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## Original Articles

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### PRESIDENT'S ADDRESS EXECUTIVE HEALTH OFFICERS OF ONTARIO.\*

BY T. V. HUTCHINSON, M.D., LONDON, ONT.  
Medical Health Officer.

GENTLEMEN,—When the Association decided to meet in this, I might term, historic city, I felt that a good choice had been made, but when I look about me and see the representatives of the noble men who have at different times addressed gatherings in this place, I am almost lead to the conclusion that, from my personal standpoint, the choice was most unfortunate. Be this as it may, I must congratulate the Association on the happy conditions under which our meeting is being held.

It is expected that I, as your president, should deliver an address on this occasion ; but I have found it almost impossible to concentrate my mind sufficiently, owing to the various duties I am called upon to perform.

I do not intend taking up much of your time to-day with a long address, ten or twelve minutes being all the time I shall ask for your attention. Perhaps when I have finished you will think it has been seven or eight minutes too long.

At our last meeting in London, when you did me the honor of electing me your president, someone suggested that I give you a paper at this meeting on "Facts of Which I Know Nothing." I think it was my friend Dr. Mackenzie who remarked that a subject so vast would take up the whole time of the meeting.

The inestimable value of sanitary work in the maintenance of the public health cannot be too frequently brought under the

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\* Delivered at the Annual Meeting at Kingston, August 14th, 1900.

notice of the profession and public, and there is no better way of educating the public in the prevention of disease and prolonging life than in gatherings of sanitarians such as the present one, in this beautiful city of Kingston, whose history, from the time of New France and Jacques Cartier, is replete with stirring events.

In the latter end of the eighteenth century the death rate in Great Britain and Europe was 88 out of every 1,000 of the population, while at the end of this century, or just 100 years later, it is only 11, or a fraction over.

During the last century there were only three sanitary reformers of any note—Jenner, Howard and Captain Cook. Up to Captain Cook's time, 1773, scurvy had decimated the British army and navy. Captain Cook inaugurated such sanitary and hygienic reforms that, in a three years' voyage around the world, he lost but four men out of 300, and these deaths were not due to scurvy. The great value of Captain Cook's reforms will be realized when it is known that in Anson's famous voyage of thirty years before he lost by scurvy alone, in three years, 600 men out of a total of 900.

Contrast this with the pleasant times in which we live. There are 700 or more municipalities in Ontario. In most of these there is a Board of Health and a medical health officer. Some of these, especially in the rural districts, are very lax and apathetic in carrying out the provisions of the Health Act. The majority, however, of medical health officers and medical men are doing their utmost to make Ontario one of the healthiest countries in the world. This is being accomplished in many municipalities under great difficulties. The officers of the Board of Health are not always seconded by the municipalities to the extent they should be. The most difficult task of the health officer is to convince the public that they cannot escape disease without absolute cleanliness and pure water. Some of you may remember in one of Theodore Hook's novels, where Jack is persuading his mother and new step-father to go to a bathing resort at the seaside, while he would entertain some friends. "Why, Jack," his mother said, "I have not had a bath for twenty-five years, and there never was anything wrong with your father, and he never had a bath since he was first washed!"

One subject of great importance, in fact, I would place it near the top of the list, is the securing of a supply of pure milk for the use of the public. How can this best be accomplished? I think one of the first essentials of securing this end is to make it compulsory upon every person who keeps cows to see that the animals have an abundant supply of pure water. What can be more detrimental to the health, not only of the animals, but of the people who use the milk, that they are permitted to drink impure water? When we think of the fact that about 88 per cent. of milk is

water, how alarmed we should be at the prospect of selling the milk from herds not properly cared for in this respect. On more than one occasion in my experience I have known cattle to have taken sick, and the owner unable to account in any way for the trouble. When questioned as to where the animals were watered, he pointed to a pond "down there." No more questions were necessary. The pond there meant a large hole, probably scooped out near the barn, into which drained all the filthy water from the barn and out-houses, and throwing off an odor which, to say the least, was anything but pleasant. The pond was fenced off, with the result that health soon returned to the herd. But the experience was costly, for in the meantime he had lost most of his customers, and which would take months or a year to have confidence restored.

It is further advised that milk should be boiled before using. In this connection I desire to call the attention of this body, and of the authorities at large, to the fact that there is not in this province a running stream which is not being polluted by the inhabitants living along it. Now, when we remember that the cattle of nearly every farmer and dairyman living along the banks of these streams use them as watering-places for herds, their pollution becomes a grave danger to the public health. If the meat and milk of tuberculous cows produce the same disease in the human body, might not the rapid increase of consumptives throughout our fair Dominion be traced to this cause? If the authorities would pay more attention to preventing the pollution of our streams and the furnishing of bad water to herds, and to have proper sanitary arrangements in connection with our dairies, there would be less need for a continual begging of funds to build sanitarium for consumptives and for the accommodation of others suffering from kindred diseases.

I am pleased to say that in carrying out the provisions of the Health Act, the city which I have the honor to represent stands in the front rank. One of the first, if not the first, meeting of sanitarians in Ontario was held in the city of London in 1883. At this meeting Dr. Cl. T. Campbell, one of the most advanced sanitarians in Canada, and who, I am happy to say, is still a member of our Board of Health, proposed a series of resolutions for the better preservation of the public health. Among other important regulations, that regarding the admission into schools of children from dwellings where there were, or recently had been, infectious diseases. Some of these proposed regulations were afterwards incorporated into the Ontario Public Health Act. In the city of London, also, the first systematic inspection of herds, dairies and milk was commenced, and has since been successfully carried out, and to the pure supply of milk can no doubt be attributed the very low death rate in the last ten years among infants and young

children in that city. Referring again to the city of London, we are now trying to stop the use by bakers and milk venders of bread and milk tickets, which, by reason of continuous handling, become foul and excellent carriers of disease germs, and have substituted therefor perforated tickets, bound in booklet form, which shall be of no further use after being detached.

As consumption is the most prevalent and the most fatal of diseases in Canada, our efforts should be especially directed against it, and medical officers should urge the co-operation of all good citizens to wage an unceasing war against it.

Last year in the Dominion there were 3,000 more deaths from consumption than from all other infectious diseases. In Ontario one person in every 1,000 of the population dies annually from consumption. Last year the province lost 2,500 wage-earners from this disease, which means a direct loss of \$2,500,000, and an indirect loss of an almost incalculable sum besides.

Consumption is contagious, and therefore many deaths from this disease might be prevented. It is also curable in many cases when taken in time. The hygienic remedies for consumption are pure air and nutritious food.

Physicians should impress upon consumptive patients and their friends the communicable nature of the disease. They should report all cases to the medical health officer for the purpose of record; but the placarding of houses where such patients live is not required.

All deaths from consumption and chronic bronchitis should be promptly reported by the physician to the medical health officer, so that he may order and superintend such measures of disinfection as he may deem necessary, and the city clerk should refuse to issue burial certificates in cases of death from consumption until the death certificate has been endorsed by the medical health officer.

The managers of free libraries and all other public and Sunday School libraries should not issue books to consumptive patients or their families, and these officials are requested to have printed on their library cards an announcement to the effect that books will not be issued to persons residing in any house where there is a case of consumption, diphtheria, scarlet fever, typhoid fever, or other infectious diseases.

Twice as many die from consumption as from all other infectious diseases combined. Two deaths in every nine are caused by consumption.

As the poisonous germs of consumption are disseminated through sputa, or matter expectorated from diseased persons, special care should be taken with this substance to prevent the spread of contagion.

There should be no spitting in public buildings, conveyances or

on the streets. Persons with a cough should always use a handkerchief or vessel provided for the purpose. The former should be burned, and the latter purified frequently by some strong disinfectant. In street cars and other public conveyances, and in public buildings, placards forbidding spitting should be posted.

In order further to avoid danger from infected dust, the rooms occupied by consumptives should have no carpets or unnecessary furniture, ornaments, curtains, etc. The floor should be wiped with a damp cloth, and no broom used. The room should be frequently disinfected, and invariably after the death or removal of the patient.

Meanwhile there are duties and responsibilities resting upon citizens and municipalities alike, the careful observance of which cannot but result in great benefit to the community and the saving of many lives. In order to bring this matter prominently before the public of London these instructions have been printed on the Assessment Commissioner's slips, one being left annually at each dwelling, coming therefore under the notice of all.

While speaking of this, it would be very much in the interests of the public health if the Provincial Board of Health could bring about legislation to compel the banks, as is done in England, to withdraw worn-out bank notes from circulation. Circulating among all sorts and conditions of men, these notes become filthy, foul smelling, and efficient carriers of disease germs.

The good that has been done by trained medical health officers and Boards of Health is now readily seen throughout the country, and I hope appreciated. The continual closing of contaminated wells, the isolation of infectious dwellings, the thousands of dollars that are annually spent in drainage and improved methods for the disposal of sewage, the inspection of milk, meat and other foods, are all tending in the same direction, that of removing the causes of disease from among us. Not that people will live forever, but the general average of life will be greatly extended, especially among the young, who claim at our hands the best efforts that knowledge and training can secure.

The first properly organized Board of Health in Great Britain was not until 1843. In the 700 or more municipalities of Ontario the majority, I believe, have duly constituted Boards of Health. Associated with each of these boards is a medical health officer, so that one-third, or at least one-fourth, of the practitioners of Ontario are directly associated with the local Boards of Health.

There is no doubt that infectious diseases, such as scarlet fever and diphtheria, are spread by means of the public schools. On the other hand, teachers, by using care and caution in admitting children to schools, are among the best sanitarians we have.

While upon the subject of schools, a word should be said about physical development *versus* mental culture, and that the latter is

being cultivated at the expense of the former, will not, I think, admit of a doubt. The intellectual faculties are stimulated to the utmost, while comparatively little attention is given to physical development. Early intellectual development means early intellectual decay. Undue or continuous stimulation of an organ will usually result in paralysis of that organ. A child showing unusual mental capacity should rather be restrained than encouraged.

