcer is healed beneath, and the skin is left free from scar or cicatrix, but red; the redness, however, after a variable period fades, and leaves the skin white and uncontracted, except where there has been a loss of tissue from the disease before treatment.

In conclusion, the author would state that the possibilities for the light treatment in the curing of diseases are still unknown, and believes in a limited time it will take an exalted position in the field of medicine and surgery.

Selected Articles.

MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES.

BY "LALLY BERNARD," TORONTO.

"The truest-spined arrow
Winged by Fate,
Most cruel to harrow,
Is named 'Too Late.'"

EVERYONE, I think, has one especial form of human suffering dreaded more than all others. I have always, for those I love and for myself, had the most terrible dread of consumption. I can conceive of no more terrible form of lingering death than that of the consumptive, and I know of no cure more beautiful in its principles and practice than that of sanatoria treatment of this disease. Every beautiful, cleanly, healthful inspiration, mental, moral, and physical, is comprised in the treatment of tuberculosis to-day. I am no believer in the efficacy of human suffering. I recognize its virtues only insomuch that it is fought and conquered by God-like attributes—by the devotion of men and women to their suffering fellows, by high courage and steadfast purpose, which sordid ambition does not engender. I found in both the Muskoka Cottage and the Free Hospital for Consumptives youth and courage, the sunshine of human hearts, and a sort of unexpressed belief that if "God's in His Heaven, all's right with the world."

FOOLISH FEARS.

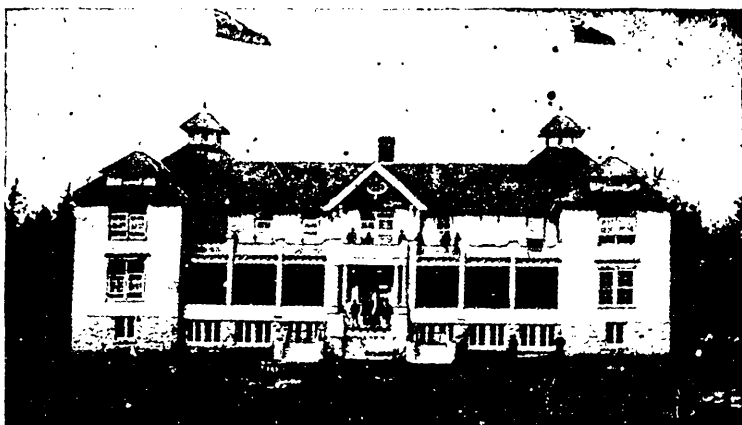
Fifteen minutes' drive through the woods on a beautiful September morning brought me to the front entrance of the Free Hospital for Consumptives, opened on April 22nd, 1902. I was to enter as a "free patient," and my reasons for doing so are very simple. In the first place, I wished to testify that I had absolute faith in the statement of the men who have given years to the study of the subject, that nowhere is one safer from the danger of infection from tuberculosis than in a well-run sanatorium, where the disease is being fought, and in many cases conquered, by the inmates and staff. Secondly, I had only a short time at my disposal, and there is no accommodation for guests at the free hospital, and I knew that, as an onlooker, that curious restraint which

one always feels when "visiting" a hospital would hamper my efforts to get to the very core of the question I was so interested in. I confess that when I and my trunk were deposited at the foot of the high flight of steps which lead up to the great gallery opening from the main floor of the great building, my heart sank, and I would fain have beat an ignominious retreat, not from the fear of infection, but from the fear of coming into close contact with human suffering that I was powerless to help, and the feeling that I was admitted under false pretences, even though those in supreme authority knew and approved of my plan. So great was my trepidation that to this moment I cannot remember which member of the staff it was who came and welcomed me. I only know that I was conscious of a matron in a charming fresh white frock, a white-robed and capped nurse in charge, and a lady secretary in smart attire, of the many inquiring eyes of a group of women patients on the verandah, and of finding myself in a cool hall, where one of the young girl patients was arranging great pots of spreading ferns in the wide brick fireplace. There was the air of a spotless summer hotel—not the slightest suspicion of "medicated odors" one associates with a hospital, and in a quick glance I saw that a suitably furnished drawing-room was to my right, with windows opening on to the wide gallery, and that the secretary's office was on my left, with a few bookcases filled with books, which formed the library of the institution. I felt by instinct that my "mauvais quart d'heure" was yet to come in that little office—and it did! In the secretary's hands should have been forms from the central office of the association in Toronto, one from my parish priest, or some person of authority, showing my claim to enter as a "free patient," and one filled in by my family physician, which would give the doctor in charge the information of immense importance to him. None of them was forthcoming! The doctor in charge was absent, and I had to endure the position of one of those poor patients who are flung upon the compassion of the staff of the Free Hospital when the right mode of procedure has been neglected.

WHEN APPLYING FOR ADMISSION.

I must digress to say at this point to any one who reads this column, that every medical practitioner and all the clergy in the Dominion should make it their business to inform themselves of the mode of procedure and the character of the application to be made to Mr. J. S. Robertson, Secretary, National Sanitarium Association, Mail Building, Toronto. It seems absurd to reiterate this in an article of this kind; but not three hours' journey from the Hospital I found a leading merchant in a town who had never heard of the institution! It is bad enough to be weak and ill after

a long journey to a strange place, but to find one's self in an institution where the staff has nothing in readiness for one, and where it is doubtful if there is a bed awaiting one, is really terrible. That is just what I felt through a stupid error of my own. I faced a perplexed and kindly group composed of the nurse, secretary, and matron. I was finally ushered into a great sunlit ward, where eight beds, four on each side, stood about six feet apart. A strip of carpet, a chair, and a small stand with two drawers, a bed, wider than the usual "single bed," of white enamelled iron, with a nice white quilt and fine bed linen, and a great warm extra blanket of grey for cold nights, formed the equipment for each patient. A locker later on would be put at my disposal in the hall, and my trunk in the basement trunk room would be accessible twice a week. My coat and hat I would hang in the lavatory,



MAIN BUILDING, MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES.

with the four wash basins, its one small mirror, and its shelf where tooth brushes and medicine bottles were kept. Two towels were hung on a rack by my bed. The nurse brought me a small tin cuspidore with a spring top, and a package of paper folders, which formed the movable lining of this most important feature of the battle against tuberculosis. The same receptacle for expectoration is used in both institutions, and the first directions have reference to the extreme gravity of the orders concerning collection and disposal of "sputum." I can see the average reader shudder at the recital of what seems a disgusting feature of this dread disease, but, believe me, the most fastidious and delicately nurtured of women, once they realize the meaning of the word "infection" in connection with consumption, will ever more regard this term, once so objectionable, in the same light as "ulceration," or "pus" from a poisoned wound. This small tin cube, about the size of an

ordinary cup, was the constant companion of each and every patient. The rules in this respect were exactly the same as at the Sanatorium. Patients going any distance from the institutions carried pocket flasks of glass, with spring tops, which replaced the more cumbersome tin receptacle. The morning after the arrival of the patient, the inner casing of the receptacle was removed, wrapped carefully in a double layer of paper, neatly tied up and marked with the patient's name, and left for the doctor to examine under the microscope. I had watched Dr. Elliott, in the Cottage Sanatorium, examine the expectorations of a newly-arrived patient, and without any uneasiness, for under these conditions there is no fear, unless the infection be introduced through a cut finger. On the result of the doctor's examination of the sputum, the order of treatment would largely depend, but, as in the Cottage Sanatorium, there had also to be the examination of the chest and lungs and throat. Before this took place I was told never to cough without my hand before my mouth, and always to wash my hands carefully before handling food of any kind.

HOW THE PATIENTS LIVE.

Coughing was discouraged as much as possible—all the rest the lungs could get must be had; and I found that in the Cottage Sanatorium, with one or two exceptions, coughing was seldom heard. This was to me amazing, and put all my preconceived ideas of consumption to flight. When the doctor did not order the sputum to be kept for examination the small paper receptacle was wrapped and neatly tied in a parcel and deposited in a covered zinc can which stood near the lavatories, and each morning that can was emptied into the furnace made for the purpose, and consumed. The doctor had fully examined me in his office, and I was taken to the great open gallery where the patients almost live. Here a group of patients gathered about a table, where working, writing and reading materials, and the ever-present sputum receptacles were placed. What shall I say of the kindly manner of introduction of the "new patient," and the gentle, courteous manner of reception? Only this; that it gave one that sensation known as "a lump in the throat." And then followed a period of intense depression, a sudden realization of the situation, of the extraordinary accumulation of human sorrow and intense anxiety which this terrible disease brought into the lives of those who from childhood had known the struggle for existence. I instantly understood why I saw at the Free Hospital more "acute" cases than at the Sanatorium. There were those about me who could not afford to pay for the seclusion and comparative isolation from their dear ones which the rich could, and it is to separate this class from the

"incipient" cases that the Association are getting in readiness the hospital on the banks of the Humber in Toronto. The lunch bell rings, and two or three of the patients considered well enough by the doctors act as waiters and waitresses, and bring milk to those who are not strong enough to go for it; others go to the dining-room, removed some distance from the living rooms. The men who inhabit the several shacks, in which there are four beds, come strolling past the great gallery, which, by the way, I am not supposed to stray from for a week after my arrival. The hot September sun blazes down on the stretch of lowland at the foot of the slope upon which the hospital is built. Everything about the grounds is still in "the rough"; every cent is needed to buy the necessaries, and I learn that a ward is condemned to lie idle while



VIEW OF WARD. MUSKOKA FREE HOSPITAL.

applicants clamor for admission, simply because there is not money forthcoming to enlarge the supply of drinking water.

PATIENTS AT MEALS.

At dinner I sat between a man patient, who had been admitted some weeks before with a tubercular throat, and an athletic-looking youth, who, I was told, was going through alternate periods of hope and fear regarding his condition. There were four tables full of patients in the light, airy dining-room, who were waited upon by patients "told off" for duty. The fare was clean, wholesome, and in sufficient quantity, the table and service just what one might expect at a respectable country hotel. But, as at the Sanatorium, the majority of the patients looked young, and I defy any one but a specialist to diagnose their trouble from their

appearance. When their appearance tells the sorry tale, then it appears the disease is "acute." No one coughed at the table; when the necessity arose I noticed that the patient left the room for a few minutes. Japanese table napkins were used, and burned after each meal.

The conversation was fairly animated, and I was struck by the kindly attention given to my requirements by my neighbor, whose hoarseness was terrible to hear. We remained at the table for not less than twenty-five minutes. After dinner a pretty inmate of my ward came to tell me that we were expected to rest from one to three, the same routine as at the Sanatorium. I regret to say I broke the rule, and climbed up among the pines and firs on the top of the rocks near the hospital, as the longing for seclusion, for the chance to "think" out the thousand and one



TAKING "THE CURE" AT THE MUSKOKA FREE HOSPITAL.

problems which crowded upon me, seemed irresistible. I was met on my return before the tea hour with a gentle reproof from another patient, who kindly offered to teach me "the ropes." There had been afternoon lunch, and before the tea hour I had a chance of conversing with some of my fellow-patients, learning from them the history of their "cases." Only once did I detect a hopeless note, and that was the case of a very young girl, who said: "I caught it from my sisters, who died from it; I slept with them during their illness."

The evening meal was again just such as one might have had at a fairly good country hotel—two kinds of meat, hot buns, stewed fruit, celery, milk or tea, as the patients chose. We again sat and chatted on the verandah, several of the men patients joining the group. Milk and biscuits, or some light refreshment, were given before retiring. By bedtime the *role* I was playing had

become absurdly real; the joys, sorrows, and difficulties of this little world had become mine. To add to the reality, a "gouty sore throat," my usual travelling companion, asserted itself with vehemence, and I became a genuine "patient," receiving treatment in the throat room, where the apparatus is wonderfully complete.

NIGHT IN THE HOSPITAL.

What of that wakeful night in the pearly dimness of the great white ward in the Free Consumptive Hospital? The windows were flung open wide to the freshness of the September night, and the myriad sounds of insect life in the woods were drowned from time to time by the terrible fits of coughing from one of the patients. Four quite young women occupied the beds on the opposite side of the room, merry, light-hearted school girls, one would have said, were the truth not known. Just for once in my life I longed for really great riches. How much, how very much, could be done to lighten the tedium of the long months in a consumptive hospital of this kind. Croquet grounds, golf grounds, gardens, poultry yards, all kinds of pets, horses and sleighs, snowshoes, toboggans, boats, ammunition for the shooting club, everything that men of wealth and leisure consider necessary to their happiness, would mean so much, so very much, in inducing people to stay the length of time really necessary for the "cure." The library should be full of those scientific magazines which our educated artisans have seldom time to read. Many of the men would feel that they were improving their minds as well as their bodies, if only help of this kind were given. So many are young, almost lads, and how they could be helped by those more fortunate than themselves!

I digress, but for the two nights I spent in the ward my mind was occupied by such thoughts, and I give them for what they are worth. Morning found us at a quarter to seven in the lavatory, where orders were that a good sponging with cold water and a vigorous "rub" were to be carried out. One small mirror had to serve for the eight women, and the neat dressing of luxuriant heads of hair. Surely from some woman who knows the joy of plenty of looking-glass, a mirror three feet wide and four feet long will be forthcoming? Breakfast at a quarter to eight, beds to make, and a general tidying up. Then came the same routine: a certain number of patients told off for dining-room work, the lunches, meals, hours of rest and exercise: a hurried glance at the small, plainly furnished quarters of the staff; after tea a boat row with two of the patients; another night in the great white ward, a night again crowded with thoughts of what might be done by concerted efforts of rich and poor. Morning brought the announce-

ment that I was "discharged," free of tubercle bacillus. Good-byes to the patients I had learned to like and know during my short stay, to the doctor and staff, and my experience at the hospital, a free patient in a free hospital, was at an end.

THE NEW HOSPITAL FOR WOMEN, LONDON.

"CITOYENNE," in writing, December 5th, to *The News*, as to the new Hospital for Women in London, England, says:

There is grave anxiety over the condition of the German Emperor, in spite of reassuring bulletins, which are daily sent out from Berlin. On Saturday last, I was present at the unveiling of a tablet to the memory of the father and mother of the unfortunate Emperor. The tablet was to be put up in the cancer ward of the new Hospital for Women, Euston Road. The tablet was to commemorate a bed endowed in the name of the Emperor and Empress, who were the victims of this dire disease, and the unveiling took place at an unfortunate moment, when the attention of the public was called to the sufferings of the present Emperor, and the similarity of his trouble to that of his father. The ceremony was interesting from the fact that it was the first tablet of a public character which had been erected in England to the memory of a Crown Princess whose name was identified with nearly every movement for the advancement of women. It was this zeal in the cause of the higher education of women which brought about much of the unpopularity of the late German Empress among her husband's subjects. Germans viewed with distrust the widening of woman's sphere. The clearly defined limitations of the women-kind, who hitherto insured their homes being havens of rest and comfort, was threatened, and they were fearful that the new order of things might deprive them of the material comfort which matrimony insured for them.

The Hospital for Women has been in existence for about twenty years, and thousands of patients pass through it every year. I was rather struck by the "unhospital" aspect of the entrance hall and the corridors. Everything was tinted ivory and a soft shade of green. This tinting appeared uniform throughout the building. The immense wards were circular, heated with hot water pipes, and with fireplaces in the centre, standing, as it were, back to back, built into the great central shaft which prevented patients from seeing each other across the room, and gave more privacy to each individual than is usual in a public ward. Here again the walls were of hard cement, and tinted green, with a washable paint. What I thought a decided mistake from a sanitary point of view, were the great plaster bas-reliefs let into the

walls of the ward, and in such high relief that the ward nurses must have had plenty of work trying to dust off the figures and keep them free of germs. In other respects the hospital was really beautiful. The operating room was a marvel of cleanliness, and I noticed that the immense hot-water coils were coated with smooth paint, and each pipe far enough away from the other, and removed a sufficient distance from the wall, to allow a perfect cleaning every day. This is a vast improvement upon the horrible unsanitary coils or radiators which adorn our hospitals and houses, made of a metal which has rather a rough surface, and covered with senseless ornamentation and paint, which simply attract the dust, and which, in the majority of cases, are placed so close to the wall and at such a height from the floor that you can neither clean under them or behind with satisfaction.

The kitchen was at the top of the building on the same floor as the cancer ward. There appeared to be very few private wards. But the greater number of the nurses were gentlewomen, many of them members of titled families, and in some instances I was told that "sister" had been known in the world as "Lady So-and-so." Possibly many people will remember the opposition with which the establishment of a hospital for women, with women doctors on the staff, met with, Sir William Jenner being one of the most active opponents. To-day his daughter and Lady Jenner are two of the most devoted friends of the institution. I was introduced to Mrs. Scharlieb, M.D., M.S., now the most famous lady surgeon of London. She has been lately appointed as physician for the diseases of women to the Royal Free Hospital, an appointment for which, I am told, the present Queen is mainly responsible, as she felt the Royal Free Hospital should have this department under the care of a woman. Mrs. Scharlieb is not a young woman, and I marvelled, as I looked at her, at the amount she had accomplished in her professional career. How shall one describe her? She was of the modest, old-fashioned type, rather tall and slender, with a quiet pensive face; a woman whom one would readily pass by without comment of any sort. She wore a bonnet of the kind which women in the early part of the last century considered they should wear when past the age of forty. Her cloak gave one the same impression of a willingness to accept the milestones of age as they arrived. And yet this is a woman who is called in to perform the most delicate operations by the eminent surgeons of London. All the staff of the hospital are women, and they were present at the ceremony over which the Princess Henry of Battenberg presided, wearing their scarlet gowns, with bright blue bands, and all looking as if they enjoyed themselves immensely.

Everyone in London to-day is talking "Radium," and it is

little wonder, for throughout the hospital world there is more than a rumor current that radium means the discovery of the curative process of cancer, that dread disease which has baffled medical science for ages. Remember, I use the term "curative process," not cure. In London there are only about twenty grains of radium, and the smallest purchasable quantity is £10 worth. The tube sent to the Fulham Hospital for Cancer by an anonymous donor, must have cost many thousand pounds. Austria has created a sort of corner in radium, and forbidden the export of the ores in which it is found. Radium in daylight looks like greyish dust, but in the dark it radiates light. Gold, platinum, and precious stones have now only half the value of radium. It is "again a "light cure," and something which suggests moral as well as physical healing.

But enough of sorrow, suffering, and possible healing. London, as Mrs. Fawcett said in her address at the Woman's Hospital the other day, struck a new comer as a great division of life and death; one was always coming in contact with suffering and death, as well as with intense energy and vitality.

One more word about the new Hospital for Women. As I passed through a pretty courtyard, I saw the door of a small chapel open. It was a small mortuary chapel, built, in memory of a son he lost, by a carpenter who had worked about the hospital for years. It was, of course, a mortuary chapel, but on the altar there were lights and flowers, and over it a huge crucifix. The pall which covered the bier in the middle of the room was of pale mauve with a deep violet cross embroidered in the centre. A door led from the chapel into the post-mortem chamber, but everything was done so decently and in such order that one felt the friends of the patients who died must have felt the comfort and soothing it brought. It is true that in Canada we have more denominations than one finds in England, but surely our hospital chapels might have something of a more sacred character about them than they have to-day.

Sanitarium By-law.—The City Clerk has made the following official return of the vote in Toronto on the Sanitarium by-law :

	For.	Against.
Ward 1	558	471
Ward 2	681	581
Ward 3	517	495
Ward 4	909	889
Ward 5	1,027	926
Ward 6	742	669
Total	4,434	4,031

Proceedings of Societies.

CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL

THE President, Dr. James Hawley Burtenshaw, occupied the chair at a meeting of the above Society held December 7th, 1903.

Erythromelalgia.—Dr. J. C. Lynch presented a patient suffering from red, painful extremities. About four years ago the patient had severe burning pains, first in the right and then in the left foot. The pain was intensified by standing or walking, and several months later he noticed that the painful areas were red and swollen, and that the base of the great toe was violet after exertion. Two years ago the middle toe of the left foot was amputated because of the great pain. The toes of both feet are red; over the metatarsophalangeal articulation, the skin is of a violet hue; the superficial veins are prominent and the parts are painful to pressure, but do not pit. When the feet are elevated the congestion disappears, to return when the feet are dependent. Sensibility and thermal sensation are not disturbed. The patient's condition improves during the cold weather.

The speaker said that the pathology of this condition is not well understood. Wier Mitchell considers it a vasomotor disturbance. It is probably due to a peripheral neuritis of the branches of the plantar nerves associated with diseased blood-vessels. Most of the cases so far recorded have occurred in men during middle life. Long hours of standing, associated with hard work, worry and exposure to various temperatures are important causative factors. Various infective diseases, such as gonorrhoea, malaria, syphilis, etc., may also be important factors. It also occurs as a symptom in certain organic diseases of the central nervous system.

Erythromelalgia may be confounded with Pick's erythromelia and the stage of local asphyxia of Raynaud's disease. In erythromelia, there is a circumscribed reddening of the skin, followed by venous dilatation, confined to the extensor surface of the extremity. There is absence of pain and increased surface temperature, and no change on altering the position of the extremities. In Raynaud's disease, 80 per cent. of those afflicted are women. It begins with local ischemia; pain may be absent or acute; it has no relation to position; it is unaffected by season. In many cases

the symptoms are brought on by cold. It is anesthetic to touch, surface temperature is much lowered, and there is symmetrical gangrene.

General Paralysis of the Insane—This patient, also presented by Dr. Lynch, illustrated the promptness with which the luetic poison attacks the central nervous system. The patient, 27 years of age, had a sore on the penis, which was cauterized, and he was given "pink tablets." This treatment made him much worse, and he consulted another physician, who gave him black ointment to rub in every night. He continued this for about three weeks, when his eye became sore and painful, and he consulted an oculist, under whose care his eye improved, but his throat became affected. The oculist sent him to another physician, under whose care he remained for about three months, when he lost his voice. He then consulted a specialist on the throat, and continued under his care until he became demented. The essential features of his disease are that it began with a series of epileptic seizures, on recovering from which he was affected by temporary aphasia and paralysis, which disappeared in a few days, and was replaced by marked mental impairment. The mental condition gradually improved, until he was prostrated by another seizure. He cries continually, wants to go to school, and is unable to answer any questions intelligently.

Dr. W. B. Pritchard opened the discussion, saying that, in his opinion, the difference between Raynaud's disease and erythromelalgia is one of degree and sometimes symptomatic, but that the essentials of the conditions are identical.

Dr. M. Packard said that these cases are much more common than is ordinarily supposed. He had seen seven of them in the Polyclinic Dispensary during the preceding summer. The pathology of erythromelalgia and Raynaud's disease is practically the same, being an obliterating endarteritis. They are all due to contraction, as Mitchell showed in 1870. Two cases of this nature in Dr. Sach's clinic developed into gangrene. In Raynaud's disease the pain is stabbing, while in erythromelalgia it is constant. Several cases of erythromelalgia were sent from the Hospital for Ruptured and Crippled with a diagnosis of flat-foot, owing to the character of the pains, and while these patients may have had flat feet, treatment by the Whitman brace only irritated their condition, due to the pressure it exerted. Cold water and potassium iodide proved effective, but the most successful agent in dilating the arteries was nitroglycerin.

Dr. Pritchard, in referring to the second patient presented by Dr. Lynch, said that he would like to call attention to a point of much interest to neurologists in the development of general paresis. Twenty years ago, if a diagnosis of general paresis was

made, it was safe to assume that the patient could not live more than two years, but to-day it is reasonably certain that he would be alive ten years from the date of the diagnosis. For this transformation, the speaker knows of no explanation. Another point of interest is that some years ago, before it was safe to make a diagnosis of general paresis, the patient must have shown some symptoms of grandiose delusions, but to-day nearly 50 per cent. of the patients suffering from this disease are without any delusions of grandeur whatever, and the condition is gradually tending toward a type that will be relatively free from such delusions.

Epilepsia Loquax.—Dr. Pritchard presented a patient suffering from this condition, aged forty-five years. He said this was the only case of the kind he had ever seen. About nine years ago, the patient began to suffer from attacks of vertigo and sudden pallor, the first of which was brought about by a shock. These attacks continued at irregular intervals for five years, when, at the onset of an attack, a spasm of the face was added to his other symptoms. He has continued to have these attacks with increasing severity and frequency up to the present time, when they assumed the type he proceeded to describe; the patient's face becomes very pale, twitching begins over the left eye (a few years ago the twitching had been over the right eye, and it had been transferred to the other side of the face); then the muscles of the whole face begin to twitch, the hands become fixed, and a most profuse diarrhoea of speech follows, with perfectly distinct articulation continuing for a minute and a half. This is followed by characteristic semi-coma lasting for an hour or two, when the man's condition becomes normal. There is absolute loss of memory from the occurrence of some incident preceding the pallor until the awakening. The centre of explosion in such cases, it is assumed, is in the region of the centre of speech (Broca's convolution). Usually epileptics do not talk, yet this patient's only evidence of epilepsy is in his talking.

Dr. D. S. Dougherty said that while he had charge of the epileptic wards at the New York City Insane Asylum, Ward's Island, one patient would have seizures in a corner, remain rigid for a moment, and then talk incessantly for two or three minutes, have a slight twitching, fall, and the attendants would put him to bed and he would sink into natural slumber.

Aneurism with very Unusual Collateral Venous Circulation.
—Dr. Morris Manges presented a patient for Dr. Lynch. The man was forty-eight years old, with the following history: He complains of pain through the chest and backbone, which is intensified on pressure. He first noticed this symptom six months ago, and it was followed, three months later, by pain over the heart and dry, brassy cough. Ten years ago, he had a typical chancre.

Physical examination reveals a large mass occupying the upper right part of the chest, which, on palpation, is seen to have some expansile pulsation. On either side of the mid-line of the abdomen there is a double set of enormously dilated and tortuous veins representing a caput Medusæ. Nor is this the only evidence of pressure; some of the upper veins are enlarged, also the veins of the back, especially on the left side. There is also a marked enlargement of the veins of the upper extremity, less marked on the left side. Examination of the heart shows the apex beat to be in the sixth space. Over the tumor nothing would lead one to suppose it was an aneurism except the slight expansile pulsation. One hears nothing except the heart sounds sharply accentuated. Deep palpitation behind the episternal notch is negative, and Oliver's sign is absent. In a case of this kind one would naturally think of an aneurism, of a gumma or other neoplasm. A new growth can be eliminated on account of the situation of this enlargement, and the conclusions given. The question of gumma may be eliminated because of treatment, the patient having had iodides without any results whatever. Considering the history, the only inference would be that it is a case of sacculated aneurism filled with an enormous amount of blood-clot. As to the collateral venous circulation, one's first conclusion would be that something is obstructing the iliac veins. The speaker had recently seen two cases beginning with either obstruction of the portal circulation, or of the inferior vena cava. He had seen a number of cases of obstruction of the portal circulation and of the vena cava, but ascites had been a more or less pronounced feature in most of them. The marked venous collateral circulation in this case could be explained only by the presence of a large mass compressing both superior and inferior cavæ. This would be caused by the presence of a large aneurism of the ascending aorta, of which the external evidences are to be seen in the sternal tumor. The fact that there are so few symptoms is caused by the aneurismal sac being filled with a very thick layer of organized blood-clot.

Dr. R. H. M. Dawbarn said that this case was particularly interesting because of the anastomoses. He had never seen so typical an instance of the caput Medusæ. He said that there were a dozen ways whereby the venous blood may, in obstruction of the portal veins (exit), pass the liver and re-enter the inferior vena cava. In his opinion, a more important one of these in accounting for the caput Medusæ than the instance mentioned by the speaker, is the circulation from the liver to the belly-wall, through the reopened umbilical vein of fetal life. In about 20 per cent. of such cases, this cord again becomes a vein. In the case of the patient before the Society, he thought that perhaps a small gumma of the liver in the region of the portal vein might account for the

venous distention. Much larger doses of potassium iodide must be given before one could eliminate it as a cause. The fact of it being an aneurism would point somewhat toward tertiary syphilis, but so frequently is the cause of producing atheroma of the arterial walls. He did not consider the absence of ascites, even with great portal venous stasis, as effectually destroying the diagnosis of a gumma in the liver.