There are too many studies in our schools. If mental culture can be pursued without worry, then it is not injurious; but when the mind is harrassed by so many studies, instead of being strengthened, it is weakened.

The introduction into our schools of military drill, and especially military discipline, is most commendable, and will benefit the country in a fourfold manner, viz.: (1) Physical development; (2) the influence of the discipline in obtaining the obedience of the children; (3) deportment when on the street; (4) benefit to the country in a patriotic sense.

The teaching of rules for the preservation of health will no doubt be of much good, and perhaps also the physiology which is taught, although the young lady novelist is in evidence that a slight knowledge of anatomy should go with it. The hero of the young lady novelist has succeeded with great difficulty in saving the heroine from falling down the precipitous sides of a mountain on which they had lost their way. The heroine has fainted, and is apparently lifeless; but, to his intense delight, the gentleman discovers that the heart still beats by the "pulse in her femoral artery."

I desire also to call your attention to the careless manner in which corporate bodies construct public buildings. Take, for example, the school buildings throughout this province. I do not care whether you take the country school, which of late years has greatly improved, or the schools in our cities and towns. Expensive structures, from an outward standpoint, are put up, and often the whole has been completed before the question of ventilation will be considered. Hardly any provision, it will be found, has been made for this, the most important part of the whole building. The proper heating and ventilation of all buildings should be the very first consideration. Then, again, the placing of water-closets in the basements of school buildings is a practice which should not be tolerated, unless it is where a water system is placed and where a good supply of water is always available.

I am sure that in this connection it will not be considered out of place for me to congratulate one of our members on the very firm stand he has taken, and the reports which he has prepared on the defective sanitary condition of a number of the school buildings in the city of Toronto. I refer to my old friend and classmate, Dr. Sheard, Medical Health Officer of that city. We should

all be firm in these matters, no matter what councils may say or do. We owe to the public to tell them in plain language if their school buildings are not in the proper state, from a sanitary point of view.

I could elaborate on the question of heating and ventilation of public buildings generally, but will refrain.

Without further delaying the association, I wish to extend a hearty welcome to all, and as the reading of papers and discussions thereon will be published in the daily papers throughout the land, I trust that our deliberations will have a good effect on the public at large, and that a greater interest will result in the questions which are to be discussed, the most vital for the nation at large.

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### THE PRINCIPLES OF FOOD PRESERVATION.\*

BY A. MCGILL, B.A.SC., F.R.S.C., ETC.,  
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The energy of the human body—our so-called vitality or vital force—is not created in the body, but is transferred to it from some source without, which loses just as much energy as the body gains. This inference from, or application of, the law of conservation of energy we can never afford to lose sight of, when we consider the question of food. For, however much we may economize human energy, by rest or warm clothing or residence in a warm climate, we can never supply the body with energy in these ways, but must depend upon the so-called digestive processes, which, acting upon various food-stuffs, break down the more or less complex molecules of these, and appropriate the energy thus liberated to the use of the human organism. The human body is an engine, to which the food is more than fuel, furnishing at the same time the material from which the wear and tear of the machine are made good. It might, therefore, be inferred, on *à priori* grounds, that our food stuffs must be of complex molecular structure, and such we find to be the case. The empirical formula of albumin is  $C_{77}H_{120}N_{20}O_{20}S$ , containing 244 atoms, and its true molecular composition is  $N$  times this value, so that we are in a position to appreciate the very complex character of this typical proteid.

It is true that certain classes of food-materials have a much simpler constitution than albumin. Common salt, water, starch, sugar, fats, and other food substances might be quoted as examples. But the highly complex proteid foods have a greater value than any others, and are imperatively necessary to the maintenance of human life and health.

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\*Abstract of a lecture delivered before the Ontario Medical Health Officers' Association at Kingston, August, 1900.

Now it is one of the laws of chemistry that highly complex molecules are in a condition of comparatively unstable equilibrium; they readily yield to influences which tend to break them down with contemporaneous formation of simpler and more stable molecules, and the liberation of energy stored up in the complex combination. The change is analogous to that which takes place when nitro-glycerine explodes, producing very simple compounds (carbonic acid, nitrogen and water), but setting free an immense amount of energy which was latent in the nitro-glycerine molecule. Hence we see that the greatest degree of instability might be expected to characterize the class of food-stuffs which are of the greatest value to man. And experience corroborates this inference from theory. Simple food-stuffs, like water, sugar, etc., are very stable compounds, and we find no difficulty in keeping them unchanged over great lengths of time, under ordinary conditions.

It is quite otherwise, however, when we come to proteid matter like the albumen and vitellin of eggs, the casein of milk, the gluten of wheat, the myosin of flesh, etc. These substances are eminently perishable. Exposure to the air under ordinary conditions determines their decomposition within a very short time. Speaking of the knowledge we possess through the researches of Pasteur, Koch, Lord Lister and others, Sir William Turner, in his recent inaugural address before the British Association, says: "They (bacteria) exercise a very remarkable power over organic substances, especially those which are complex in chemical constitution, and can resolve them into simpler combinations." This is not only an expression by a high authority of the facts which I have already pointed out, but it goes further in suggesting the proximate cause of the perishability of proteid substances. For microbial life is everywhere, and wherever life can manifest itself in any way, there bacteria can and do exist and multiply.

The great problem of how to prevent the decomposition and decay of proteid matter, while at the same time not destroying its value as human food, is now occupying the attention of purveyors to a degree which was never known in the past. And this is due to the changing conditions of human life. Our time shows a growing tendency to congregate in cities, and it is easy to see how the problem of providing food for these great centres of population is daily growing more difficult. Milk is brought every morning by train to London (England) from dairy farms situated 150 miles beyond the city limits: and every large town and city has a somewhat similar story to tell. Fresh meat, butter, eggs, fruit, cheese and other perishable food-stuffs are brought from great distances—often across the ocean—to the consumers; and it is necessary that considerable stores of these foods should be constantly available in the great warehouses and markets of the large cities. The problem of how to prevent the destruction of such eminently perishable

goods, in transport and in storage, is, as I have said, at this moment attracting the attention of producers and dealers throughout the civilized world; and it is well that we should try to keep ourselves posted as to what they are doing by way of experiment, and what by way of accepted trade methods, to solve it.

The methods so far suggested may be classed under two heads, 1st, the killing or otherwise getting rid of the bacteria present, and then hermetically sealing the food; and, keeping the food-stuff under conditions which inhibit bacterial life.

The first-named method is too expensive to be applied on anything like the scale required to meet the demands of our civilization. It is used in the case of valuable and concentrated foods, *e.g.*, condensed milk, selected fruit, fish, meat, etc., and, I think, no doubt of its high value is entertained by any of us. Where concentrated foods have to be stored for a considerable time, and sent to great distances from the place of production—as in the case of an army on the march or fighting on foreign soil—the utility of this method of preservation has been fully demonstrated. I have sometimes thought, however, that the public ought to demand that the manufacturer or canner should put upon each tin or other package the date at which it was sealed. It may be that this would be unnecessary if we could ensure the thorough extinction of all bacterial life before the closing of the package; but, unfortunately, this is not always possible, and instances of putrid salmon and other canned foods are known to all of us. The cost of the method prohibits its employment in the case of fresh meat, milk, butter, fruit, etc. So that a study of the conditions of bacterial life is needed to form the basis for a cheaper and more universally applicable method.

As might be expected, the simple microbe will live under any conditions which make life possible. A little warmth, a little moisture, a little pabulum, and the absence of actual poison will ensure his continued existence, for he never commits suicide, and sentimental considerations do not weigh with him. His nervous system is not susceptible to hysteria; he is a pure and simple materialist. The various methods which have been tried to make his life a burden to him may be considered under the heads, of (1) moisture, (2) temperature, (3) poison. It is evident that, under the circumstances, we need not think of starving him.

(1) *Moisture*.—The drying of certain foods as a condition of their preservation has long been practised. The word "biscuit" carries its own history, and ship biscuits are nothing else than highly dessicated bread. Dried meat, as "pemmican," has excellent keeping qualities, and dried fruits are very extensively found on the market. So long as a food is thoroughly dessicated and kept in such a way as to exclude moisture, it will keep well. The method, however, is not universally applicable. Some foods are spoiled by being dried, many are rendered comparatively difficult of digestion,

and nearly all are injured in the sense that they lose their special flavors, and consequently their palatability. Methods based upon the elimination of moisture are not without value, but they are not sufficient.

(2) *Temperature*.—Most bacteria are killed by a temperature below 75 degrees C. (equal to 177 degrees F.), although when in the nesting spore condition they resist a much higher temperature. By intermittent treatment at 75 degrees C. (equal to 177 degrees F.) with intervals of a few days between, there is no doubt that a complete sterilization could be effected at this temperature. For most purposes a single treatment is sufficient to give greatly increased keeping quality to food-stuffs, and the method is peculiarly applicable to liquid foods, like milk. The subjection to a higher temperature, and especially in the presence of steam, is still more effective in sterilizing foods; and these methods—of which Pasteurization may be taken as the type—are largely in use, especially for the purpose of preventing the souring of milk.

When the temperature is not carried high enough to injure the flavor or characteristic taste of the food, or to coagulate or otherwise make its albuminoid less available for nutrition, I see no objection to this class of processes. Indeed, Pasteurization and sterilization by heat, combined with such a mode of packing and storing as shall tend to prevent subsequent ingress of bacteria, may be considered the best way yet discovered for the preservation of moist foods.

Low temperatures—at least such low temperatures as are practically obtainable—do not destroy bacterial life. They do, however, impair its vigor, and food-stuffs which would readily decay at a temperature of 70° to 80° Fah., may be kept for a considerable time at a temperature but little above the freezing point. This application of cold has found great vogue in the transportation of perishable foods by rail and steamship. It is also applied in every household where a so-called “refrigerator” is in use, and quite within recent years the cold-storage warehouse has come into existence in every considerable town. No fault can be found with this method of conserving foods from the point of view of health; but, after all, it must not be forgotten that it but partially fulfils the office of a food-preservative, and may be more correctly spoken of as slowing-down rather than preventing decay.