Dr. Albert Kohn said that he was impressed with the lack of symptoms of aneurism, even though the mass were filled with blood-clots. Pulsation was very slight. The hypertrophy of the heart might be explained by arterial sclerosis of specific origin. Undoubtedly there was pressure on some of the larger trunks supplying the upper extremities, but before making a diagnosis, it should be considered that the treatment had not proved anything. The patient should have iodides in increasing doses, up to 100 or 200 grains a day, or even more, and injections of bichloride of mercury and salicylate of mercury. Very often injections of mercury will give results when iodides have absolutely no effect.

Dr. Packard suggested that the venous varicosities on the chest and abdomen were due to pressure on the internal mammary vein, with an anastomosis of the superficial epigastric.

Dr. Manges said that he still thought it was an aneurism. If it were a gumma also it would have eroded the ribs or the sternum.

Displaced Liver and Kidney.—Dr. Kohn presented a case of displaced liver and kidney. The patient, when she first appeared at the clinic, two years ago, gave a history of what was then diagnosed as coelithiasis. The gall-bladder could be distinctly felt. Some time ago she again presented herself, and, on examination, the liver was found to extend down to the umbilicus, and the dullness to begin at the eighth space. On making a slight palpation over the edge of the liver the gall-bladder was found beneath the edge. The kidneys could be felt displaced into the right iliac fossa. The entire process had occurred within the last two years.

Dr. Brooks H. Wells said he had had a similar case in which a diagnosis of fibroid uterus had been made. Upon examination, the upper edge of the liver was found to be two inches above the umbilicus. He made a median incision from the lower edge of the liver, got hold of the round ligament at its insertion into the liver, passed a suture of kangaroo tendon over it, so placed that it could be pulled back and forth, and then pushed the liver into its proper place. The patient made an uncomplicated convalescence.

Gall-Stone Ileus.—Dr. Manges presented specimens from this case. The patient was a man of fifty-eight, who a few months before had had an attack which his physician had considered to be appendicitis. About a week before he was seen by Dr. Manges he

had abdominal pain and severe attacks of vomiting at irregular intervals, and there was no movement of the bowels for about a week. On the day he was seen, he had a movement following cathartics and enema, but in spite of this the vomiting, which by this time had become more or less constant, did not abate. The vomiting was characteristically fecal. There was no fever, nor was there at any time evidence of jaundice. Examination of the right abdomen revealed nothing but a vaguely defined mass in the right hypochondrium. There was no increased peristalsis, nor was there any evidence of distention. The introduction of a stomach tube brought up very large quantities of fecal material, acid in reaction. A fairly thorough lavage gave the patient great comfort for twenty-four hours. Recurrence of the vomiting, however, on the following day, rendered exploration for an unrelieved abdominal obstruction advisable. The operation was performed by Dr. Lilianthal, an incision being made over the right side of a vaguely defined tumor in the right hypochondrium. A pus cavity was encountered, and in this area a number of various-sized gall-stones were removed, followed by drainage of the wound. The patient's condition at the time of operation had been desperate, and was not improved by the operation, death occurring on the following day. At the autopsy, one very large stone and several smaller stones were found high up in the duodenum, the largest stone being over an inch and a half in diameter, practically filling the duodenum of the lumen. Very dense adhesions bound down the gall-bladder and duodenum to the stomach. The gall-bladder was very much thickened, and at its lower portion was a large opening communicating with the duodenum. It was through this opening, undoubtedly, that the stone had escaped into the duodenum. Dr. Manges closed his presentation with a brief discussion of the rarity of gall-stone ileus and some of the features of its differential diagnosis.

Acute Edema of the Lungs Secondary to Ether Narcosis—Recovery.—The paper of the evening was read by Dr. V. C. Pedersen, who said, in part: The patient was thirty years old, healthy. Immediately after a thirty-minute administration of ether for an operation for piles, he developed acute edema of the lungs which very nearly proved fatal. The induction of anesthesia caused great excitement and muscular rigidity in the extremities, which persisted about ten minutes. During that time the ether was administered rather freely but not excessively, in so far that less than four ounces was poured into the cone during the entire operation. The clinical picture of the edema was made up of profound cyanosis followed by cardiac weakness, but was not accompanied or followed by any mucus in the mouth, nose or throat. The resuscitation was accomplished by free use of cardiac stimulants,

notably strychnine, whiskey, and nitro-glycerin, and respiratory stimulants, like atropin and elevation of the foot of the bed. General dry cupping of the chest was also instituted, and after about one hour of constant work over the patient, recovery took place, without, however, the appearance of any fluid in the throat from the lungs. No later lung complications occurred.

The speaker stated that some twelve cases of a similar nature have been reported in medical literature, all of them fatal, and many of them showing as in this case, an insidious onset at the end of the operation, notwithstanding the fact that anesthetization had been without incident. He thought this case worthy of publication for the reason that it illustrated the fact that certain persons are individually very susceptible to ether-fumes, the gas being irritating to the lungs. He therefore holds that whenever any difficulty appears in the early stages of anesthesia with ether, great caution and deliberation should be exercised in overcoming them. He stated that, in his opinion, aside from the very important factor of individual susceptibility, this case of edema may have been due to somewhat undue exhibition of ether early in the narcosis, although, after all, the total of ether exhibited (less than four ounces) proved that this excess had not been very material.

Dr. Pedersen also presented a chloroform dropper, which he had designed for the purpose of regulating the size of the drop allowed to flow from the tube which was inserted in the stopper. A large, small or medium drop could be allowed to fall on the mask, and at more or less frequent intervals, according to the desire of the anesthetist.

He also exhibited a new device for attachment to Bennett's ether apparatus, designed to greatly facilitate anesthetization in cases of operation on the larynx and trachea.

Dr. T. L. Bennett opened the discussion of Dr. Pedersen's paper. He said that pulmonary edema following the administration of ether is not a common occurrence. He had seen three or four cases in which this condition had been present in lesser degrees than in the case reported by Dr. Pedersen. The morbid anatomy of pulmonary edema is very likely that of congestion of the lungs, similar to that seen in the pleural cavity. Some patients are susceptible to pulmonary edema, as, for instance, those inclined to congestion of the lungs or those having tuberculosis. The anesthetist should be on his guard to notice any failure of the left side of the heart, either from weakness or from complication of the aortic valves or from aortic stenosis. The congestion from ether is usually sudden, but the edema may be quickly developed, or it may not become apparent until the administration is stopped. In the case reported by Dr. Pedersen, partial edema of the lungs probably occurred during the early administration of the

ether, and when the ether was stopped, a certain amount of stimulation was withdrawn, and the consequent depression favored the development of the edema. Whenever, during inhalation, the patient presents symptoms of cyanosis, he should be examined for edema, notwithstanding that his inhalation may be free. There is usually a rapid pulse, and the patient, if in an excessive case, will expel mucus from the cavities. In the treatment, prophylaxis is the most important feature. The ether should not be pushed so rapidly as to set up this congestion. The anesthetic should be changed as soon as the first symptoms are noticed, and it should be given in small quantities, so that the patient may cough or vomit, and so expel what is in the lungs. Strychnine should be given for stimulation. Artificial respiration, with oxygen preferably, does much to start the circulation and may expel the fluid from the chest and lungs.

Dr. Pedersen said that he thought the choice of an anesthetic should depend to a great extent on the personal equation. He had recently administered ether to two patients who had suffered from bronchitis previous to the time of operation. The anesthetic, in both instances, had been chosen by the operator. The first patient was given ether, and developed a bronchial pneumonia, but did not die. The other patient was a man for whom the operator requested chloroform. Ether was administered, but he became cyanotic and chloroform was substituted. He got through the remainder of the operation without difficulty, and made a good recovery.

The Penetrative Power of Argyrol.—A number of experiments have been made to determine the penetrative action of Argyrol upon the human tissues covered with mucous membrane, but the simplest one was suggested by Dr. Edward Martin, Professor of Clinical Surgery, University of Pennsylvania. This experiment consists in immersing a strand of ordinary catgut in a solution of the silver salt, and afterward making sections of the catgut. For this purpose the thickest piece of catgut obtainable may be immersed in a 5 per cent. solution of Argyrol for a few hours. Section of the gut reveals that it is impregnated through and through with the silver. This is the severest test that can be made, and demonstrates that solutions of Argyrol have an intensely penetrating action on albuminoid structures, even when they are hard, tough and tightly compressed. The practical deduction from this experiment is that this salt will exert the antiseptic effects of silver in the deep submucous structures where, in most pathological conditions, gonococci, or other pathogenic organisms find and maintain a lodgment in spite of energetic measures to eradicate them.

The Canadian Journal of Medicine and Surgery

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Editorials.

THE IDENTITY OF SMALLPOX AND VACCINE.

Drs. De Wach and Sugg have published an important paper on the identity of smallpox and vaccine, in *Arch. de Pharmacodynamie et Therapie*, 1903, t. xii., p. 205. This paper, which fills 65 pages, is abstracted by Dr. Châsevant, in *La Presse Medicale*, December 16th, 1903, and we reproduce his summary.

In a preliminary chapter, the authors give a complete history of the labors of different scientists, who have isolated micro-organ-

isms from smallpox patients. They afterwards describe the localization of the streptococcus in smallpox, and the identification of the smallpox streptococcus, which they compare with a series of other streptococci. To do this, they employ the method of identification by the properties of agglutination. They think that the infection of smallpox takes place in the tonsils, and, as a premonitory symptom of the disease, they signalize sore throat, which, in their experience, always precedes the pharyngeal exanthem. They describe the histology of the smallpox lesions of the tonsils and the skin, and also post-variolic septicemia. They afterwards study the streptococcus of vaccinia, which they identify with that of smallpox. At the end of the paper they give their views about the clinical applications of the antistreptococcic serums of Marmorek, Denys and Aronson. Their conclusions are as follows: (1) In blood taken antiseptically from the heart at the autopsy of a smallpox patient, they found a pure streptococcus. The number of germs varies with the stage of the disease, with a predominance during the papular and papulo-vesicular stages. (2) They obtained the pure streptococcus in blood taken from a living smallpox patient and also from the eruption with a predominance during the fully-developed vesicular stage. (3) The pure streptococcus, taken from variolous blood and eruptions, is agglutinated by the blood of any smallpox patient. The blood serum of a smallpox patient does not agglutinate other streptococci, except such of them as are specific of other diseases, which the same patient has already had, viz., the streptococci of measles, scarlatina, and vaccinia. The serum of every vaccinated person agglutinates the streptococcus of smallpox, but ordinarily to a less extent than it would if the same person had had an attack of smallpox. The serum of unvaccinated persons, or of new-born children, does not agglutinate the streptococcus of smallpox. The agglutinating property of blood serum, with respect to the streptococcus of smallpox, is called into existence, and increases during the course of smallpox. Antistreptococcic serums made with other serums do not agglutinate the streptococcus of smallpox, though they agglutinate to a high degree the streptococcus, or the streptococci, employed in their fabrication. The agglutinating property is also present in the serous fluid of smallpox eruptions. (4) The streptococcus of smallpox may be found in the scabs of smallpox

patients, and also in the air of the houses in which they live. (5) This streptococcus, generally, enters the human organism by the air passages, and in 75 per cent. of the cases, smallpox begins by a sore throat, the catarrhal products of which are infectious. This sore throat corresponds to the first febrile movement. The specific streptococcus diffuses itself through the blood and stops at the skin (papule); proliferates (vesicle), producing the second febrile movement. The infection is then worsened by an invasion of leucocytes (pustules). While the epidermis is repairing its losses beneath the lesions, the pustules dry up and become scabs. (6) The streptococcus of smallpox may be found in post-variolic abscesses, and it may also produce a post-variolic septicemia. During these complications, the smallpox streptococcus undergoes modifications, which tend to alter its characteristic properties. These alterations are reproduced experimentally in animals. (7) A streptococcus which presents properties of agglutination identical with those possessed by the smallpox streptococcus, is extracted from vaccine. It is not agglutinated by the serum of newborn children or unvaccinated persons. It is agglutinated by the serum of a vaccinated person, or one who has had smallpox. The vaccinal streptococcus agglutinates under the same conditions as the streptococcus of smallpox. The reactions of agglutination establish the possibility of a serum diagnosis of smallpox, because the properties of agglutination are specific. Antistreptococcic serums, which are not specific for the smallpox streptococcus, such as the serum of Marmorek, the serum of Denys, or that of Aronson, have no therapeutic effect, if injected in smallpox.

J. J. O.

THE CHICAGO DISASTER AND SOME OF ITS LESSONS.

THE shock of the disaster at the Iroquois Theatre, Chicago, December 30th, 1903, was felt in all portions of the civilized world, so strong is the tie which binds human hearts in sympathy. Nearly six hundred people, mostly women and children, trampled, crushed, suffocated, or burned to death, in one building, is a disaster so great that ordinary experience cannot grasp it. Many of the deaths were caused by violence, sustained in vain efforts to escape through the doors, the weak being thrown down and tram-

pled on. Some of those who were thrown down afterwards perished by fire or asphyxia. Other deaths in the upper galleries were caused by an explosion, resulting from the mixture of a large quantity of illuminating gas with the oxygen of the air. If not killed outright, these victims were rendered helpless and unable to escape.

The Iroquois Theatre was said to have been a fireproof building. When tested this claim proved to be an air-castle. Its interior burned fiercely, while such necessities as ladders to assist people in descending from high fire-escape passages were absent.

To obviate a repetition of this horror, a municipal order, published in Chicago, January 2nd, 1904, announces that the owners or managers of every theatre in that city must thereafter comply with the following regulations, before being allowed to reopen:

"Steel-roll curtains, wide exits, no combustibles of any kind in the house furnishings, fire-proofed scenery, no calcium or "spot" lights to be used on the stage, skylights above the stage provided with automatic lids to permit the egress of smoke, fire and gas; separate stairways, each exit having its own stairs to the street."

All these regulations seem sensible, and, if enforced by municipal officers, would be likely to be observed, and would therefore prove efficient. As a fire in a theatre nearly always starts on or about the stage, the ventilation of the building should be so arranged and controlled that the fire could be confined to that part of the house. A steel-roll curtain would, if properly handled, assist; a skylight over the stage, with automatic lids, would be still more useful; a fireman ready to climb up a ladder and break an opening in the stage skylight, would be the most useful, because the fire being confined to the stage, time would be given to the audience to escape from the building. It is also probable that if the stage skylight of the Iroquois Theatre had been open, the gas which escaped from the burst tanks near the stage would have gone by this skylight, instead of rushing under the curtain, flying in the faces of the persons who were sitting in the upper galleries, and then exploding.

Apart from modifications in the construction of the stage, we think that separate exits from each flat of a theatre should be obligatory and that a fireman should patrol each flat during a performance to prevent people from occupying the aisles or pas-

sages. It should also be this official's duty, in case of necessity, to open the escapes on his flat and direct the efforts of the fleeing audience. In certain New York theatres this regulation is in force. It seems *apropos*, also, to say a few words about discipline. One is delighted to see the children of the Toronto Public Schools executing "fire drill," and one is surprised to notice how rapidly a school crowded with boys and girls can be vacated without accident. Doubtless school children perished at the Iroquois Theatre who had gone through the "fire drill" exercise in the Public Schools of Chicago, and could have repeated it; but the word of command, the note of discipline, the tie that binds together the units of a regiment and makes them act as one unit, was not there.

Against fire in a theatre, an open stage skylight is useful, fire-proof furniture and costumes are useful, well-policed exits are very useful; a disciplined audience is most useful of all, for, barring sudden death, disciplined people will find their way out of a burning theatre with few or no casualties. May we not learn a lesson by the misfortune of Chicago? Are the Toronto theatres and public halls so constructed, or so provided with fire preventives, that loss of life would not occur were a fire to break out and a stampede follow in one of them? What methods of egress are provided in many other tall buildings of the city, in which people congregate? Unless in hotels fire escapes are not in evidence in Toronto. The loss of life at the burning of Ottawa University, and the holocaust at the fire in the Nashville College for Colored Women, are yet fresh in our memories. It behooves the Mayor and Council of Toronto to demand adequate provision for free exits, from all buildings in this city in which a large number of people congregate.

J. J. C.

THE TORONTO PATHOLOGICAL SOCIETY.

On the evening of December 30th, 1903, the Toronto Pathological Society held an open meeting in the theatre of the New Medical building, Queen's Park. A large number of card specimens, some of which were of great interest, were exhibited. The president, Dr. Wm. Goldie, announced that, as Dr. Jno. Caven was unable, through illness, to be present, the paper on "Angina Pectoris," which appeared opposite his name on the programme,

would be read by Dr. John A. Amyot. Dr. Caven's paper was then read. Dr. W. G. MacCallum, Baltimore, followed with an address on "Organic Inefficiency as a Cause of Disease." The speaker dwelt particularly on the physiology and pathology of the thyroid gland and the adrenals. Brief mention was also made of the pituitary gland, the pineal gland, and the pancreas. Though he did not advance anything new, Dr. MacCallum gave his hearers a happily-worded abstract of much of the experimental work accomplished by himself and other physiologists in their efforts to elucidate the functions of the ductless glands and internal secretions. Speaking without notes, his ease of manner and the combined rapidity and sureness of his delivery made quite an impression on his auditors. A hearty vote of thanks was given. Dr. MacCallum is a graduate in Arts of the University of Toronto.

Refreshments were served in a large room near the theatre. The officers and members of the Toronto Pathological Society deserve the thanks of their guests for the high character of the entertainment provided at their last open meeting. J. J. C.

OUR ANNUAL DINNER.

THE annual dinner of the editorial staff of the *CANADIAN JOURNAL OF MEDICINE AND SURGERY* took place on the evening of January 7th, in one of the private dining-rooms of the King Edward Hotel. The hosts were Dr. J. J. Cassidy and Dr. W. A. Young. As has been the usual custom, a very few outside guests, selected each year from among the Toronto medical practitioners, responded to the invitation, and, by their cordial greeting and words of cheer, much enhanced the pleasure of the evening. After the toast to the King had been duly honored, the health of the *JOURNAL* was proposed by Dr. F. L. Grasett, who very felicitously spoke of its rapid progress, assured success, and wished it the continued prosperity it so deservedly merited.

EDITORIAL NOTES.

Epidemic Sore Throat and Suppurative Mammitis in Cows

—The *British Medical Journal* (December 5th, 1903) discusses in an editorial an epidemic of sore throat and fever, traced to the use of the putrescent milk of four cows in the dairy of a farmer living in the Chertsey rural district, England. Dr. R. W. C. Pierce, Medical Officer of Health for Guildford and Woking, who investigated the matter, reports, November 28th, 1903: "Mr. Wild (veterinary inspector) examined the milk yielded by each quarter of the udders of the twenty cows, with the following results: From the first cow, dirty pinkish milk from one teat, the three others normal; second cow, pinkish, thick, curdy matter from two teats, which settled on standing into an upper half of reddish-brown liquid, a half of a layer resembling pus, or so-called matter; third cow, two teats gave similar matter to cow No. 2, but not so colored; No. 4, three teats gave similar matter to No. 3 cow, and the fourth teat gave coagulated milk." Bacteriological examination of the four samples of milk obtained at this farm showed the presence of "streptococci and staphylococci, similar to, if not identical with, the organisms usually associated with severe cases of sore throats, and similar to, if not identical with, those already found in swabs from the throats of persons affected. The liquids yielded by cows Nos. 2 and 3 consisted, for the most part, of pus such as would be obtained in an abscess. It was the custom to send the afternoon's milk to Woking in the evening, and it was kept there over night for distribution next morning. This keeping of the milk would contribute enormously to the growth of the organisms concerned, so that every drop would be thoroughly impregnated with the infection before it reached the consumer." Dr. Pierce says further: "It is noteworthy that external examination of the diseased udders gave no indication of the conditions, such as would be yielded by tuberculous udders. *It was only by the actual milking of the cows* that the inflammatory condition of the udder was revealed. It is, therefore, obvious that nothing short of a similar periodical examination of milking cows, in addition to the general examination for tuberculosis, will safeguard the district against a similar occurrence in future." Some of the cases of sore throat

traceable to the infected milk terminated fatally. The patients had sore throats of different grades of severity, some being cases of follicular tonsillitis, and others cases of quinsy. In several instances, swelling of the cervical glands occurred, which in some cases suppurated, and in others remained enlarged. There was headache, fever, pain in the back and limbs. In several instances, also, there were joint pains after a few days, which was thought to be due to the extension of the infectious matter into the joints. Unlike an epidemic of diphtheria, there was a distinctly larger number of adults affected than young children. Several cases developed erysipelas of the face and neck. The majority of the swabs taken from the throats of the patients gave no evidence of diphtheria, but only of the organisms commonly found in severe cases of sore throats. This report from England throws a strong light on the origin of sore throats, other than diphtheria. As a practical conclusion, it seems that a few ladies in each municipality of Ontario should make it their business to look personally into the condition of the dairy cows from which the public milk supply is drawn. It is really a question of supply and demand; if housekeepers insist on having clean milk, it will be supplied. Suppurative mammitis in dairy cows would doubtless be found in Ontario if looked for.

Action of Alcohol on the Stomach and Digestion.—Referring to the part of the body where absorption may take place, the author of "Kirke's Handbook of Physiology" says: "Recent experiments have shown that though absorption does take place in the stomach, it is not as active as was formerly supposed, even in the case of water. . . . In all cases, absorption from the stomach is much increased by alcohol and condiments, such as pepper and mustard." Recent experiments by others throw doubt on the influence of alcohol in increasing absorption from the stomach. Thus Boaz shows that in normal subjects, large doses of alcohol are unfavorable to digestion, while small ones have no effect, or only slightly increase the secretions of the stomach. Dastre's conclusions are similar. Linossier, on the contrary, finds that alcohol even in small quantities always stops digestion more or less. Matthieu, in a paper read before the Therapeutical Society of Paris (November 25th, 1903), confirms these data, and shows that large doses of alcohol play a considerable part in the

pathogenesis of gastritis. He says that alcohol affects dyspeptics in many different ways. Some of them feel the better of a glass of wine or spirits after a meal, and find that it overcomes the sensation of heaviness, or bloating, which supervene after eating. Matthieu thinks the habit a bad one, because the relief it gives the dyspeptic is momentary, and sooner or later the alcohol taken in this way produces evil effects. He sometimes allows a very old, pure wine to dyspeptics, but thinks that very hot drinks give them the same amount of relief as alcoholic preparations. Other dyspeptics cannot bear wine, especially the red wines, which excite in them painful sensations and acidity of the stomach. These varied effects may be observed in different persons without regard to the activity of the chemical process of gastric digestion. Dyspeptics affected with hyperchlorhydria cannot take either wine or spirits.

Consumption of Spirits, Wine and Beer in Canada.—The following statement taken from the last annual report of the Inland Revenue Department, Ottawa, shows the quantities of spirits and malt liquor subject to excise duty, and taken for consumption during the years ended June 30th, 1902, and June 30th, 1903:

	Spirits. Gals.	Malt Liquor. Gals.
1902.....	3,123,420	27,623,767
1903..	3,208,767	25,755,154

There was a reduction of 1,868,613 gallons of malt liquor taken for consumption in 1903, as compared with 1902. There was an increase in the spirits taken for consumption in 1903, as compared with 1902, amounting to 85,337 gallons. The annual consumption per head of spirits, wine and beer in Canada during 1902 and 1903 was as follows:

	Spirits. Gals.	Wine. Gals.	Beer. Gals.
1902.....	.796	.090	5.102
1903.....	.870	.096	4.712

It appears, therefore, that in Canada there occurred, during 1903, an increase in the consumption of spirits, a decrease in the consumption of beer, and a slight increase in the consumption of wine.

The Germs of Typhoid Fever should be Destroyed at the Bedside.—According to Schuder's table of 650 cases of epidemic typhoid fever, in 70 per cent. the vehicle of the disease was water, in 17 per cent. milk, in 3 1-2 per cent. foods of all kinds, and in

9 1-2 per cent. other factors. It is quite certain, therefore, that in 87 per cent. of cases, the infecting organism reaches patients through the water or milk which they drink. It is equally certain that if typhoid organisms are rendered innocuous at the bedsides of typhoid patients, the water into which these disinfected stools are discharged will not reproduce typhoid fever by their agency. The process of rendering typhoid stools innocuous is simple and inexpensive. It may be done by dissolving a pound of fresh chloride of lime in four gallons of water, and adding a quart of the solution to each typhoid discharge, and allowing it to remain in the vessel at least an hour before disposing of it. Preferably, the stools after disinfection should be buried in garden soil, but when treated as mentioned above, they may be discharged into a privy. We would not advise the use of unboiled water drawn from a well, supposed to communicate with a privy, into which typhoid stools are discharged; but all the same, if a well water is not infected by typhoid bacilli, it will not communicate typhoid fever. The proper place, therefore, to repress the spread of typhoid fever is at the bedside of the typhoid fever patient. It is the duty of the municipal board of health to give full instruction as to this matter, to nurses attending typhoid cases, and any infractions of the instruction should be severely punished.

Post-Check Money.—We notice in the *Pennsylvania Medical Journal*, an article stating that a bill has been introduced in Congress which has for its object the changing of all paper currency hereafter issued, of the denomination of one, two and five dollar bills, except national bank notes, to a form to be known as post-check notes or currency. This new money is to pass current, just as in the case of the present issue; but will be provided with three blank spaces on its face: one in which the holder may write his name and the name of the payee; a second space wherein the payee, upon payment thereof, may write his own name as a receipt; a third space wherein a one-cent postage stamp may be affixed. When such a post-check is cashed it is retired from circulation, and this practice of retiring notes will serve an admirable purpose in keeping clean and relatively aseptic money in circulation. As good example is catching we may ere long see legislation providing for the adoption of the post-check system, introduced at Ottawa. For hygienic reasons, Canadian physicians would endorse

it, while the readiness and cheapness with which paper currency can be changed into a post-check should win the approval of persons who have occasion to send money by mail.

Ice Poultices in the Treatment of Acute Nephritis.—Dr. Stembo (*Therapie der Gegenwort*, 1903, No. 11) obtained a rapid cure of twenty cases of acute nephritis (principally resulting from scarlatina) by applying across the lumbar region, over the kidneys of the patient, a bag enlarged at the ends and filled with small pieces of ice. The patient lies as much as possible on his side. If he wants to lie on his back he is supported by cushions to prevent the pressure of the ice-bag on the back. The ice-bag is applied for two or three hours consecutively; then it is taken off for an hour, and afterwards reapplied. If the patient is very sensitive to cold, one or two layers of flannel or linen are laid between the skin and the ice-bag. Dr. Stembo says that under the influence of this local refrigerator, medicines being totally excluded, he had obtained in twenty-four hours the cessation of fever and a disappearance of the precursory sign of uremia (muscular jactitation). At the same time diuresis became freer and a manifest diminution of the quantity of blood in the urine was noticed. The use of the ice-bag should be continued until there are only slight traces of albuminuria.

J. J. C.

DR. J. BRYCE McMURRICH, Bothwell, spent some days in town about Christmas with his parents, Mr. and Mrs. McMurrich, of Madison Avenue.

DR. S. H. WESTMAN sailed from New York on the S.S. *Lucania* on Saturday, January 2nd, for England. He will take a special course in surgery in London.

MESSRS. HIRAM WALKER & SONS, Walkerville, have sent a cheque for \$10,000 to Mr. J. M. Courtney, treasurer for the Lady Minto Cottage Hospital Fund.

DR. T. J. MOHER, assistant superintendent of the Orillia Institution for the Feeble-Minded, has been appointed to succeed the late Dr. Murphy as medical superintendent of the Asylum for the Insane at Brockville.

DR. W. G. ANGLIN, of Kingston, is, we are glad to say, slowly recovering from his recent illness. The doctor contracted septicaemia, from operating upon a case about three weeks ago, and has been very ill. We earnestly trust that his recovery, news of which comes to us just as this issue goes to press, will now be uninterrupted, though perhaps slow, and that the doctor will soon be able to associate with his confreres as of old.