In this connection it may be well to point out that, on taking a food from cold-storage and placing it under conditions of temperature favorable to bacterial growth, it is sometimes noticed that the bacteria formed possess a peculiar malignity or virulence. This is notably the case with ice-cream, and very many cases of poisoning by this article have been traced to the fact that the cream had been allowed to melt, and had then been refrozen. The fact mentioned seems to be of the same kind with the frequently demonstrated

poisonous nature of tinned meats and fish after the tin has been opened and the contents exposed for some time to the air. For, although the poisoning is frequently traced to dissolved metals from the solder, there is no doubt that many cases are attributable to the growth of malignant bacteria, possibly generated under an influence analagous to that which produces bacteria of a specially toxic kind in refrozen cream.

(3) *Poisons*.—Some will, no doubt, find fault with me for speaking of antiseptics as poisons, and yet I believe myself to be justified by the facts of the case. If we recognize bacterial life as essentially one with life as we see it manifested throughout organic nature, then the prohibitive action of antiseptics upon bacterial life is neither more nor less than a case of poisoning; and the problem in the case of antiseptic treatment of food-stuffs is to draw the line at that quantity of the introduced poison which shall effect the death of the microbe, and shall yet be harmful in but a slight degree to the human system. I say harmful in a slight degree, for to claim absolute harmlessness for any efficient antiseptic is to assume an essential difference between life as exemplified in the microbe and life as it is manifested in the human being, and I hold that this assumption is totally without foundation or justification. The human being is harder to kill than the bacterium; that is all we can say about it.

The fact is that, in tolerating the use of antiseptics in food, we are recognizing the necessity of choosing between two evils. On the one hand is the danger arising from the use of unsound food, *i.e.*, food undergoing the natural processes of decay; on the other, the danger inherent in the use of a food which has been antiseptically treated. Wherever food can be provided in a fresh and sound condition, the use of an antiseptic is evidently unnecessary, and as evidently reprehensible. But, as I have already said, the conditions of life in large cities involve the need of transportation and storage.

Common salt is, probably, the oldest antiseptic on record, and it is not unlikely that both salt and sugar owe their antiseptic properties to their great affinity for water; in which case the preservation of food by means of them is properly a process of dessication, and their action is a physical rather than a chemical one. They have the advantage, in consequence, of being easily removed, by repeated washing, from any insoluble food-stuff preserved by their means; and it is customary to remove excess of salt from butter and even from fish, bacon, etc., by such treatment. Of course there are few, if any, food-stuffs which do not suffer in quality by prolonged washing, so that the total removal of the preservative is not practicable. These preservatives, as also vinegar, spices, alcohol, etc., have justified their admissibility on the score of long usage.

In our day, however, the popular demand is for unsalted or but

slightly salted butter, ham, bacon, etc., and, as a consequence, other antiseptics have come into use, either as adjuncts to salt and sugar, or as replacing these. Among them we have borax, boracic acid, saltpetre, Fahlberg's saccharine, salicylic acid, salicylate of soda, formaldehyde, benzoic acid, and certain benzoates, together with many phenol derivatives. It is a formidable list, and its length is being added to continually since the discovery of compounds which will kill microbes with certainty, while much uncertainty exists in regard to their power to poison man, is eagerly being pushed by the great demand for new methods of keeping food from spoiling.

It must suffice that I have drawn your attention to this important subject. I cannot undertake to present you with even a summary of the evidence which is on record regarding the harmfulness or the harmlessness of the substances named. This evidence would fill volumes, and it is very conflicting. But the whole question is of highest importance. The use of chemical preservatives is threatening the health of the nation. I can conceive of no more important issue before the thinking men of every country to-day than this one, "Shall the use of undeclared preservatives in food be tolerated?"

The importance of the matter has been recognized in England, where a parliamentary committee has been appointed to take evidence in regard to it. I have thought it right to bring the question before you, because your official relations to the public health cause you to take a special interest in such subjects; and, in regard to this particular one, your positions as medical men give you frequent opportunities of studying the action of such antiseptic substances as I have named; and your experience may add valuable original research, and so materially aid in solving the whole question.

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## Reports of Societies

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### CANADIAN MEDICAL ASSOCIATION.

At the city of Ottawa, on the 12th, 13th and 14th of September, 1900, took place the thirty-third annual meeting of the Canadian Medical Association. Dr. R. W. Powell, of that city, occupied the chair, and it was under his presidency the meeting convened. Dr. F. N. G. Starr, of Toronto, acted as Secretary.

The General Secretary read the minutes of the last meeting in Toronto, which were adopted.

The report of the Committee of Arrangements was then presented by Dr. Drewer, of Ottawa, which dealt with the entertainment provided by the profession of Ottawa for the visiting members during their stay in the Capital city.

THE PRESENT STATUS OF THE ELIMINATIVE AND ANTISEPTIC TREATMENT OF  
TYPHOID FEVER.

This paper was read by Dr. W. B. Thistle, of Toronto. It was now some seven years since Dr. Thistle introduced this plan of treatment to the profession. He thought that this plan of treatment of typhoid fever had time and again been misrepresented by Professor Osler and others, as he had never held to the opinion that the eliminative and antiseptic plan could rid such organs as the liver and spleen of the bacilli lodged in them. When once the typhoid bacilli gain access to the intestinal tract the multiplication of them occurs with extreme rapidity, and the intestinal contents teem with countless numbers of them. These are not confined to the intestine, but are to be found in the walls, and, in fact, in almost every organ of the body. He was of the opinion that the draining of the intestinal walls following upon the action of a purgative, such as calomel or magnesium sulphate, would tend to get rid of some of these bacilli in the intestinal walls, but he did not claim that it would effect their exit from the liver, etc. The treatment, Dr. Thistle thought, had been imperfectly applied in many instances without a clear conception of the underlying principles. Dr. Thistle has never had a single hemorrhage under this plan of treatment; and he has also seen very few perforations; and 20 per cent. of the death rate is from hemorrhage and perforation. In Toronto this plan of treatment is universally adopted. The statistics at the Toronto General Hospital show, that from 1893 until the present time, there have been 833 cases in that institution with fifty-six deaths, a mortality of  $6\frac{1}{8}$  per cent.

In discussing this paper Dr. McPhedran said that he had been watching Dr. Thistle's work in this direction from the time of the appearance of his first paper on the subject, but could not agree with all his conclusions. He did not think that this plan of treatment lessened diarrhea, tympanites, fever or delirium, and considered that Dr. Thistle was harboring the idea that purgatives in typhoid were a new discovery with him; this was not so. Twenty-five years ago Dr. McPhedran gave these for the first ten days at least. In addition to this he used to give carbolic acid and iodine, and in a certain class of cases he thought he had the exact treatment. Another class would then come along in which that treatment had no effect whatever. He considered that the general toxemia that existed could not be eliminated through the bowel. It had to be done through the kidneys and skin.

Replying to the criticisms of his paper, Dr. Thistle emphasized the fact that he was not trying to eliminate bacilli from the glands. In clearing out the bowels he is trying to eliminate toxins from the body and not bacilli.

A CASE OF SARCOMA OF THE RIGHT NASAL FOSSA WITH ACUTE SINUSITIS  
AND ORBITAL CELLULITIS.

This paper and case were contributed by Dr. P. G. Goldsmith, of Belleville, Ont. The patient was a man of thirty-eight years, a farmer, with an unimportant family and personal history. He consulted the doctor on the 4th of August last with severe frontal headache and double vision. The nasal fossæ were examined and growths found in the right one, which along with some bone were removed. Then swelling and pain in the right eye began so that it was seen to project downwards, outwards and forwards. The right nasal fossa was curetted, and the tissues sent to Professor Anderson of the Trinity Medical College Laboratory at Toronto, who pronounced them sarcomatous in their origin and nature, of small round cell variety, having the walls of the blood vessels thin and poorly developed. The discharge from the nostril had an odor similar to that proceeding from cancer of the uterus. Up to ten years ago Bosworth had collected forty of these cases.

Dr. R. A. REEVE stated that a number of years ago he had presented a paper on the same subject to this association. He directed attention to the importance of examining the nasopharynx in diseases of the orbit. He recited a similar case to Dr. Goldsmith's. In his case there was little pain, but an examination of the nose revealed the tumor.

PRESIDENT'S ADDRESS.

Dr. R. W. POWELL, the President, delivered his address on the afternoon of the second day, when the hall was well filled. He first recited a few reminiscences when on former occasions the Canadian Medical Association had convened in the Capital city, in 1871, 1881, 1889 and in 1893. He made a reference to the South African war in order to point out the unsatisfactory condition of affairs which permitted other colonial surgeons, from Australia and New Zealand, practising their profession in that land without hindrance, whilst Canadians were debarred from the same privileges. An earnest and united effort on the part of the profession throughout the whole Dominion of Canada in an endeavor to bring about interprovincial registration would facilitate matters in the direction of securing these privileges for the Canadian profession in other parts of the British empire. The subject of tuberculosis was touched upon lightly to the extent that he favored the ordinary preventive measures, and the prevalent and present established manner of treatment by sanatoria. He then dealt with a very important matter relating to a Medical Defence Association, favoring the formation of such, and requested the association to appoint a committee to look into the subject and report at the next meeting.

## SOME OF MY EXPERIENCES IN THE SOUTH AFRICAN WAR.

Surgeon Lieut.-Colonel George Stirling Ryerson then addressed the association upon this subject. He dealt first with the experience gained of modern bullets in this campaign. The very latest returns show that 986 officers and 11,701 non-commissioned officers and men had been wounded, of whom only 733 have died of wounds received in battle, which is to be ascribed to the aseptic character of the bullet and the prompt attention and antiseptic treatment. Dr. Ryerson then dealt with the wounds caused by these bullets. Referring to poisoned bullets being used this was not the truth, as the tarnish or verdigris probably accumulated in transit through the barrel. He also doubted the fact of explosive bullets being used. The Boers made use of thousands of Martini-Henry, a heavy bullet, which caused great destruction of soft parts, necessitating amputation. There were few amputations in this way. He quoted Kendal Franks who had performed thirty amputations in 2,000 cases. Whilst abdominal section in wounds of the abdomen was mainly inadvisable, he saw one case where the results were excellent. He spoke highly of the magnificent work of the R. A. M. C. At the conclusion of this able address, Dr. T. G. Roddick, M.P., highly complimented Dr. Ryerson for his remarks, and further spoke of his great sacrifices in proceeding to South Africa at his own expense in order to carry out the work of the Red Cross Association. While in England recently Dr. Roddick stated that he made it his special business to inquire of returning Canadian soldiers as to hospital management in South Africa, and although he had spoken to many of these he had failed completely to find a single Canadian who had anything but praise for the hospital arrangements in that country.

## OUR RACE AND CONSUMPTION.

SIR JAMES GRANT, Ottawa, contributed a very able paper on this subject. He considered it an important fact and one worthy of consideration that races had been born on this continent, had lived and died and entirely disappeared, leaving mounds in the West, and other traces in Florida and elsewhere of their undoubted existence; and that thus far there was no information as to the exact cause of the disappearance of these races. He thought it remained for the Anglo-Saxons to see whether they will prove more successful than their predecessors in establishing themselves on this continent. He referred to the loss of 3,000 lives in the fair province of Ontario in 1898 by consumption alone, and deplored the fact that the people were not as yet alive to their danger. Sir James endorsed the legislation passed at the last session of the Ontario Legislature designed for the purpose of assisting municipalities in the erection and maintenance of sanatoria for consumptives.

## RECOGNITION AND MANAGEMENT OF TABES DORSALIS.

Dr. ALLAN McLANE, Hamilton, of New York, prepared this paper, which was read by the President, at the request of the meeting. Syphilis as an etiological factor was not referred to by the early writers on this disease. While some would attempt to divide the symptoms of the disease into the leg and eye types, the writer would consider that to be unwarranted. He considered there was a close resemblance or relationship between the different forms of cerebro-spinal sclerosis. There was no disease of the nervous system which had drawn forth so many plans of treatment and but little or no good had resulted from any one thing. Most tabetics are favorable subjects for expectant treatment, and many derive temporary benefit from some new drug. Looking back over a number of years he finds that most good has been accomplished where little or no medicine has been given. He has found rest by suspension and persistent cauterization of the back good treatment. In the opinion of the writer, syphilis cannot be traced in more than 50 per cent. of the cases. For the arthropathies there is little to be done. Perforating ulcer is a rare feature of locomotor ataxia, and most obstinately resists treatment. He has seen three cases of this unusual condition in ataxics, and the ulcer rarely exceeds two or three centimeters in diameter. One authority mentions five cases cured by means of nerve stretching. Throughout the course of the paper numerous cases were cited with their symptoms and treatment.

## THE PHYSICIANS' "VASTER EMPIRE."

This paper was contributed by Dr. John Hunter, Toronto. It dealt with sanitary science, education, social purity and medical missions. Referring to sanitary science, he entered a plea for the broader and freer application of the principles of this branch of medicine, in the building and construction of our homes, schools, churches, theatres, etc. No dwelling-house should be constructed except under the supervision of an architect and a physician versed in the principles of sanitary science. In the matter of sanitary science, architects had improved wonderfully during the past ten years. Another important question was that of our educational system—the mental and physical development of our school children. The best way to secure physical vigor and high mentality was surely within the province of the physician to grapple with and study. In all forms of social purity physicians should speak *ex cathedra* against every form of vice and immorality. The boys and girls of the family should be enlightened as to their sexual proclivities, at proper periods, by their fathers and mothers, respectively. In medical missions, he referred to the vast field for medical missionary work in foreign countries.

## ADDRESS IN SURGERY.—TUBERCULOUS LESIONS FROM A CLINICAL POINT OF VIEW.

At the evening session of the first day, the president introduced Mr. Edmund Owen, of London, England, who proceeded to deliver the address in surgery. He stated at the outset that the subject of his address would deal principally with tuberculous lesions, as the surgeon meets them day by day in the hospital wards, in private practice, and also in the operating theatre. Referring to the pathologists, he considered their thought to be only of the dead tissue, whilst the surgeon sees the human tree during its life, but rarely follows it after death. The student does clinical and pathological work at different times, and he is enabled to follow the case straight from the ward to the laboratory. He considered that study of the fresh specimen was the best, for the specimen taken from formalin was no more like the condition than canned salmon was like fresh-run fish. He would not hinder experimental research work; it was absolutely necessary. The life of a man was of more value than a sparrow or many guinea-pigs. It would be almost impossible to overestimate the direct value of experimental laboratory work. Strumous and scrofulous are new terms devoid of meaning, and we now call tubercle by its proper name. There are three great factors in connection with tuberculosis which the public must be made acquainted with: (1) The disease is communicable, but the public must be allowed a little time before they accept this statement of fact. (2) The disease is preventable; this follows almost as a corollary to the first statement. (3) The disease is curable. Years ago, one who was the subject of tuberculosis was regarded as well-nigh, hopeless; but now we do not consider it of the untractable nature that it was formerly considered. Tuberculous lesions are exactly what they used to be; and Mr. Owen has worked at the largest children's hospital in London for over a quarter of a century. He now takes a much more hopeful view of these lesions. Many of you have studied tuberculous lesions under these skies, and also in the mother country. Do you find that the tuberculous lesions are the same in both hemispheres? One rarely hears now of the *vis medicatrix naturae*; surgery has rendered it superfluous. All have noticed cases of old-standing hip-joint disease where in time the boy actually grows out of his trouble. This may be a popular superstition, but, like most erratic beliefs, it is founded upon a stratum of truth. In children these chronic diseases are always tuberculous. Where chronic abscesses occur, it will not do to open and drain, but they must be scraped out—their unhealthy lining destroyed. In the treatment of these diseases, the learned surgeon stated that he had failed to find any virtue whatever in the employment of iodoform. It is an irritant and a poison, and it is apt to be septic, as germ can grow in it. Mr. Owen condemned the employment of complicated apparatus, and also the forcible correction in cases of

spinal deformities. He considers that this deformity does not lend itself to operative treatment. There may, perhaps, be a small class of cases where it may eventually be found applicable, as where bone or organized inflammatory deposits press upon the cord so that the patient has lost movement in the lower extremities. The plaster-of-Paris jacket must be held responsible for much of the deformity of Potts' disease. The proper treatment of these cases is rest in the horizontal position, with plenty of good fresh air and sunlight. At the conclusion of his extremely able and instructing address, the thanks of the association were moved in a complimentary speech by Professor Shepherd, of Montreal, and seconded by Professor Cameron, of Toronto, put to the meeting by the president, unanimously carried amidst great enthusiasm, and appropriately presented to Mr. Owen by Dr. Powell. Mr. Owen made a happy reply.

#### EXCISION OF THE KNEE JOINT IN TUBERCULOUS DISEASE.

Professor Primrose, of Toronto University, minutely described Kocher's method of dealing with tuberculous disease of the knee joint, recited the histories of a few cases in which he had obtained excellent results where this operation had been employed. The different steps of the operation were made clear by a blackboard drawing, and at the conclusion of his demonstration, Dr. Primrose was highly complimented by Mr. Owen for his lucid exposition of his subject.

#### RECENT PATHOLOGIC STUDIES OF THE BLOOD.

Dr. L. H. Warner, Brooklyn, N.Y., contributed a scientific paper with the above title. At the outset he asserted that he believed there was a necessity for experiments for the progress of pathology. His experimental researches were directed along three lines of inquiry, viz., experiments, observation, and individual observation at clinics in hospitals. He considered that the examination of the blood in most cases was of more importance than an examination of the urine. Dr. Warner gave the formula of a new staining solution which he had found very practicable. The blood specimen should be prepared in the regular way. The slides are heated in a hot oven to 98 degrees. Immerse for one minute in a one per cent. aqueous solution of methylene blue, washing in water, then in a one per cent. alcoholic solution of eosin, washing again with water, and then in a one per cent. solution of Bismarck brown. Dr. Warner's paper was illustrated with suitable diagrams.

#### SOME EXPERIMENTS IN THE TREATMENT OF HERNIAS.

Dr. F. J. Shepherd, of Montreal, contributed the first paper at the morning session of the second day. He stated that it was now some twenty years ago since surgeons began to perform these operations by the open method. Older methods in vogue were touched

upon and described, and he instanced one very large hernia which had come under his observation then, where the man could not put his trousers on. The methods of operation are almost as numerous as surgeons, but there are certain general principles underlying all operations: (1) The necessity for excision or obliteration of the sac; (2) closure of the canal; (3) union by first intention. Some also held that alteration in the direction of the canal is necessary. The operation performed by Dr. Shepherd is Bassini's, but even with it he is not always successful. He has used all kinds of sutures. Absorbable sutures are the best, and if antiseptic, they are to be preferred. A suture that will last for three weeks is all that is wanted. He has used chromicized now for some time. Professor Shepherd never washes out the wound, and thinks it better to dissect out the sac with the knife than to tear it with the fingers. He never uses a drain. For the past two years he has used rubber gloves in all his abdominal work, and he considers that he has got better results since beginning their use. In these operations the mortality is practically nil. Operations on children are now our most successful cases; formerly they were not advised except in strangulated cases.

Dr. Laphorn Smith discussed this paper and the cases described, although his experience lay mostly in ventral and umbilical work. In some of these he had seen them so large as to require twenty stitches. During the past two years he has abandoned silk and resorted to catgut, chromicized, which he always prepares himself.

Dr. Shepherd stated if there was any oozing in the wound he would pass a probe in between the edges to let out the accumulated serum. This he finds to be quite efficacious, as then you minimize the chance of the introduction of any germs from without.

A CASE OF SYPHILITIC GUMMATA OF THE SPINAL CORD SUCCESSFULLY  
TREATED BY ENORMOUS DOSES OF IODIDE OF POTASH.