Obituary

D. S. BOWLBY, M.D.

DR. D. S. BOWLBY, of Berlin, died on Sunday, December 27th, at Rome, Italy. He had not been well for some weeks, and left New York on December 16th for Sicily, in company with Mrs. Bowlby. The news of his death came by cable. Dr. Bowlby, who was in his 78th year, came to Berlin in 1853, and rapidly acquired a large and extensive practice. When Berlin was a small village, he identified himself with municipal life, and served in the Council from 1857 to 1862. For many years he was a member of the Berlin Public School Board, and afterwards of the High School Board, of which he was chairman for over twelve years. He was the first president of the Berlin Club, and at the time of his death was president of the Berlin branch of the Upper Canada Bible Society.

In politics he was a Liberal of the old school, and for many years was president of the Reform Association of North Waterloo. In 1882 he contested the riding against the late Hugo Kranz, but was defeated by a very small majority. He had been jail surgeon for over twenty years. In religion he was an Anglican, and was the oldest member of St. John the Evangelist Church of Berlin.

His is the first death in the Bowlby family, and he is survived by four brothers and one sister, viz.: William Bowlby, of Simcoe; Dr. Alfred Bowlby, of Waterford; Ward P. Bowlby, K.C., of Berlin; Ald. J. W. Bowlby, K.C., of Brantford, and Mrs. Walker Powell, of Ottawa. Besides the widow, who is the youngest daughter of the late Alex. A. Murphy, of Montreal, the deceased is survived by four children, viz.: Mrs. E. P. Clement, Dr. G. Herbert Bowlby, who is studying medicine in London, England; Mrs. J. P. Fennell and D. Shannon Bowlby, Wapella, N.W.T. Another daughter, Mrs. Gardiner Boyd, of Toronto, predeceased him. The body was brought to Berlin for burial.

J. B. MURPHY, M.D.

SHORTLY after noon on Sunday, January 17th, death came suddenly to Dr. J. B. Murphy, medical superintendent of the asylum, Brockville. He had attended church and, returning, decided to walk. He had nearly reached home when he grew weary, and rode the balance of the way. On entering the house he sank down on

the couch apparently in a faint. Dr. Clare, one of the medical assistants at the asylum, was telephoned, and rushed to his side, but life was extinct. He leaves a widow, four sons and two daughters.

John Bernard Murphy was born in Asphodel, Peterboro' County, March 31st, 1850, and was a son of the late Timothy Murphy, a native of Cork, Ireland, and his wife, Catharine McCarthy. He was educated at Norwood Grammar School and at St. Michael's College, Toronto, and pursued his medical course at Queen's, graduating in 1876. In 1881 he was appointed physician to the deaf and dumb institute and medical superintendent at the insane asylum, Mimico, in 1890. On the opening of the Brockville Asylum in 1894 he became medical superintendent, and had since resided there. In July, 1885, he married Anna, third daughter of the late L. G. Bolster, of Toronto, at one time literary confrere of the late J. D. McGee, and at his death manager of the Toronto Waterworks. Dr. Murphy was a member of St. Francois Xavier Roman Catholic Church. *R.I.P.*

THOMAS NORTON, M.D.

DR. THOMAS NORTON, one of the most widely-known physicians around Shelburne, died January 14th, after a lingering illness due to cancer of the stomach. He was born in Montreal fifty-two years ago, and graduated from McGill. He began the practice of his profession at Horning's Mills, but later moved to Shelburne. At one time he was President of the Turf Association, and of the 36th Battalion Band. He was coroner for the counties of Dufferin and Grey, and surgeon to the Canadian Pacific Railway. He was married twelve years ago to Miss Annie L. Roberts, only daughter of W. L. Roberts, of Port Perry, and is survived by his widow.

R. McINTYRE, M.D.

DEATH came suddenly, on January 4th, to Dr. R. McIntyre, Hespeler's oldest medical practitioner, in his 67th year. Drs. McIntyre, Charleton and Lockhart had been summoned to attend an infant son of L. E. Weaver, who was suffering from convulsions. Dr. McIntyre was the last to arrive and had hardly looked at the child, when he staggered forward to a sofa and instantly expired, death being due to heart failure.

Two hours later the polls announced that the dead physician had been re-elected a Public School Trustee, which office he had filled for seventeen years. Deceased was born in Lachute, Quebec, where he attended Public School. In 1857, he matriculated at

the Berlin Grammar School, after which he entered the medical department of Victoria University, from which he graduated after a brilliant career in 1862. He commenced to practise in Hespeler in 1863, and built up a large practice in the town and surrounding country. Deceased had been Medical Health Officer for thirty years, and had always taken a prominent part in the educational interests of the town. The doctor was connected with the old 20th Battalion for twenty years, was president of the Hespeler Liberal Association, and also was a prominent member and officer of the Hespeler Methodist Church.

FRANCES E. WHITE, M.D.

FRANCES E. WHITE, one of the most widely-known women physicians in the United States, died recently at Jamaica Plain, Mass. She was for many years professor of physiology and hygiene at the Woman's Medical College of Pennsylvania, and was graduated from that College in 1872. She resigned her chair last May on account of ill health. At that time she was elected an emeritus professor. Dr. White was one of the first women to lecture before the Franklin Institute, and was a delegate to the International Medical Congress held in Berlin, being the first woman to act in that capacity. Shortly after her graduation she was made demonstrator in anatomy and an instructor in physiology. She was one of the founders of the Alumni Society of the College.

FRED. H. S. AMES, M.D.

DR. FRED. H. S. AMES, brother of Mr. A. E. Ames, of Toronto, died Monday, January 4th, in Denver, Col. He graduated from the Toronto School of Medicine twenty-four years ago, and after practising in Sarnia first was obliged to leave for Colorado on account of his health. For the past ten years he has lived and practised in Denver. He was about forty-five years old and leaves a widow, formerly Miss Ida Taylor, of Parkhill, Ont., one son and two daughters.

BYRON HIRAM DAGGETT, M.D.

BYRON HIRAM DAGGETT died in Buffalo, N.Y., December 30th. A graduate of the medical department of the University of Buffalo in 1867, he was known in the surgical world as the inventor of a surgical table which is in general use among surgeons throughout the country. He was a former health physician and police surgeon of Buffalo, a member of all the Buffalo medical societies, and editor of the *Buffalo Medical and Surgical Journal*.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

INTERNATIONAL CONGRESS ON TUBERCULOSIS, 1903-4.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

DEAR SIR,—Allow me to submit a few facts concerning the International Congress on Tuberculosis, which is to be held on October 3rd, 4th, 5th, 1904, at St. Louis, under the auspices of the World's Fair.

I have delayed communicating with you since our last interview, until I could place before you the full text of the letter of the Government of the United States, and of H. J. Rogers, Director of Congresses, so that you could see the relation in which the congress stands to both the Government and the Universal Exposition.

The Committee of Organization of the International Congress on Tuberculosis, selected and appointed by President Francis, brings the congress directly under the auspices of the Universal Exposition.

Yours truly,
E. J. BARRICK.

The following is a sample copy of letters of appointment sent to members of the Committee of Organization :

E. J. BARRICK, M.D.,
President, American Congress on Tuberculosis.
Toronto, Canada.

DEAR SIR,—I hereby notify you that you have been appointed by President Francis a member of the Committee of Organization of the International Congress on Tuberculosis, to be held in St. Louis, October 3rd, 4th, and 5th, 1904, under the auspices of the Universal Exposition, 1904.

The Chairman of this Committee is Mr. Clark Bell, of New York City, and your meetings will be subject to his call.

Permit me to express the hope that you will be able to accept this appointment, as the committee has been selected with great care, and the acceptance of these commissions by the members will be an assurance of the successful organization of a Congress which we deem to be one of the most important in our series of international gatherings.

Yours respectfully,
(Signed) HOWARD J. ROGERS.

The following is a list of the Officers, etc., of the American International Congress on Tuberculosis:

Honorary Presidents.—Lay: Hon. John Hay, Hon. Gen. Russell A. Alger, Hon. ex-Judge A. H. Dailey, Hon. Judge C. G. Garrison, Hon. Stephens B. Elkins. Medical: Prof. Dr. M. Benedikt, Dr. A. N. Bell, Prof. Dr. Chas. H. Hughes, Gen. Presley M. Rixey, M.D., Gen. Nicholas Senn, M.D.

Council.—Moritz Ellinger, Esq., Chairman; J. Mount Bleyer, M.D., N.Y. City; A. P. Grinnell, M.D., Vermont; H. Edwin Lewis, M.D., Vermont; Richard J. Nunn, M.D., Ga.; W. F. Drewry, M.D., Va.; M. K. Kassabian, M.D., Pennsylvania; J. W. P. Smithwick, M.D., N.C.

Officers.—President, E. J. Barrick, M.D., Toronto, Ontario; First Vice-President, F. F. Daniel, M.D., Austin, Texas; Second Vice-President, ex-Chief Justice L. Bradford Prince, Sante Fe, N.M.; Third Vice-President, Dr. Charles K. Cole, Helena, Montana; Fourth Vice-President, Dr. Sofus F. Nelson, Pulman, Wash.; Fifth Vice-President, Dr. A. M. Linn, Des Moines, Iowa; Secretary, Samuel Bell Thomas, 116 Nassau St., New York; Treasurer, Clark Bell, 39 Broadway, New York.

The following Canadians have received and accepted appointments on the above Congress since the annual meeting:

Honorary Vice-Presidents.—T. G. Roddick, M.D., M.P., Sir William Hingston, M.D.

Presidents.—James Loudon; Hon. Senator Geo. A. Drummond.

Vice-Presidents-at-Large.—Dr. W. P. Caven, Dr. Daniel Clark, Dr. R. W. Powell, Dr. W. H. Moorehouse, Dr. John Ferguson, Rev. C. S. Eby, D.D.

Vice-Presidents of Provinces.—British Columbia: Dr. J. C. Fagan, Dr. S. T. Tunstall, Rev. Leslie Clary. North-West Territories: Dr. J. D. Lafferty, Dr. G. A. Kennedy, Rev. Dr. J. C. Herdman. Manitoba: Dr. H. H. Chown, J. A. M. Aikins, K.C., Mayor John Arbuthnot. Ontario: Dr. A. A. Macdonald, Dr. J. A. Robertson, Mayor Adam Beck. Quebec: Mayor James Cochran. New Brunswick, Charles J. Coster, Dr. Peter R. Inches, Mayor Dr. W. W. White. P. E. Island, Dr. Roderick Macneill, Dr. S. R. Jenkins, Rev. T. F. Fullerton.

The foregoing, together with the following announcement sent out by the Executive Officers, will show under what favorable auspices the International Congress on Tuberculosis will be held at St. Louis on October 3rd, 4th and 5th, 1904:

New York, September 21st, 1903.

To the Officers, Delegates and Members of the American Congress on Tuberculosis.

It affords the Executive Officers of the American Congress on Tuberculosis great pleasure to announce the reception of the following letters from the Government of the United States, Department of State:

Department of State,
Washington, September 18th, 1903.

Clark Bell, Esq., Chairman Executive Committee, American Congress on Tuberculosis, 39 Broadway, New York City:

SIR,—I have to acknowledge the receipt of your letter of the 31st ult., and to inform you that the instructions to the Diplomatic Officers of the United States accredited to the Central and South American States, Mexico, Haiti and San Domingo have been sent in the language of the draft submitted to you on August 29th, but amended in the particular suggested in your letter under acknowledgment.

Instructions of the same tenor with regard to the British, French, Dutch and Danish Colonial Governments have gone to our Ambassadors at London and Paris, and our Ministers at the Hague and Copenhagen respectively.

In the hope that these instructions will result in a full representation by American States and Colonial Governments at the Congress on Tuberculosis at St. Louis next year, I am, Sir,

Your obedient servant,
ALVEY A. ADEE, *Acting Secretary.*

Department of State,
Washington, August 29th, 1903.

Clark Bell, Esq., Chairman of the Executive Committee of the American Congress on Tuberculosis, 39 Broadway, New York.

SIR,—Referring to the correspondence which the Department has recently had with you concerning the desire of the Committee on Organization of the proposed American Congress on Tuberculosis to be held at St. Louis in October, 1904, to have this Government give its support to the invitation which the Committee has addressed to each American Government to be represented at the Congress. I enclose herewith a draft of an instruction to each diplomatic representative of the United States in the Western Hemisphere. The Department will be pleased to consider any changes in, or additions to the draft you may suggest.

I am, Sir,

Your obedient servant,
F. B. LOOMIS, *Assistant Secretary.*

The Chairman of the Executive Committee felt that it was impossible to improve upon the admirably prepared proposed instructions, but suggested as an amendment the omission of a single clause in a portion of one sentence which the State Department concurred in, and the text of the instructions and the accompanying papers as sent is as follows, after the amendment suggested:

SIR,—The Department is informed by Mr. Howard J. Rogers, Director of International Congresses of the Universal Exposition, to be held in St. Louis in 1904, that the American Congress on Tuberculosis has been placed on its list of official Congresses and that the dates for said Congresses will be October 3rd, 4th, and 5th, 1904.

The Department is also advised by Mr. Clark Bell, Chairman of the Committee of Organization of the Congress that the Executive Committee and Officers of the Congress have sent to the Government of each American country an invitation for official representation by its Government in the Congress; and the request is made of the Department to give such support to the invitation as it properly may.

The humanitarian object which this Congress has in view, to reach, by the discussion of scientific men, some result in arresting the spread, and averting, so far as it may be possible, the ravages of this dreadful disease which now falls with such terrible force and fatality upon the people of the Western Hemisphere, cannot but enlist the sympathy and approval of the Government to which you are accredited.

The Department will, therefore, be pleased to have you say to that Government that this Government is in entire sympathy with its work, and would be pleased to learn that the Government of took a like interest in its success by the acceptance of the Committee's invitation, and the appointment of three or more scientific gentlemen to represent it at the Congress.

This Government would also be pleased if that of could find it convenient to comply with the request of the Committee to give the matter publicity, in order that it may come to the knowledge of interested organizations and public-spirited citizens of that country. I am, Sir,

Your obedient servant,

etc., etc.