The history of this interesting case was reported by Dr. F. W. Campbell, Montreal. It occurred in a man of highly neurotic temperament, who, a short time before the onset of symptoms of a definite character, had suffered from repeated attacks of insomnia of a very aggravated character. When this sickness began, there were noticed retention of urine and loss of power in the lower limbs. The patellar reflex was about normal. The loss of power in the lower limbs was absolute. The pulse varied from 80 to 96; the temperature never above 99. The stomach remained in fairly good condition all the time. A consultant from New York was brought on and a diagnosis established of a tumor of the spinal cord, situated about the first lumbar vertebra, which might be sarcomatous or syphilitic. The advice of the consultant was to give 500 grains of iodide of potash per day, commencing with drachm doses three times a day. Dr. Campbell detailed minutely the daily history of the patient while getting him under the large dose, and then again

whilst it was gradually being withdrawn. The patient is alive to-day and in good health, having recovered complete control of his lower extremities.

#### ADDRESS IN GYNECOLOGY.

Dr. William Gardner, of Montreal, delivered a very practical address on the mistakes in midwifery and also in gynecology. He stated that we often learn more from our mistakes than from our successes. Correct and accurate diagnosis depends mainly upon our sense of touch, which can only be attained by long and patient practice. He referred to the advantages of examining the patient on a plain table instead of on a couch or bed. The patient's rectum should always have been emptied before presenting for examination. As for the bladder, it is best for the physician to empty that viscus for himself, per catheter, when the patient is on the table, as in this way you will be able to notice any discharges, etc. That the physician will have to do this often is quite clear from the fact that there are many women of a nervous temperament, who would not be able to empty the bladder voluntarily in the physician's office. Another advantage of doing this for yourself is that you get an uncontaminated specimen for examination. In cases where tension is present in the abdominal muscles, if you make a series of circular movements over the lower abdomen, gradually narrowing your circle, you will be able to overcome whatever rigidity there may be present. Dr. Gardner urged caution in the use of the uterine sound. He rather considers it a dangerous instrument, and that its use ought to be extremely limited. He holds the opinion that many women have lost their lives through this instrument. Then there is the danger and risk of infecting and injuring the uterine canal. The uterine sound is a great deal too much employed by the general practitioner. Mistakes in diagnosing displacements of the uterine body he considers the most common. The uterus is a very movable organ, and a distended rectum or bladder may cause it to be diagnosed as a retroversion. Then it is important to remember that it may be displaced through acts of coughing, vomiting, etc. In all examinations of the pelvic organs, Dr. Gardner has made it a point to examine the position of the kidneys as well. Referring to examination by the Sims' method, it is necessary to have the patient in the proper position, and if you have not got a Sims' speculum, a bent table fork or the finger of the opposite hand may be used to distend the perineum. Mistakes are often made in the diagnosis of pregnancy; but still the patients are few in which the diagnosis cannot be made by careful examination of history, signs, etc. Many women are probably inaccurate as to date. Dr. Gardner illustrated his points as he proceeded by reciting cases. One in particular he instanced where he once found a woman in his office on her hands and knees in the throes of a twin pregnancy,

which a fellow-practitioner had failed to recognize, and had tapped the gravid uterus and had drawn off a quantity of the liquor amnii. He also referred to the mistakes made by himself as well as by his brother practitioner. The close of the paper referred to an interesting account of the mistakes which had occurred in diagnosing extra-uterine pregnancy. The Association voted him a unanimous vote of thanks for his exceedingly practical paper.

AN UNNOTICED FACTOR IN THE PRODUCTION OF ABDOMINAL AND PELVIC  
DISTURBANCES IN WOMEN.

Dr. Clarence Webster, Chicago, contributed an original paper on the above subject. Symptomatology in women, he said, was often overlooked by the general practitioner. The question of the normal relationship of the abdominal and pelvic contents was dwelt upon, and then he proceeded to account for inter-abdominal pressure. He held the view that the pelvic organs as well as the abdominal were, to a large extent, held in their respective positions by reason of the pressure of the abdominal and pelvic walls. He stated the average specific gravity of the viscera to be a little more than that of water; the liver was 1.5 specific gravity. He maintained that there was no proof that the mesenteries acted as constant supports or were ever meant to be such. The main factor in restraining the viscera is the strength of the abdominal wall and pelvic floor. Local weakness of the abdominal wall has been fairly well described under hernia, while general weakness of the abdominal wall has been described as pendulous belly. General weakness, in his experience, is an exceedingly rare condition. As to the question of etiology, the condition is found in women who have borne children; and so, on examination of the great majority of women, there is found some degree of separation of the recti muscles in the region of the navel. All evidence later on may disappear, but permanent widening remains. The results of all this is unavoidable enteroptosis, and this is generally found in women who are addicted to the pernicious habit of tight lacing. A very common displacement seen is that of the right kidney. Dr. Webster dwelt upon the diagnostic symptoms of these conditions, and then proceeded to describe the operation he performs for their relief. This consists of bringing the edges of the two recti muscles into apposition. He first performed this operation in November, 1898. Since that time he has operated on forty-one cases, and the results have been most satisfactory in all.

Mr. I. H. Cameron took exception to the word "unnoticed" in the title of Dr. Webster's paper, as he thought this was not an unknown factor in the production of the conditions mentioned in the paper.

Dr. W. S. Muir, Truro, N.S., asked what effect leaving off the use of the binder after confinements had to do with the production of these conditions.

Dr. Webster held to the opinion that this had not been noticed except by himself, and challenged Dr. Cameron to produce evidence to the contrary. The absence of the binder, in his opinion, had not made any special difference.

#### ADDRESS IN MEDICINE.

This was delivered by Professor Shattuck, of Harvard, who said in his opening remarks that the advance in knowledge had brought about our relation to things in general. There is noticed at the present day a sub-division in labor in every branch of industry. As a consequence, specialization has taken place in the science and art of medicine. In specialization lies the cleavage between medicine and surgery, and nowhere has the line been more closely drawn than in England. Anesthesia greatly enlarged the bounds of surgery. Twenty-five years ago there was not a pure surgeon in America. Belly-ache is now a surgical disease. The heart is practically the only viscus which remains the exclusive property of the physician, and he was not so sure that even this organ would not soon be attacked, and we might yet hear of suturing of the mitral valves. In this country the general practitioner is clinging to obstetrics for family practice. In some of the larger centres, there is now even a tendency to specialism in obstetrics, where the specialist will preside at the accouchment, and the family practitioner then step in to oversee the attendance throughout the puerperium. Pure gynecology scarcely exists to-day, and pelvic tinkering is suffering from a rapid decline. The great bulk of major gynecology is nothing more than abdominal surgery, which properly belongs to the general surgeon. Gynecologists should study general surgery and become general surgeons first. The field in medicine is so large that no one man can grasp it all in a lifetime. Other specialties were also referred to, such as neurology and dermatology. The desire on the part of some to escape the hurly-burly of general practice may be a cause in throwing them into special lines; and then there is the fact that special knowledge draws larger fees. Ophthalmologists get more for removing a speck of dust from the eye than the general practitioner. When we have specialists for diseases of the young, why not also have a specialty for diseases of the old? In the belief of the distinguished professor from Harvard, specialism had come to stay. The gathering was exceedingly delighted with the deliverance of Dr. Shattuck, and at the close voted him a cordial vote of thanks, to which he made an appropriate reply.

#### GASTRIC HEMORRHAGE.

Dr. George E. Armstrong, of Montreal, contributed this paper. He believed there was a fairly well determined field in which surgical interference may be of use in hemorrhage of the stomach. Hemorrhage occurs in fifty per cent. of gastric ulcers, and is fatal

in eight per cent. Cases are arranged in two groups, the acute and the chronic. Rodman has reported thirty-one operations for frequently occurring or chronic hemorrhages, with six deaths. Dr. Armstrong has operated five times for gastric hemorrhage, one being a chronic case. In one of these the patient was getting along nicely after the operation, when she suddenly expired; and, on a post-mortem examination being made, thrombi were found in the branches of the pulmonary artery.

**SOME CASES OF STOMACH SURGERY—GASTROSTOMIES (TWO CASES), GASTRO-ENTEROSTOMIES (TWO CASES), PYLORECTOMY.**

Dr. A. E. GARROW, Montreal, reported these cases. In one patient operated on the patient was fed before he left the operating table. Another, a woman of fifty years, who had a persistent hacking cough had gastrostomy performed and was discharged able to feed herself through a tube. In another case, in a man aged 38 years, who had vomiting and blood in the stools, the patient had acute pain suddenly and a pale face. Duodenal perforation was present, and when the abdomen was opened gas escaped from the incision. When discharged on July 24th last he was feeling well. Six cases were reported.

**THE MODERN TREATMENT OF RETROVERSION AND PROLAPSE OF THE UTERUS.**

This was the title of an able paper presented by Dr. A. Laphorn Smith. It referred to the proper and most successful management of procidentia uteri in elderly women between seventy and seventy-five years of age—a most pitiable condition. Except for this trouble she may be otherwise in excellent health; the perineum, however, is so relaxed that no pessary will remain in place. Then the majority of these cases had an ulcerated cervix. After confinement the uterus remained large, and the pernicious habit of keeping women too long on their backs has a tendency to produce the backward displacement. Dr. Smith feels certain that women who have been relieved of this distressing condition will have little difficulty in persuading others to avail themselves of the treatment. He removed a woman's uterus a few months ago which had been out of her body for twenty years, and the woman now assures him that she feels like a young woman. In correcting this deformity Dr. Smith makes a small incision in the abdomen, and performs ventrofixation. After that the vaginal canal is narrowed by a large anterior and posterior colporrhaphy. In selected cases he also amputates the lower half of the organ, and then stitches the vagina to the upper half. He considers ventrofixation, if properly performed, a most reliable means of fastening up the uterus. The operation has given him the most complete satisfaction of any operation he has ever performed, especially when combined with amputation of the cervix and posterior and anterior colporrhaphy.