This splendid expression of the sympathy of the Government of the United States insures a cordial reception of our work in the nations of the Western Hemisphere.

The Governor of Missouri has made the appointment of

thirty-six delegates, to represent that great State at whose chief city it will be the host of the delegates from all parts of the Western Hemisphere. The State Board of Health of that State has already named its delegates to that Congress.

The State Medical Society of Georgia has already selected and named its delegates to attend that Congress, and while this State has no Board of Health, steps have been taken to secure a suitable and representative delegation from a State that has been among the foremost in its support of the efforts of this body. The Governor of New Jersey has named delegates from that State.

The remaining Governors of the American States will also be invited, and the invitation has been delayed until the Government of the United States has taken this splendid and sympathetic action, which evinces and illustrates the paternal policy of our Government in aiding every effort for the protection of the health and the lives of our people when menaced from any form of disease that science has found to be communicable and preventable.

We assure you that every indication now points to a great meeting of the session of the American Congress on Tuberculosis at the World's Fair at St. Louis in October, 1904, and we invite the co-operation of every philanthropic mind, and the accession of men of the medical profession, as well as those of the law, judges, jurists and students of every branch of scientific inquiry who can in any way aid in securing preventive legislation in aid of our work.

E. J. BARRICK, M.D., *President.*

CLARK BELL, *Chairman Executive Committee
and Board of Officers.*

MORITZ ELDINGER, *Chairman of Council.*

SAMUEL BELL THOMAS, *Secretary.*

**NO ANTITOXIN TRUST—NO RAISE IN PRICE, BUT A
MATERIAL REDUCTION.**

THE following letter explains itself, and serves to effectually contradict the newspaper reports recently published:

January 15th, 1904.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—Our attention has been called to a sensational article appearing in the Chicago papers, in which the manufacturers of Antitoxin are charged with having formed a trust, and advancing the prices of diphtheria antitoxin, this advance being

prejudicial to the best interests of the public health, and inimical to the best interests of the medical profession.

It is not true that the antitoxin manufacturers have combined in a trust; it is not true that the prices of antitoxin have been advanced, but, on the contrary, the prices of antitoxin have been reduced when quality of serum is considered.

So that you may have a clear understanding of the situation, we beg to advise the following:

For a long time the different manufacturers have endeavored to improve the quality of diphtheria antitoxin. It has formerly been the custom to manufacture two strengths, known as "Standard" and "Concentrated," or "X" and "XX." There were also supplied certain sizes, known as 500 and 1,500 units packages. There is now but one strength of antitoxin that will be placed on the market, and that will be practically the highest strength, formerly known as Concentrated Serum. This is the best quality of serum obtainable, and on this quality instead of the prices being advanced, they have been materially decreased. For instance: For the 1,000 units there is now a charge of \$2.00 against a former charge of \$2.25; for the 2,000 units there is now a charge of \$3.50 against a former charge of \$4.00; for the 3,000 units there is now a charge of \$5.00 against a former charge of \$5.75; for the 4,000 units there is now a charge of \$6.50 against a former charge of \$7.50.

The 500 and 1,500 units packages have been discontinued, the 500 units being insufficient to insure thorough immunization, and the 1,500 units on account of its small demand.

You will thus see that the interests of the medical profession have been safeguarded, inasmuch as but one strength—and that the best—will insure the highest quality of antitoxin being furnished. The revision of prices is also decidedly in favor of the physicians and his patients, because the physician is now able to get the best grade of antitoxin at a lesser price than formerly charged.

Instead of marketing antitoxin by number as heretofore, it is sold by the units package, 1,000 units representing an immunizing dose; 2,000 units, a small curative dose; 3,000 units a moderate curative dose; 4,000 units, a full curative dose. This style of nomenclature makes it easier for the physician than heretofore, and since the best quality of antitoxin is sold at a lesser price, it will prove an additional incentive to use full doses, which all authorities recommend in order to secure the best results from antitoxin.

Every manufacturer to-day is striving to meet the demand for the most convenient means of administering antitoxin, and while the improvement in packages by which every dose of antitoxin is

furnished in an aseptic serum-syringe, including sterile needles, has entailed considerable expense to the manufacturing, it is offered at less cost to the physician.

There was formerly some of a lower grade serum used, and we feel sure that discontinuance will be of material advantage.

It is possible that the Chicago Board of Health may be compelled to pay more for its antitoxin. If so it is only just, as it had been quoted at a price that does not yield sufficient remuneration to anything like cover the expense involved in producing. However, the Chicago Board of Health will now be able to get a better quality of serum than was formerly used, as the weaker strength which it formerly used has been entirely discarded.

We hope that you will place this matter in the true position before your readers, in order that they may understand that there is no truth whatsoever in the sensational reports relative to the so-called "trust or combination" of the manufacturers of antitoxin, and the statement that the prices have been raised, when, as a matter of fact, the former prices are considerably reduced.

Very truly yours.

Philadelphia, Pa.

H. K. MUIFORD Co.

Myopia in School Children.—School-masters in Zurich are instructed to divide their pupils into three classes, namely, those who have normal vision, those who have abnormal vision, and the doubtful cases. This preliminary investigation of the sight of school-children serves to assist the school-physicians in their duties. During the year 1902 there were 2,994 school-children examined in Zurich as to their sight, and it was found that about 16 per cent. had defective vision, of whom 1 per cent. had hypermetropia, 1 per cent. myopia, and 8.5 per cent. astigmatism.

The Treatment of Nasal Catarrh.—Mannon (*Cincinnati Lancet-Clinic*) finds no danger whatever from the use of the nasal douche provided ordinary care is taken and a proper solution is employed. The charge that post-nasal douching is prone to excite inflammation of the middle ear he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic nasal catarrh of many months' duration yield to douching when heroically employed. Listerine, to which a small quantity of bicarbonate of soda has been added, is his main standby. If hemorrhage is a controlling feature he uses instead a saturated solution of tannic acid to each ounce of which ten grains of carbolic acid has been added. When the tendency to bleed ceases he returns to the listerine solution. Treated in this way the most pronounced cases yield in three or four weeks, and are not prolonged by complications or sequelæ.

News of the Month.

NEWS FROM QUEEN'S UNIVERSITY.

WHILE there was a large exodus of Queen's students for the Christmas holidays, still many remained in Kingston, for Queen's draws her students from all parts of the earth. Many go home for a few days, and then return so as to get a week's quiet and "solid" study, which they perhaps could not get at home. In the language of the street, there is at present "nothing doing" in the big stone building on the old Ontario strand.

Rev. Prof. Jordan, of the Faculty of Theology, has returned home from Clifton Springs, where he spent the past month for the benefit of his health. While slightly improved, his physicians will not allow him to resume work. He must rest for the remainder of the session, and be fully restored, for Queen's cannot afford to lose such a brilliant teacher and preacher. Dr. Jordan is a hard worker, and during his three years' connection with Queen's simply wore himself out.

It might be interesting to note in connection with the religious harmony which prevails at Queen's, that Roman Catholics voluntarily contribute to the Y.M.C.A. and Presbyterian missionary funds. It was always a pleasure to see upon the mission lists, which the theological students had, the names of Roman Catholics who had handed in contributions to that object without being canvassed or prompted.

Under Dean Connell, a new *regime* has certainly begun at the Medical College. The Dean is endeavoring to have the medical department placed on a firmer basis, and to have its relations to the other departments of the university more clearly defined. The Medical College is the poorest off financially of all the faculties, and it is simply wonderful how it has managed to maintain such a high standard of efficiency and keep up-to-date. By the persistency of Kingston's medical profession, and their contributions, has it done so. There is a probability that in future it will receive aid from the university funds. Up to the present it has received nothing from that quarter, even payment on the recent improvements to the building being personally guaranteed by the medical staff. Dean Connell is now aiming at securing an endowment for the college, and thus place it upon a safe basis.

The hockey teams did not get down to active practice until

December 18th, as the Kingston Rink was delayed in opening. A contemplated holiday series of matches in the east will put the players into shape.

The defeat of Queen's by Varsity in the recent intercollegiate debate is attributed to the fact that Queen's representatives dwelt too much upon abstract principles and general ideas, whereas their opponents brought forward concrete cases, which, in the opinion of the judges, carried more weight.

Queen's will be represented at Laval medical dinner by Mr. J. W. Pressault, and at that of the Western University, London, by Dr. McIntyre, of Glencoe, an old graduate.

At present there are thirty-two students enrolled in the Faculty of Theology, four more than there were at the same time last year. It is expected that the registration will reach forty, a good sign that in all colleges the theological ranks are not thinning out. Queen's maintains at least a standstill position in this respect, if not a steady growth.

Dr. J. C. Connell, M.A., the new Dean, has already done a great deal for the benefit of the students, and showed his alertness by summoning the Faculty together some weeks ago, when two typhoid cases broke out among the students, and demanding that the causes be minutely enquired into and daily bacteriological examination of the city water.

The closing week of the autumn term was marked by the Science and Medical banquets, held in the City Hall. Both were most elaborate functions, and the menu cards were very unique, the medical being in the form of a coffin. The delegates to the medical dinner were: J. F. Dunn, McGill; H. H. Byers, Bishop's, Montreal; Dr. J. Robertson, Toronto Varsity; W. J. Labrosse, Laval; A. H. Anderson, Western, London.

Dr. J. J. Robertson, Montreal, and Dr. W. Workman, Kingston, two recent Queen's graduates, have been appointed to fill vacant house surgeon positions in the Kingston General Hospital.

When the General Assembly Commission meets at Queen's on the second Wednesday of February, it will find that all the Presbyteries of three central Synods have signified their desire that Queen's should be retained by the Presbyterian Church, as heretofore, and that they all recommend it to the liberality of the public generally.—*News*.

TORONTO UNIVERSITY CHIT-CHAT.

Present Hospital Facilities.—*Apropos* of the movement of the medical faculty to secure better hospital facilities for the students, the following is a summary of the facilities now existing in Toronto: 1. Toronto General Hospital.—“This hospital has now

425 beds, and during the year the number of in-patients has varied from 250 to 300. During the year over 3,300 patients are treated in the wards, and 16,000 in the out-patient department. Most of the cases are of an acute character, and, therefore, well suited for clinical teaching. Clinical instruction is given in the lecture theatre and in the wards on medicine, surgery, gynecology, obstetrics and diseases of the eye, ear, nose and throat. Surgical operations are performed on Tuesday and Friday afternoons. The theatre is capable of seating 600 students. The additions recently made to the hospital afford excellent scope for out-door clinics. A physician and a surgeon are in attendance on this part of the work every day. In the emergency branch of the hospital there are unusual opportunities for the study of injuries, and classes are permitted to avail themselves of this material. In the Pathological Department, autopsies are performed at stated hours of the day. The opportunities afforded for this part of a student's studies are particularly good." 2. Victoria Hospital for Sick Children.—“This hospital, with 160 beds, is entirely devoted to the diseases of children. This hospital furnishes exceptionally good facilities for the study of children's diseases, and students are allowed every opportunity for a personal examination of all cases.” 3. St. Michael's Hospital.—“This hospital has a bed accommodation of 160. It is conducted as a general hospital, and admits medical, surgical and obstetrical cases. Some members of the hospital staff are also members of the University Medical Faculty, and give clinics in the hospital. Post-mortem examinations are conducted systematically so that students may avail themselves of this material.” 4. The Toronto Western Hospital.—“This hospital now has accommodation for 100 beds. At a recent meeting of the hospital corporation it was decided that students might be admitted under certain conditions to be agreed upon. This hospital is a general one, and offers many opportunities for the study of medical and surgical cases.” In all of the above hospitals, graduates are appointed as resident physicians and surgeons. 5. The Asylum for the Insane.—“Mental diseases are taught clinically in this institution, which contains about 700 cases.” It will be seen from the above that there is hospital accommodation in Toronto for 845 beds at the disposal of clinical teachers.

Equipment of Science Building.—The new Science building on College Street will be one of the best equipped buildings of its kind in America. It will contain the departments of mining, engineering, applied chemistry, mineralogy, and geology. The old building will be devoted exclusively to the departments of mechanical, electrical and civil engineering. At the rear of the new building a special mill-room is being erected in which some heavy machinery will be installed. It will have a small blast furnace

for the smelting of iron, a stamp mill, rolls for ore-crushing and a reverberatory furnace for roasting the ore. Special equipment in ore-dressing machinery will be supplied, in keeping with the needs of mining in Ontario nowadays, owing to the large variety of ores now being taken out. For this purpose there will be jigs and spitz lute, wilfey tables and a buddle. In the main building the present equipment in applied chemistry will be moved over *en toto*, and the apparatus will be largely increased. At the east-end, on the top flat a large room has been provided for the geological museum, to contain the combined collections of the School of Science and the University, under Professors Coleman and Walker. The offices of the executive staff will be in the new building, including those of the Principal and the Dear of the Science Faculty.

The Faculty Home.—A couple of years ago a movement was started at Varsity among the faculty to establish a University of Toronto Faculty Union. The idea then was to secure a building for a club-house outside of the University building, but it was afterwards worked out by utilizing the Dean's house in the old residence. Up till lately the furnishing of the union could hardly be considered complete, but additions have now been made by which the original plan has been fully realized. The smoking-room has been tastefully decorated and furnished at a cost of \$400, contributed by the members. Mr. John Ross Robertson has donated a hands me billiard table, costing \$500. Much is added to the appearance of this room by a number of paintings on the walls, loaned to the union by the artists, Messrs. Homer Watson and Edmund Morris. The other rooms have been similarly refurbished, all in a style bordering on the luxurious. In each of the reception rooms and in the smoking-room a grate fire is kept burning, which gives them an exceedingly comfortable appearance.

A University Hospital.—A large scheme, under serious consideration at the present time, is to erect a University of Toronto Hospital for the accommodation of all classes of patients in medicine and surgery. The patients in this hospital would be treated at a low cost, and the treatment in all cases would be open to the observation of the medical students. The funds for the erection and maintenance of such a building would have to be obtained from private subscriptions or possibly from a few large donations. What is wanted, in short, is an institution similar to the Royal Victoria Hospital at McGill University, which was founded by Lord Mountstephen. Another proposal more likely to be carried into immediate effect is to erect a small building adjacent to the present buildings for open clinics. Here free consultations to poor patients will be given at certain fixed hours, at which the medical students can be present.