## GASOLINE AS A SURGICAL DETERGENT.

Dr. BRUCE L. RIORDAN, Toronto, contributed an interesting paper on this topic. With this the dirty, greasy hands of machinists who are the subjects of injuries in these parts can be affectively and rapidly cleaned without the ordinary brush and soap and water. It is far better for this purpose than any method heretofore devised for cleansing. He now constantly carried a small bottle of gasoline in his surgical bag. A report from Dr. Wm. Goldie, Toronto University, showed its effects upon germs and germ life, a report which would conduce to its employment as indicated. One word of caution was thrown out by Dr. Riordan in its use; as it is a highly inflammable substance, it should not be used in any quantity near an exposed light, and then it is painful in the eyes or ears. It is also useful in cleansing sutures of accumulated serum, blood and dressing powder, as it frees these particles and enables one to locate the stitches easier and quicker.

Dr. J. C. MITCHELL, Enniskillen, Ont., stated that he had tried gasoline recently as a detergent in two very severe threshing-machine injuries, where the parts were all smeared over with oil and grease and dirt, and it was very satisfactory, as he was able to get perfect cleanliness in a very short time, both wounds healing by first intention.

## DILATATION AND PROLAPSE OF THE STOMACH.

Prof. ALEXANDER MCPHEDRAN, of Toronto University, presented this paper, which dealt principally with prolapse. This condition rarely occurs alone, but is associated with prolapse of other abdominal organs. There is generally present as well some degree of dilatation, and the abdomen may be prominent or flat, or even retracted. The case of a man, aged fifty-one years, was referred to, a manufacturer who had been ailing for two or three years. The stomach was below the umbilicus. He was directed to massage the abdomen very thoroughly, and to practise abdominal gymnastics. Through this treatment, combined with dietetics and some strychnine, he has been restored to health and able to resume business. Another case of a woman, aged thirty-five years, was reported. This woman had been the subject of recurrent attacks of vomiting for two years. The symptoms were detailed, massage and abdominal gymnastics ordered with satisfactory results. The different ways of examining the stomach were described, and a change of scene in treating these patients was most beneficial.

Sir WILLIAM HINGSTON discussed the paper at some length. He thanked Professor McPhedran for having brought before the association so valuable a contribution on so interesting a subject. He said that as a surgeon he, Sir William, was reluctant to part with anything which might possibly belong to surgery, but dilata-

tion and prolapse of the stomach he thought properly belonged to medicine. The stomach in cases of dilatation is not usually the sinner, but the sinned against; and one must look for the cause of dilatation rather to the mouth and to the faulty mode of dealing with the food when there, than to any viciousness in the organ chiefly affected. The common causes of dilatation of the stomach in his opinion are, in brief, eating too much, eating too frequently, eating too fast, eating too great a variety of things—often incompatible with each other—gratifying the palate rather than supporting the strength; and, lastly, drinking too much at or near the time for eating.

**PHYSICAL TRAINING: ITS RANGE AND USEFULNESS IN THERAPEUTICS.**

Dr. B. E. MCKENZIE, of Toronto, gave a very interesting account of the methods employed by him in correcting deformities in his orthopedic hospital, at Toronto. The paper was illustrated by lithographs showing improvements in spinal deformities after physical training in the direction indicated. The paper embraced the results of his observations for thirteen years past, and was ample justification of the benefits derived from gymnastics in the correction of lateral curvature, club foot, etc. He had also found physical training valuable in hysteria and chorea, especially the former.

**INTERPROVINCIAL REGISTRATION.**

Dr. T. G. RODDICK, M.P., read the report of the committee having this matter in hand. A new feature to be incorporated in the measure was that of allowing the homeopaths representation on the proposed Dominion Council, as according to the law of Ontario these had their vested rights in that province, and so must be accorded similar interests in any proposed Dominion Council. These will be allowed three representatives, which will be equivalent to the representation from any one province of the Dominion. Their term of office will be for four years. Homeopathy, however, as such will not be inserted in the measure, but will be classified under "any other school of medicine having legal recognition in any of the provinces of Canada," as the British Medical Council would not recognize any such body. Dr. Roddick stated that the Bill would be introduced at the next session, and advised the members of the committee from each province to bestir themselves before their respective provincial parliaments, as these bodies must sanction the measure before it can be finally acted upon by the Dominion Parliament.

**CEREBRAL ABSCESS.**

Dr. JAMES STEWART, Montreal, reported two very interesting cases of abscess of the brain situated in the temporo-sphenoidal lobe, and referred to the unusual existing aphasia which was present in both cases, viz., simple inability to name objects. The

first case occurred in a young man of twenty-two years who had an otitis media following an attack of influenza. Some six weeks afterwards an abscess formed which was diagnosed as being confined to this area simply on account of the peculiar aphasia—the simple inability to give the name of a pen or other object when held up to him. The patient was operated on by Professor Bell, who secured two ounces of pus. Meningitis, however, set in and the patient died. The second case was a girl of twenty-two years of age. She had had ear trouble for a great many years, with very severe pain at times. She, too, had difficulty in naming objects, and she could not name any object whatever finally. She died suddenly a few hours before the operation was to be performed for her relief. On opening the skull at the post mortem two abscesses were found, one skirting the upper margin of the lobe and the other situated about the centre thereof.

In reply to a question of the President, whether we were to take this kind of aphasia as a distinct diagnostic symptom of abscess of that region, Professor Stewart stated there is what they call a "naming centre," and when that is destroyed this particular form of speech defect is present. The cases were illustrated by a diagram.

#### GANGRENE OF THE LEG FOLLOWING TYPHOID FEVER.

Dr. H. H. CHOWN, Winnipeg, reported two cases of gangrene of the leg following typhoid fever, which had recently come under his observation. In the first case the patient had the classical symptoms of typhoid fever, the spots appearing at the end of the first week and being very numerous. Great pain set in in the calf of the leg, with collapse symptoms, while the limb was cold and bloodless. Cutaneous sensibility was lost over the leg. The third day after the complication set in the part involved included the lower third of the leg on the inner side, and the lower half on the outer. Amputation was performed at the junction of the upper and middle third of the femur. Patient stood the operation well. The temperature before the operation was 102.6, pulse 120. On the following day the temperature was normal, and the pulse 110. On the tenth day the flaps were united. There was a rise of temperature a few days later—a relapse, with hypostatic congestion of the lungs. On the fifth day after there was hemorrhage of the bowels. The patient is now the picture of health, weighing 200 pounds. The second was a somewhat similar case in which the blood reacted early and promptly to the Widal test. The gangrene began in the first case on the eleventh day; in the second on the ninth. Keen reports gangrene on the fourteenth day. The gangrene in the second case extended to the upper and middle third of the leg. The leg was amputated and prompt union took place throughout.

Dr. R. B. NEVITT, Toronto, discussed these cases and men-

tioned a similar one coming under his observation during the past summer. Gangrene occurred in his case about the third week of the fever, and the patient was seen about a week or ten days thereafter. Amputation was performed through the middle third of the femur. He also referred to a case of gangrene of the arm following an attack of pneumonia, recently observed by him.

#### NOTES ON ATROPINE.

Dr. R. D. RUDOLF, Toronto, contributed a very interesting paper on the above subject. He illustrated, by means of a chart, the action of the drug on animals, and the inferences drawn therefrom of its therapeutic uses. He finds that the drug directly stimulates the heart, and thus the blood pressure is markedly raised. He considered that the maximum single dose as laid down by Witherstine of one-twentieth of a grain as too large unless used as an antidote, and thinks that we ought never to give more than one-hundredth of a grain of atropine sulphate at one time except in emergencies. He also referred to its action in catarrhal pneumonias of children and its employment before anesthesia to ward off danger.

The paper was discussed by Dr. A. D. Blackader, who congratulated Dr. Rudolf upon it, and said that he hoped he would pursue his studies of the subject still further. He considered that strychnine and not atropine was the most powerful heart tonic in our possession. He thought that late experiments would throw doubt upon atropine being a direct stimulant to the heart muscle; and he would consider it questionable practice to administer a drug when we wanted to stimulate the heart's action that would paralyze the nerve endings.

#### LANTERN SLIDE DEMONSTRATION OF SKIN DISEASES.

Dr. GEORGE H. FOX, of New York City, conducted this demonstration. The great majority of the skin lesions shown were of syphilitic origin, and as they appeared on the canvas Dr. Fox described their histories. One in particular is remembered from the disfigurement of the woman's face. There was a large mass of excrescences on the nose, which Dr. Fox was successful in getting rid of in the course of two or three months, leaving only a slight superficial scar. He laid down a timely word of caution in treating syphilitic conditions that when the patient was run down and emaciated through large doses of mercury or iodide of potash, not to keep on pushing these drugs but to desist for a time, and in the interval endeavor to build up the patient's strength and general condition. When that was accomplished return to the specific treatment, and the results would be found to be more beneficial. At the conclusion of the doctor's demonstration a vote of thanks was accorded him for his instructing demonstration.

Dr. F. J. SHEPHERD showed a very interesting case, a boy of sixteen years, who at the age of six sustained a very severe cutting injury of the nerves and vessels of the axilla, all the nerves below the cords of the brachial plexus being cut completely through. At that time, ten years ago, Dr. Shepherd dissected out each nerve separately and united their respective ends by suture. All did well with the exception of the musculo-spiral, and as a consequence of this the lad has no control over the extensors of the forearm.

THE SUCCESSFUL TREATMENT OF TWO IMPORTANT CASES OF DISEASE OF THE EYES BY THE COMBINED METHODS OF MERCURY AND IODIDE OF POTASH INTERNALLY AND Pilocarpine HYPODERMICALLY.

Dr. G. H. BURNHAM, Toronto, reported two cases successfully treated by his combined method. Under this method no such result follows in other plans of treatment, and with this plan a permanent result is got. This treatment has a wide application. Whether iodide of potash or mercury, or the iodide alone be given internally in suitable cases without satisfactory results, if the pilocarpine be added, good results will always follow.

MENTAL SANITATION.

Dr. R. W. BRUCE SMITH, of the Brockville Asylum, contributed the last paper. It was a plea for prophylaxis in insanity, and he thought that much would be accomplished in this direction during the twentieth century. Insanity was on the increase in Canada, and it can be ascribed to the fact that while these unfortunates are well taken care of when they become insane, the fact that there have been no preventive measures employed speaks for itself. In order to accomplish good in this direction we must seek either to lessen the demands on or to strengthen the resisting power of the brain. He condemned intermarriages in families, and also amongst those of a deranged mentality. Fifty per cent. of the cases of insanity was hereditary, and the descendants of these should be careful in contracting marriage ties. He referred to a portion of one county in Ontario alone where indiscriminate marriage and inter-marriage has become most fruitful, and he has seen several members of one family from that locality inmates of the same institution at the same time. He considers that the day may yet dawn when we will give the same attention to the rearing of children as we now do to the breeding of horses. Speaking of farm life and the tendency it has to melancholy, he thought this class of the community should receive education in participating more in the enjoyments of life and not to continue to rot in domesticity. An upheaval in the sentiment and surroundings of the rural homes would work wonders in prophylactic principles.

The Canadian Medical Association endorsed the scheme for a Dominion Anti-Consumptive League, and the following recom-

mended as provisional officers: Honorary President, His Excellency, Lord Minto; President, Sir James Grant, Ottawa; Secretaries to be the secretaries of the different Provincial Boards of Health. Secretary-Organizer, Rev. Dr. Eby, Toronto; Treasurer, J. M. Courtney, Esq.

The association also recommended the formation of a Medical Defence Association, and appointed Dr. V. H. Moore, of Brockville, as permanent chairman to work up the scheme.

The Treasurer's report showed that 153 members had been in attendance, and that there was a balance of \$240.65.

#### ELECTION OF OFFICERS.

President, H. H. Chown, Winnipeg. Vice-Presidents for the provinces as follows: Prince Edward Island, H. D. Johnson, Charlottetown; Nova Scotia, A. J. Maiter, Halifax; New Brunswick, T. D. Walker, St. John; Quebec, A. Laphorn Smith, Montreal; Ontario, A. A. Macdonald, Toronto; Manitoba, J. A. Macdonald, Brandon; North-West Territory, J. D. Lafferty, Calgary; British Columbia, S. J. Trinstil, Vancouver; Treasurer, H. B. Small, Ottawa; General Secretary, F. N. G. Starr, Toronto. Next place of meeting, Winnipeg.

Sir William Hingston and Dr. F. W. Campbell, Montreal, were appointed on the Board of Governors of the Victorian Order of Nurses.

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### TORONTO CLINICAL SOCIETY.

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The first regular meeting of the Toronto Clinical Society was held in St. George's Hall, Elm Street, on Wednesday evening, October 3rd, Dr. W. H. B. Aikins, the President, occupying the chair.

#### PRESIDENT'S ANNUAL ADDRESS.

After thanking the Fellows for the honor conferred on him in his election to the presidency, he referred to the honor brought to the Clinical Society and to Mr. Cameron who had lately received the honorary distinction of F.R.C.S., thus making three members of the society who now held that proud distinction. Reference was also made to Dr. G. S. Ryerson's work in South Africa. Dr. Ryerson, by his devotion to the Red Cross organization, had brought great credit to the Clinical Society as well as to the whole profession in the Dominion of Canada, and had advanced the profession of Canada in the eyes of the world. The conclusion of the introductory remarks of the president was a plea for the better consideration of mental or suggestive therapeutics, which, although connected with a great deal of foolishness in the past, was now being considered on a more scientific basis. He

thought it should receive the same recognition as other agents, as it was of value in diagnosis as well as in treatment. The very fact of the physician visiting a patient every morning, even although no medicine was being given, was an important item in the way of recovery of the patient.

#### THE MEDICAL SIDE OF THE SOUTH AFRICAN WAR.

Dr. G. STIRLING RYERSON gave an interesting address on the above subject. This side of the war had not been written on to the same extent as the surgical side; and although his business in South Africa was not medical in its character, he was still able to acquire a certain amount of information which might be of general interest to the profession. Up to July 25th, no less than 31,305 have been treated in the base hospitals with 362 deaths; and it is not far from the truth to say that 100,000 men have passed through the hospitals from disease alone. This emphasizes the fact that the physician is required more than the surgeon in war; 4,867 officers and men have died of disease up to the 25th of July; 3,463 were killed in action or died of their wounds. The statistics of this war compare most favorably with those of other wars, as for instance in the Crimean war 4,602 were killed, while 17,580 died of disease. Others were quoted, which Dr. Ryerson said made a favorable showing for the present war. Referring to the condition of the camps at Modder River, the soil in that district is of an exceedingly light character, easily pulverized, and this mixed with excreta was wasted into the men's tents and into their mouths, etc. Their meat was literally black with flies and covered with dust. The water was muddy and drawn from the Modder River, probably infected by the Boers higher up, resulting in an outbreak of enteric fever. The camps contained from two hundred to three hundred men, in the ordinary position, close together, with nine or ten men in a tent. More than that, there is the fact of urination and defecation after dark. The men will not take the trouble to go one hundred or even fifty yards to the latrine, but urinate and defecate in the neighborhood of the tent. This is wasted into the dust and thus becomes mixed with the food. He spoke of the circular dust storms, nothing being able to keep the dust out. This was the way in which infection was carried, and then the men were exhausted after long marches. They had had little food of imperfect character, and had been living on one or two biscuits a day. They were thoroughly used up and in a position to acquire any disease that might be going. Regarding the disease itself it seemed to present the ordinary appearance, no special characteristics to be observed. The blood test was used in many cases. Regarding the question of immunity after inoculation, or by the hypodermic injection of serum, very careful accounts have been kept in the hospitals of those inoculated and those who were not;

and while statistics have not yet been published, where they were inoculated once or twice, especially twice, they avoided the disease or had it mildly. Dr. Ryerson mentioned the case of an officer who had been inoculated twice who contracted the disease but recovered. The opinion is that the inoculation is preventive. With improved serum we may be able yet to prevent this great scourge of armies. In addition there is endemic enteric, especially in Bloemfontein, therefore there are local causes also. The treatment of typhoid was practically the treatment which is adopted in Toronto and everywhere else. Disinfection of the bowel, either by means of listerine or boric acid, taken internally, or enemata were considered in many cases to be remarkably successful. Another form of treatment was that of starvation. They were starved for seven or eight days. He considered that in some cases it might be dangerous, because a number of the men were exhausted when brought in. Nothing whatever to eat for seven days was their treatment, nothing at all except water, and all of that they could drink. The medical officer in charge of these cases, and under whose supervision this plan of treatment was carried out informed Dr. Ryerson that he had fewer deaths than in any other hospital in Bloemfontein. Dysentery: this was another very prevalent disease, and you hear of a great many men affected with this disease when they merely had ordinary diarrhea. The number of them was comparatively few. The treatment of dysentery out there usually employed was pretty thorough purging by means of castor oil, followed by Dover's powder, and in many cases it was found to work extremely well. Syringing, etc., did not work so satisfactorily. Sulphate of magnesia in drachm doses, frequently repeated, was successful—one in an hour or one in two hours. These two forms of treatment were the most satisfactory of anything used there. The tenesmus, etc., was always causing a great deal of annoyance. This was chiefly treated by free enemata and some form of narcotic. Another special form of fever, which is endemic out there, was a form of fever resembling Malta fever. Dr. Ryerson believes this to be really a form of malaria, because it was ushered in with a chill followed by high temperature—a rising temperature at night, and a falling temperature in the morning, attended sometimes with diarrhea, afterwards attended by pain in all parts of the body and followed by intense prostration. It seems to demoralize the red blood corpuscles. The patient is as white as a ghost when he comes through it. The pallor is intense, and the prostration great which follows it. Another form of fever and that is continued fever, in which there is a very slight rise at night and fall in the temperature in the morning, and which lasts usually three weeks, and forms a very large proportion of the cases going to hospital with fever. No case has ever been followed by death, and it is not followed by that intense anemia of

veldt fever. Referring to the medical orderlies in time of war Dr. Ryerson stated that there was no duty which was so disgusting, and at the same time so trying and tiresome as that performed by these men. Dealing with the cases of enteric fever, for instance, when a man has seventeen or eighteen motions a day, and an orderly has twelve to twenty men to attend to, the duty is very trying indeed, but Dr. Ryerson believes that these men performed their duty well. The treatment of the surgical case, as compared with the enteric, is simply fun for the orderly. With the modern bullet wound there is very little dressing required; but, of course, when there is destruction of the bone there is more to be done. The conduct of these orderlies has been of the most noble character. Answering an inquiry of Dr. A. A. Small, Dr. Ryerson stated that pneumonia was not common during the early period of the epidemic; but later, on when the wet weather set in, pneumonia became a very constant accompaniment. Then, ten or twelve men would be carried out during the course of the day as a result of that complication.

Dr. PETERS asked regarding Miss Kingsley's report in the *British Medical Journal* as to whether there were any cases of typhus fever. Dr. Ryerson said that was a mistake; there was no typhus. He referred also to the absence of small-pox. With an enormous army of 200,000 men, nothing proves more definitely and more emphatically the importance and power of vaccination when there never was a single case of small-pox in the entire army. There was small-pox among the blacks, but not a single case among the white soldiers.

Dr. PARSONS requested further information regarding inoculation.

Dr. RYERSON—Inoculation was not compulsory, and so far as he was aware no Canadians had been inoculated. The serum was supplied by the Imperial Government authorities. The symptoms are practically those of typhoid: severe pain in the abdomen; temperature runs up to  $102^{\circ}$  or  $103^{\circ}$ ; morning fall and evening rise, accompanied by prostration, furred tongue, loss of appetite, and general malaise. This condition lasted about a week. Some suffer more than others. There were no undesirable results that he heard of; no mortality.

Dr. H. B. ANDERSON asked whether there were any epidemics among horses, and referred to the cause of as many as five thousand horses being lost in one week.