Grant for Varsity Dining Hall.—Among the items in the Government estimates for the University of Toronto this year is an annual grant of \$500 towards the maintenance of the University dining-hall. This goes a long way to remove the deficit which has accumulated, and places the financing of the dining-hall on a thoroughly practicable basis. The price of the meals has been fixed at a moderate figure, and the dining-hall is now largely attended by the students. The institution occupies the position of a partial substitute for a residence, and its success as such is now assured.

Alterations to S. P. S. Building.—Owing to the opening of the roadway from the Varsity lawn to College Street, just west of the School of Science building, the University authorities are having estimates prepared to build a new west face on the Science building, fronting on this roadway. Plans are also under contemplation for the tearing down of the northern portion of the building, which was the original building before the southern half was built. The idea is to erect a much larger addition in its place, as the expansion of the mechanical and electrical departments are rendering more room an absolute necessity.

ITEMS OF INTEREST.

The Medical Dean of Paris now is Dr. Felix Marie Momeriet, dean of physicians and hospital internes, who was born May 11th, 1811. He has been a doctor since 1840.

The Canadian Medical Association Meeting for 1904 opens at Vancouver, B. C., on August 23rd, and remains in session for four days. Mr. Mayo Robson, the well known London specialist, will be the guest of honor.

Scientific Societies Meet.—On December 29, 30 and 31, the Association of American Anatomists, the Society of American Bacteriologists, and the American Physiological Society met in Philadelphia. Dr. Frederick G. Novy, Ann Arbor, Michigan, was elected president of the society of bacteriologists, and Prof. Charles S. Minot of Harvard University, president of the society of anatomists.

Effects of Radium.—At a recent meeting of the Academy of Sciences in Paris Dr. Roux, of the Pasteur Institute, presented a paper detailing the results of exposing mice continuously to the action of radium. He hung a tube of radium in a cage containing mice, and after twenty days the animals lost their fur, which subsequently came out again, but was white. Exposure for a still longer period resulted in the production of a general muscular paralysis.

The Only Yearly Paper in the world is published at Cape Prince of Wales, in the Arctic Circle. It is called the "Eskimo Bulletin." The subscription price is 10 cents a year.—*Med. Times.*

A Scientific Gentleman recently passed through a peculiar experience. He tasted a small fraction of a grain of radium. It acted as a powerful stimulant, affecting both the heart and kidneys. It was several hours before his pulse became normal. It affected the mind also, producing hallucinations.

The Official Meteorological Record shows that rain fell more or less continuously in London on 205 days in 1903, or 39 days more than in 1902. The wet did not seem to affect the public health injuriously; on the contrary, it is stated that the death rate in the city and suburban districts was lower than ever before.

The Prevention of Tuberculosis.—The Montreal League for the Prevention of Tuberculosis is issuing an appeal for funds to enable it to carry on the war against tuberculosis in that city. The league needs this money now for the purpose of establishing free consulting rooms, and intends, as soon as possible, to erect a sanatorium at Trembling Mountain, at which place the provincial government of Quebec has made it a grant of land for the purpose. The league is under the patronage of the Governor-General, Lord Minto, Lord Strathcona, Sir Louis Jette, and Sir William Macdonald. Senator Drummond is the president.

Subcutaneous Injections of Atmospheric Air in Neuralgia.—In *Bulletins et Memoires de la Societe Medicale des Hospital de Paris*, December 18th, 1902, Marie and Crouzon report the results of their experiments upon the treatment of neuralgia by subcutaneous injections of atmospheric air, describing their apparatus in detail. The results of the injections were marvellous. A woman with severe sciatica got up and walked about immediately after the injections at the site of pain, though the pain had been intense before. In other cases, with lumbago, tabes, herpes zoster, neuralgia and neuritis, the results were equally striking. It is absolutely harmless and wonderfully efficacious. Chauffard reports similar results in a woman with intercostal neuralgia.

Facial Neuralgia.—A new and simple method of relief for this condition (says "Health") is brought forward by Dr. W. C. Belt. It is simply to direct the patient to place the hand opposite the side on which the neuralgia is felt in a basin of water as hot as can be borne. He claims that relief will be experienced in less than five minutes. His explanation of the action of this procedure is that the two nerves endowed with the greatest number of tactile nerve endings are the fifth and the median, and their motor areas in the cortex are not only adjacent, but actually overlap. As the fibres cross in the cord he expects a powerful tactile im-

pulse conveyed from, say the left hand, to affect in some degree the cortical centre of the fifth nerve of the opposite side. The method is so simple that it may be tried in a number of cases, and if without benefit, it will be without harm.

Brain Work does not Kill.—In the lecture on longevity delivered recently before the Royal College of Physicians, Sir Hermann Weber, himself an octogenarian, gave official support to the doctrine that brain work does not kill, but rather the reverse, says the *London Chronicle*. A few of his instances are Sophocles, Plato, Galen, Cicero, Moltke, Bismarck, Mommsen, and Gladstone, to whom we might add Hobbes, Carlyle, and with Kelvin still living. The facts are that brain work increases the supply of blood to the nerve cells, and promotes their nutrition and health. Mosso, an Italian, laid a man on a delicately balanced table, and showed that the head end sank whenever the subject did a mental sum or any other brain work. The increased weight of his head was due to the life-giving blood. The truth is that brain work, as such, never killed anybody.—*Am. Medicine*.

Important Gifts During 1903.—One hundred million dollars has been mentioned as a low estimate of the aggregate gifts made to religion, education, and charity during the year 1903. Some of the important gifts given to medical science and to charitable purposes are as follows: John D. Rockefeller, to Rush Medical Institute of Chicago, \$7,000,000; Andrew Carnegie, for the endowment of a fund for the relief of injured men of the steel works at Homestead, \$4,000,000; the Phipps Consumptive Hospital Fund of Philadelphia, \$1,250,000; the Jeanes gift for a Home for Aged Quakers, in Germantown, Philadelphia, \$1,000,000; the Maxwell additions to Long Island Hospital, \$600,000; Mrs. Appleby's gift of \$2,500,000 to be invested for the benefit of the poor of St. Paul, Minn. It is an interesting fact, says the *Public Ledger* of Philadelphia, that, while many of these gifts are to causes outside all churches, the funds for them are given in fully seventy-five per cent. of the total by persons inside of the churches. The *Church Economist* estimates the cost of maintenance of all churches in America to be \$60,000,000 a year. Not only do Christian people give almost all of this vast sum, but they also give fully \$75,000,000 of the \$100,000,000 going to causes outside of the churches each year.—*Am. Med.*

Conservative Candidate for Parry Sound a Medical Man.—Dr. J. Switzer Freeborn, of Magnetawan, the Liberal-Conservative candidate for the new constituency of Parry Sound, is regarded as a man of exceptional strength—a sure winner. He received the enthusiastic support of the whole party at his nomination on Nov. 25th, at Emsdale, and has greatly gained in strength since then.

Dr. Freeborn is a "man from Bruce," a Canadian of the third generation, of German descent. He was educated at the Collingwood and Galt Collegiate Institutes, and graduated from the Toronto School of Medicine. He served with the Field Hospital Corps during the Riel Rebellion in 1885, and wears the medal and clasp for the engagements of Batoche and Fish Creek. On returning from active service in 1886, he studied medicine in Great Britain. Dr. Freeborn has resided in the Parry Sound District for the past seven years, during four of which he has been reeve of Chapman Township. He has always taken an active part in public affairs, and for several years was president of the Clinton Conservative Association, and a member of the West Huron Executive. He is yet a young man, active, public-spirited, and popular. The Conservatives of Parry Sound feel confident that with him as their standard-bearer the new riding will start right in the political world by sending him to Ottawa to support the national policy of Mr. R. L. Borden.

Dr. P. H. Bryce's Promotion.—Just as we go to press with this issue of the *JOURNAL*, announcement is made of the appointment of Dr. P. H. Bryce, who for 21 years has been secretary of The Ontario Provincial Board of Health, with headquarters at Toronto, to the position of Medical Inspector to the Interior and Immigration Departments of Canada. We beg to congratulate our confrere upon this recognition of his abilities, and feel that, though his new appointment means his removal to Ottawa, the Dominion Government have made an exceedingly wise choice in placing Dr. Bryce at the head of so important a department. We understand that his work will have reference more particularly to immigration. Dr. Bryce has been for years one of the best known and most painstaking officers in the Ontario civil service. He was born in the county of Brant in 1853, and graduated at the University of Toronto in 1876 with honors. After taking his medical degree in 1880 he pursued his studies at the Royal College at Edinburgh. In 1878-9 he was Professor of Chemistry at the Agricultural College, Guelph, and after graduation began his medical practice in Guelph. Since 1882 he has been Secretary of the Provincial Board of Health, and since 1892 Deputy Registrar-General for the Province, having charge of the vital statistics. A man of literary taste, Dr. Bryce has written many papers on medical and scientific subjects. His greatest field of usefulness, however, has been as Secretary of the Provincial Board of Health, where his impartiality, firmness and decisive action have been the means of preventing the development into epidemics of many hotbeds of disease, which threatened the health of small communities. Dr. Bryce has for many years lived at Bracondale, just north of Toronto.

The Physician's Library.

BOOK REVIEWS.

The Principles and Practice of Surgery. Designed for Students and Practitioners. By GEORGE TULLY VAUGHAN, M.D. (Univ. of Va.), Assistant Surgeon-General, Public Health and Marine Hospital Service of the United States; Professor of the Principles and Practice of Surgery, Georgetown University, Washington, D.C. Pp. 569. Philadelphia and London: J. B. Lippincott Company. 1903.

The work is of value more as a student's text-book than as a guide to the practitioner who wishes to do operative surgery. Such treatises have their value, however, to the general practitioner; they suggest the proper line of surgical procedure in various diseases and injuries which require surgical interference, but, in most instances, the description of the surgical technique for major operations is necessarily too condensed to prove of much value as a definite guide for carrying out the treatment required. The author has succeeded admirably in producing a book which fulfils the conditions essential to ensure for it a very thorough appreciation by the class for whom it is intended. The portions of surgical practice which must oftentimes of necessity fall entirely into the hands of the general practitioner, such as fractures and dislocations, are dealt with in the full and thorough manner requisite to form an efficient guide for treatment, and methods are described with a cleverness and completeness which will enable the medical attendant to carry such cases to a successful issue unaided by a specialist in surgery. The various subjects discussed in the text are treated in a scientific spirit. The illustrations are well chosen and the work done by the publishers is entirely satisfactory.

A. P.

A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science, by various writers. A new edition, completely revised and rewritten. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VII., illustrated by chromo-lithographs, and 688 half-tone and wood engravings. New York: Wm. Wood & Co. Canadian agents: Chandler & Massey Limited, Toronto, Montreal and Winnipeg. 1904.

Volume VII. of Reference Hand-book includes "everything" from the letters SAC to ULC, and when it is borne in mind

that the volume is composed of almost 1,000 large pages, two columns each, set in small but very distinct and easily read type, one readily concludes that Volume VII. of this wonderful work is almost a medical encyclopedia in itself. It has a most imposing array of contributors, all being prominent medical writers, and each one a litterateur. We find among the list such names as Dr. L. F. Barker, of Toronto, but now Professor of Anatomy in the University of Chicago; Dr. R. R. Bensley, of Toronto, and now assistant to Dr. L. F. Barker in Chicago; Dr. Frank Buller, Dr. J. M. Fry, Dr. Chas. F. Martin, Dr. Wm. S. Morrow, Dr. A. G. Nicholls, Dr. Frank J. Shepherd, all of Montreal; Dr. Wm. Oldright, of Toronto, and Dr. Beaumont Small, of Ottawa.

We read with a great deal of pleasure the eighteen or twenty pages by Dr. Royal Whitman, of New York City, on Diseases of the Spine. It is one of the most up-to-date chapters on the subject that has come under our notice, is written concisely, and added to materially in interest by being freely illustrated by both half-tone and wood cuts. Another chapter that impressed us is the one by Dr. J. Nevins Hyde, on Syphilis. It will be found to include all the most recent views on the subject, and is thoroughly scientific.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one-time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, etc.; assisted by H. R. M. Landis, M.D., Assistant Physician to the Medical Dispensary of the Jefferson Medical College Hospital; Member of the Staff of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis. Vol. IV., December, 1903: Diseases of digestive tract and allied organs, liver, pancreas, peritoneum, anesthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics, genito-urinary diseases, diseases of the kidneys, physiology, hygiene, practical therapeutic referendums. Philadelphia and New York: Lea Bros. & Co. 1903.

We find the contributors to Vol. IV., *Progressive Medicine*, 1903, are such men as Dr. W. T. Belfield, Dr. J. C. Bloodgood, Dr. John Rose Bradford, Dr. A. P. Brubaker, Dr. Chas. Harrington, Dr. John C. Hemmeter, and Dr. H. R. M. Landis.

One of the most interesting chapters in the volume is that by Dr. Jos. C. Bloodgood, on Surgical Shock, the best method of determining that condition, and the most effective and rapid

means of overcoming it. The treatment of hemorrhage is also gone into in detail, by the use of such hemostatics as thyroid extract, adrenalin, steam, and salt solution. The same author's chapters on fractures and their treatment is thoroughly up-to-date and well illustrated, especially the half-tones of spinal fractures. Vol. IV. of *Progressive Medicine* for 1903 is fully the equal of any of its predecessors for the year just closed, and in many respects their superior.

A Text-Book of Practical Gynecology, for Practitioners and Students. By D. TOD GILLIAN, M.D., Professor of Gynecology in Starling Medical College, Columbus, O.; Gynecologist to St. Anthony and St. Francis Hospitals, Columbus, O.; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association of the Ninth International Medical Congress, and of the Pan-American Medical Congress; Honorary Member of the North-Western Medical Association; Consulting Gynecologist to Park View Sanitarium, etc. Philadelphia: F. A. Davis Company, publishers, 1914-1916 Cherry Street. Royal octavo; pages xvi.-634. Illustrated with 350 engravings; a colored frontispiece, and 7 full-page half-tone plates. Extra cloth, \$4.00 net; half Russia, \$5.00 net, delivered.

Gynecology has made great advancement in recent years, and there has been a corresponding improvement in the text-books which deal with the subject. The author has produced a book that is modern in every way. It is well written, plain, practical, and contains no useless material. His remarks on the general causes of disease of woman are sensible and to the point. Errors in dress and lack of suitable exercise out of doors, both before and after puberty, are claimed by the author to be responsible for many of the ills which cause women to seek the aid of the gynecologist.

A. E.

Modern Methods in the Surgery of Paralysis, with special reference to Muscle Grafting, Tendon Transplantation and Arthrodesis. By A. H. TUBBY, M.S. (Lond.), F.R.C.S. (Eng.), Surgeon to and Lecturer on Clinical and Orthopedic Surgery, and in charge of the Orthopedic Department at Westminster Hospital; Senior Surgeon to the Evelina Hospital for Sick Children, etc.; and ROBERT JONES, F.R.C.S.E., Honorary Surgeon to the Royal Southern Hospital, Liverpool, etc. Illustrated by 3 figures and 58 cases. London: Macmillan & Co., Limited. New York: The Macmillan Company. 1903.

This book of 311 pages is one of the most interesting and suggestive that has been published in practical surgery for some

time. It largely deals with the correction of deformities caused by infantile paralysis. Other forms of paralyzes as causative agents in the production of deformity are also considered. Perhaps the most interesting section of the book deals with tendon transplanting, and when we state that the authors record the fact that they have performed no less than 274 of these operations, we indicate the degree of importance which must be attached to their conclusions regarding the proper treatment of cases which require so much skill and good judgment in their management. A number of ingenious methods are described for the transplantation of the tendon; one tendon may be transplanted into another or periosteal implantation may be successfully carried out; again artificial tendons may be made out of silk or other material, and remarkable cases of successful operation by such methods are recorded in the book. Deformities due to cerebral palsy in childhood are also dealt with by similar methods, as also are paralyzes and deformities arising from injuries and diseases of the nerves and some degenerations of the spinal cord. We highly commend the book as one of unusual interest and of great practical value.

A. P.

Lectures on Neurology and Neurology, Psychology and Psychiatry. After the methods of the Class-room, to the Author's Students, and designed also for General Practitioners of Medicine and Surgery. By C. H. HUGHES, M.D., Member American Medico-Psychological Association, Honorary Member of New York Medico-Legal Society, British Medico-Psychological Association, Foreign Member of Russian Society of Neurology and Psychiatry, Honorary Fellow of Chicago Academy of Medicine, Executive Member of Judicial Council and of the Executive Board A. M. A., ex-Superintendent and Physician-in-chief Missouri State Hospital for the Insane, ex-President Miss. Col. Med. Asso'n, American Med. Editors' Asso'n, ex-President of Section on Neurology American Med. Asso'n and Pan-American Med. Congress, ex-Vice-Pres. Sections Physiology and Psychiatry, Med. Congress, 1876, Pres. of Faculty and Professor of Neurology, Psychiatry and Electro-Therapy Barnes Medical College, etc., St. Louis. Edited by PROF. MARC HUGHES, M.D., Barnes Medical College. St. Louis: Press of Hughes & Co., 418 N. Third Street. 1903.

One of the most suggestive medical works we have read. Not that we read it through at one sitting; having read a goodly number of the lectures; we intend to read the others. Dr. Hughes' book is interesting, because the author knows how to clothe the dry bones of anatomy with meaty illustrations drawn from

medicine and surgery. In addition to stimulating our visual neurones with plates representing cerebrum, cerebellum, medulla oblongata and spinal cord, he aptly connects one or the other of these regions with syphilis, alcoholism, rheumatism or other dyscrasia, in which the foundations of distinctive neuro-pathological changes are laid.

We hope a second edition of Dr. Hughes' Neurological Practice of Medicine may soon be called for. J. J. C.

Contributors to "The Medical Brief," whose Portraits have appeared in 1903.

Such is the title of an exceedingly handsome pamphlet which recently came to hand from *The Medical Brief*, St. Louis, Mo. The editor and proprietor, Dr. J. J. Lawrence, whose portrait appears on the fly-leaf, thus announces the work on the title-page: "To our contributors and friends, who have kindly indulged us with their support in the past, do we dedicate this work, in the hope that it will be the means of encouraging future efforts. May the journal, with their aid, continue a beacon light to the medical profession and its friends, and may peace and prosperity be their lot." The work contains thirty-two portraits, printed in half-tone, on very heavy coated paper. The typographical part of the work is a credit to any firm, and, as a whole, makes a handsome New Year souvenir. Some of the portraits are Dr. W. Gill Wylie, of the N. Y. Polyclinic; Dr. A. H. Goelet, of the N. Y. School of Clinical Medicine; Dr. Finley R. Cook, of the N. Y. Academy of Medicine; Dr. Joseph Priestley, of London, England; Dr. R. T. Morris, of the N. Y. Post-Graduate; Dr. C. A. Wilson Prevost, of New York; Dr. Cyrus Edson, of New York; and our old friend and collaborator, Dr. Thos. H. Manley, of the N. Y. School of Clinical Medicine.

Colin of the Ninth Concession: a Tale of Scottish Pioneer Life in Eastern Ontario. By R. L. RICHARDSON. Toronto: George N. Morang & Co., Limited.

This is a tale which appeals to all. The story of our grandfathers, it depicts admirably their labors and troubles, and their few and simple pleasures. The story, told in the first person, is of the life of a little English boy, Colin, who has been kidnapped and brought to Canada. He is adopted by a typical Scotch settler's widow, Mrs. McNabb, and grows up in a rugged, healthy manner with the widow's children. Ultimately he comes into his inheritance—a place in the peerage of Great Britain.

There are many stirring scenes which appeal to any reader—the horrible crime and fate of Colin's abductor, the school fight, Dooley's dance, the political meeting, Willie McNabb's adven-

tures in New York, and the return of the Canadian boys from the Civil War. The character of Auld Peggy, the country gossip, is at once amusing and familiar. Then, what reader will not recognize an old acquaintance in Goarden, the hired man? Altogether, Colin of the Ninth Concession is a delightful book in an attractive form, which will interest all readers and appeal to the heart of every Canadian.

W. J. W.

The Worth of Words. By DR. RALCY HUSTED BELL. With an Introduction by Dr. William Colby Cooper. Third Edition, Revised and Enlarged. New York City: Hinds & Noble, Publishers, 31 West 15th Street.

The objects of this book are: "To awaken interest in correct English speech; to point out common errors; to suggest the employment of good words in the place of poor words; to protest against linguistic slovenliness, and to declare in favor of simplicity and logic in the use of words."

The first section deals with misused words. The misuse of each word is indicated, and its proper use is explained. In the following chapters "vulgarisms," "every-day errors," and "slang" are discussed, and a number of well-known slang words and phrases are given as examples.

The author tells in the last chapter how word-meanings change, and gives a list of words with the present and past meaning of each.

This is a practical, readable book, and it contains much valuable information for those who wish to cultivate the habit of speaking and writing good English.

A. E.

Squint Occurring in Children. By EDGAR A. BROWNE, F.R.C.S., Lecturer on Ophthalmology, University, Liverpool; and EDGAR STEVENSON, M.D., C.M., Demonstrator of Ophthalmology, University, Liverpool. London: Bailliere, Tindall & Cox. Toronto: J. A. Carveth & Co. Pp. 74, crown 8vo. Price 75c.

The purely mechanical (surgical) treatment of squint, though satisfactory to the patient and his friends, has never fully met the demands of the physician. A straight eye, even though amblyopic, satisfies the public, but the ophthalmologist worries over the amblyopia. He desires to have the amblyopia removed in order that the eye may retain its correct position, and not, as too frequently happens, eventually diverge. The necessary optical and orthoptic training, for which this essay is a plea, demands too much time and patience of most patients. Yet the day will come when the scientific, not the surgical, treatment of squint will be the only one accepted by both the profession and the public, hastened by just such sensible little books as this of Browne and Stevenson.

J. M.

The Practical Care of the Baby. By THERON WENDELL KILMER, M.D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York; Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo. Pages xiv-158, with 68 illustrations. Extra Cloth, \$1.00, net, delivered. Philadelphia, F. A. Davis Company, 1914-16 Cherry Street, Publishers.

This is a very useful book for a young mother, as it gives every detail of how to manage the baby. It explains how to bathe and dress the newcomer and to govern his life until the sixth year. At the end of the book particulars are given of several diseases and diseased conditions, which frequently occur in childhood. There is also a collection of food recipes. Altogether we are much pleased with Dr. Kilmer's book.

J. J. C.

A Manual of the Practice of Medicine, prepared especially for students. By A. A. STEVENS, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital, and to St. Agnes' Hospital; Fellow of the College of Physicians of Philadelphia, etc. Philadelphia, New York and London: W. B. Saunders & Co. Canadian agents: J. A. Carveth & Co., Toronto.

This is not a work from which to study medicine, nor is it intended to be such, but a "quiz," probably very acceptable to many students, especially when examinations appear on the horizon, and as a ready reference in a spare moment for a valuable suggestion to a hurried physician.

A. R. G.

A Pocket Dictionary of Hygiene. By G. T. KINGZELT, F.I.C., Author of "Animal Chemistry," "Nature's Hygiene," etc.; and D. HOMFRAY, B.Sc. Second edition. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904. Canadian agents: J. A. Carveth & Co., Toronto.

As the name would indicate, this is a small pocket dictionary, consisting of about 100 pages of "information respecting most of the subjects comprehended in the theory and practice of hygiene." It will be found to be useful to the health officer, who, of necessity, is interested in hygiene in all its branches, and will serve to refresh his memory on points on which he may have become more or less rusty. The book is three by four and a half inches, and sells in England at 2s. 6d.

The Blood Lilics. By W. A. FRASER, author of "Mooswa," "The Outcasts," etc. Illustrated by F. E. Schoonover. Toronto: William Briggs. 1903.

An interesting story from the Saskatchewan country. The author, who was a resident of this part of the "Territories" for a considerable length of time, portrays the Cree life with undoubted exactness. The tale hangs around the life of a young Indian who has come under the notice of the Lieutenant-Governor at Winnipeg, who sends him to the mission school at St. John's, where he contracts lung sickness from which he dies. "Little profit in civilizing an Indian if he died in the process," remarked Reverend Bruce, a prominent figure in the tale. The book has many interesting features.

A. J. H.

The Nutrition of the Infant. By RALPH VINCENT, M.D., Member of the Royal College of Physicians; Physician to the Infants' Hospital; late Senior Resident Medical Officer Queen Charlotte's Lying-in Hospital. London, Eng.: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. Canadian agents: J. A. Carveth & Co., Toronto.

This is a work of merit, and follows the principles of Rotch, to whom the work is dedicated, and is a strong advocate of the percentage plan of milk modification, as adopted in the Walker-Gordon Laboratories. The work limits itself to discussion of infant feeding and the disorders consequent upon mal-nutrition. It is well arranged and carefully prepared.

A. R. G.

How Hartman Won. By ERIC BOHN. Toronto: The Morang Company, Limited.

A description of life in a country village in Canada. The character of Dr Hartman, the young physician, the idol of the people, is pleasantly drawn, but the story, as a whole, lacks interest. The reader will certainly wonder why the author ever bothered himself writing it, and perchance, ere the book closes over, he may even yawn.

W. A. Y.

The Right to Life of the Unborn Child. A controversy between PROF. HECTOR TRENT, M.D., REV. R. VAN OPPENRAAY, D.D., S.J., and PROF. TH. M. VLAMING, M.D. With an appendix on a new method of operating, ejecting the fetus alive. New York: Joseph F. Wagner.

An interesting discussion of the Dutch law making induced abortion a misdemeanor under all circumstances, of the serious question of craniotomy vs. Cæsarian section, and of the great moral question of jeopardizing one life for the possible preservation of

the second, or the sacrificing of the second for the possible preservation of the first. Of course the work is of no medico-legal value in this country, but is an instructive piece of reading on the subject.

A. R. G.

The After-Treatment of Operations. · A Manual for Practitioners and House Surgeons. By P. LOCKHART MUMMERY, F.R.C.S. (Eng.), B.A., M.B., B.L. (Cantab.), Demonstrator of Operative Surgery, St. George's Hospital; late Senior House Surgeon, St. George's Hospital. London, Eng.: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. Canadian agents: J. A. Carveth & Co., Toronto.

This is a most useful and practical work, giving detailed treatment after operation, and methods of dealing with difficulties likely to arise, such as hemorrhage, etc., and the best means of preventing them. It easily deserves a place in a medical library.

A. R. G.

The Pensionnaires. By ALBERT R. CARMAN. Toronto: William Briggs. Cloth \$1.25.

A brightly-told story of a young girl, an American, of course, who goes to Europe to study under celebrated vocal teachers. The descriptions of the places she visits are charming, and sure to make the reader live over again many a pleasant day spent during a tramp abroad. The book will prove to be a rest hour treat for the busy city physician, and a beguiling companion for the country doctor, as he twists the reins around his knee and lets his worthy steed jog him along to his twelve-mile-distant call

The first number (January, 1904) of the *British Journal of Children's Diseases* has come to hand, and we perused it with very considerable interest. The editor is Dr. George Carpenter, a man who is well able to undertake the conduct of a publication dealing with pediatrics. Judging from the contents of the first issue, and its typographical excellence, we predict success for its promoters. After a brief introductory article, Dr. Jas. Taylor follows with "A Case of Hemierania, with Third Nerve Paralysis," after which George Pernet follows with "A Note on the Antiquity of Achondroplasia," to be succeeded by Dr. Edmund Cantley and Mr. C. T. Dent on "Congenital Hypertrophic Stenosis of Pylorus;" "Intussusception and Henoch's Purpura," by Dr. A. G. Sutherland; "A Case of Henoch's Purpura, in which a Laparotomy was Performed," by Dr. Harold Burrows; and "Administrative Notes on Children's Hospitals," by T. Glenton-Kerr. The publishers are Messrs. Adlar & Son, Bartholomew Close, London, E.C., and the subscription \$3 per annum.