Dr. RYERSON—Rinderpest has disappeared, and there was no foot or mouth disease. The animals died simply from exhaustion, or want of food.

#### RETRO-PHARYNGEAL ABSCESS, WITH EXHIBITION OF PATIENT.

Dr. G. SILVERTHORN presented the patient and described the case. It occurred in a child who in July last was less than a year

old. The child was born on July 18th, 1899, and had always been healthy and was of healthy parents. On May 17th, 1900, the child had measles, contracted from other children in the house, with a well-developed rash. In June—on the 2nd, 3rd and 4th—two weeks later, the child had a series of convulsions, five or six on the first day, and about two on the two succeeding days. Dr. Silverthorn did not see the child in any of the convulsions, but arrived shortly after one or two; then the child was exhausted and the history of convulsions was marked. When examined by the doctor at this time there was a small lump on the right side of the neck below the ear, which appeared to be an enlarged gland. About a week later, on June 9th, the child had a boil on the right heel, which opened spontaneously and healed up. From June 2nd, the time when he had the first convulsion, until July 3rd, this lump below the ear on the neck gradually enlarged in size, and about the middle of June some softening was first noticed, and this condition—*i.e.*, the softening—got gradually worse. Towards the end of the month the child seemed feverish and restless. The last two weeks in June the child held its head quite stiff-like, and it even held its head up with its hand. About June 23rd there was some difficulty of breathing noticed, more especially at night. This dyspnea increased towards the end of the month, and towards the 3rd of July the child could not sleep except in snatches. No difficulty was noticed in nursing until July 3rd, but the difficulty seemed more in respiration than in swallowing. Inspiration and expiration were both noisy and laboring. The lump in the neck was now of considerable size and appeared to be solid, and had no distinct sense of fluctuation. On July 3rd Dr. Silverthorn considered the child was in a dangerous condition. He was afraid to examine the throat, as the abscess, if it was an abscess, might be ruptured, and in a child of that age and with an abscess of that size it might prove fatal. Next day the parents consented to an operation and the child was removed to the hospital, and examined first of all without anesthesia. It was then given an anesthetic, as examination was not found practicable without it. One could feel perfectly well the bulging in the back of the pharynx. It was decided to make an incision through the side of neck over the most prominent part of the tumor, and it was done in that situation. In making the incision we went through the fibres of the sterno-mastoid, and dissecting down with a blunt instrument pus came out in very large quantities, and you could pass artery forceps from one side almost through to the other side. The child remained in the hospital for one week, and by the end of July the wound was healed up.

Dr. A. H. GARRATT, in discussing the case, stated that Dr. Silverthorn had accounted symptom for symptom almost similarly to a case occurring in his own practice. Hereditary syphilis,

however, was in his child very well marked. His child is now two years of age and in a fairly good state of health.

Dr. SILVERTHORN stated that this child was not syphilitic; there were several other children in the family, and all were perfectly healthy.

Dr. GEORGE PETERS related a similar case following scarlet fever. He agreed with Dr. Silverthorn that this case was glandular in origin and not osseous. You will hardly get carious disease of the spine that would undergo spontaneous recovery, and that points to the fact that the disease has not its origin in tubercular bone. The glands of a child may be enlarged on either side, and it may be due simply to a degree of ill-health in the child. These enlarged glands are not always tubercular. For pharyngeal abscess operation should be done as soon as the condition is diagnosed, and it should be done from the outside, and it is not always easy to strike the pus. It should be attacked through the planes of the neck in front of the sterno-mastoid, and dissecting very carefully between the vessels, trachea and thyroid gland. The external wound has to be pretty large. If the condition is not due to carious bone he thinks the prognosis good.

#### DISPLACEMENT OF THE LIVER, WITH EXHIBITION OF PATIENT.

Dr. H. B. ANDERSON presented this patient and recited the history of the case. It occurred in a young man of twenty-five years of age, who for some ten years had been the subject of repeated attacks of asthma. The family and personal history were good, although the patient was always delicate. During the summer of 1890 he worked on a farm and got very thin. He became troubled with catarrh in the nose and throat, and some wheezing. About the first of the following July he returned to the farm. In the fall of that year he got very fat, weighing 155 pounds. Catarrh became worse, with coughing fits at night, but no wheezing. During that winter he had an attack of pneumonia and pleurisy, followed by genuine attacks of spasmodic asthma. Polypi were removed from the nose, which relieved the catarrhal condition to a considerable extent. He had a second attack of right-sided pleurisy about Christmas, 1893, which lasted three weeks. In May, 1894, a doctor told him that his liver was enlarged. He went to the North-West Territories in June, 1894. His asthma continued, and towards the end of the summer the attacks were more frequent and severe. He then began to suffer from indigestion. His bowels were irregular and mucus appeared in the stools. A doctor in the North-West examined him and told him his liver was displaced downwards. The patient took the Salisbury treatment for the digestive trouble with the result that his asthma improved to a considerable extent. His indigestion also got better. In November, 1895, he had another attack of right-sided pleurisy, and he

returned to Toronto in January, 1896. The asthmatic attacks returned that spring, and at this time the patient came under Dr. Anderson's care. The attacks were always preceded and accompanied by severe indigestion. Dr. Anderson examined him and found that the liver was very much displaced downward, appearing as a prominent tumor extending as low as the umbilicus. By manipulation the liver was returned to its proper position, and from the month of July of that year he was pretty free from the asthmatic attacks, and in a much more satisfactory condition than he had been before. He continued in this way pretty fairly well until this last July (1900) when he was again taken with very severe attacks of intense dyspnea. He went to Muskoka, but he became worse, and returned to Toronto about the first of August, when Dr. Anderson was called to see him again. At this time he complained of a feeling of pressure in the epigastric region; a feeling of weight, of more or less tenderness, and he wanted to sit down all the time. He felt more relieved when he was sitting down, but had a peculiar feeling as if his food did not enter the stomach properly. There was no vomiting, and his bowels at this time were fairly regular. There was bloating after meals along with a flabby tongue, and he was now in a very miserable condition. On examining him this time the liver formed a very prominent tumor, the upper margin being above the free margin of the ribs, and the lower extending below the umbilicus. One could palpate the lower margin quite definitely. There was a tympanitic note over the normal liver region. It was quite visible to the naked eye; the patient could notice it himself. Attempted to replace it by postural methods, but was unable to do so. There seemed to be much retraction of the ribs on account of the difficulty of breathing, and on account of the dyspnea, that the attempt to replace it proved futile. The patient was put to bed on a low diet, and he immediately began to improve. He also had an anti-spasmodic mixture. He continued fairly well, when he was taken a week ago with an attack of diarrhea, with a slight return of the asthma at this time. The liver, from the time Dr. Anderson saw him in August, did not return completely to its proper position, although it raised up considerably. It is higher now than it was in August, but it is still very much displaced. As to this condition of hepaptosis, it is said to be due to stretching of the ligaments of the liver, and may be congenital or acquired. The most able article on the subject is that written by the late Dr. Graham, where he describes seventy cases, an article delivered before the association of American physicians. The cases are mostly found in women, and particularly in those who have been through several pregnancies. Other causes are collections of fluid in the pleural cavities, subphrenic abscess, etc. Right-sided pleurisy may be of some importance in this case, as he had it three times. This con-

dition is usually accompanied with displacement of other organs, as in Glenard's disease or gastropsois. The right kidney seems also to be lower than its normal position. Another cause of the trouble is spinal deformity. In some cases there are no symptoms except those of Glenard's disease. The patient complains of more or less weight and uneasiness in the epigastric region. This is the only case Dr. Anderson has seen associated with definite asthmatic attacks, and he thinks that here the displacement of the liver either acting as a reflex cause, or bringing about the digestive disturbances, may have had to do with bringing about the asthma. In the treatment of the case, rest seems to have had a very beneficial effect in relieving his symptoms. He would like to have the opinion of the Fellows in regard to an operation, although it does not seem that much could be done, and besides that, there is the displacement of the other organs with which the condition is associated. Something may be done with abdominal support. The interesting point in this case is that it is associated with definite attacks of spasmodic asthma.

In the absence of Dr. Bruce, Dr. Silverthorn showed a pathologic specimen, a double pyosalpinx, showing adhesions very nicely.

#### BULLET WOUND, WITH SPECIMENS.

Dr. G. SILVERTHORN presented these very interesting specimens. The course of the bullet is one of special interest. He first exhibited a portion of the anterior wall of the left thorax. On the left side, commencing one and five-eighth inches outside the nipple line, and on a line with the nipple itself, was the external wound, or wound of entrance, three-eighths inch wide. On following this wound backward the bullet was found to have punctured the fifth rib; had fractured it and torn up a portion of the upper edge of the fifth rib two and three-quarter inches from its junction with its cartilage. It then passed through the pleura, and through the anterior angle of the upper lobe of the lung, and then through the pericardium, then along the left border of the heart, which it grooved up, and passed on backwards, tunnelling the fat in the auriculo-ventricular groove, then passing out again from the pericardium and backwards through the anterior portion of the lower lobe, and still backwards into the aorta, and just through the aorta opposite the ninth dorsal vertebra, with immense amount of hemorrhage in the posterior mediastinum; but the bullet could not be found in any place. It could not be found apparently where it was lost, and an examination of the arteries was made, and the bullet was found in the left femoral artery, just below where the profunda femoris is given off. The bullet was a quarter of an inch in diameter, and in impinging the posterior wall of the aorta had perforated that wall, supported behind by the vertebral column, had fallen back into the blood stream, and either through

the force of gravity or the force of the blood current, or both combined, had been swept on to the position in which it was ultimately located. The specimen of the artery was shown with the bullet *in situ*. The bullet was slightly deformed, probably from its force in striking against the rib.

GEORGE ELLIOTT,  
*Recording Secretary.*

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### Special Selections

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#### THE OPERATIVE TREATMENT OF COMPLETE PROLAPSE OF THE UTERUS IN ELDERLY WOMEN.\*

BY A. LAPHORN SMITH, B.A., M.D., M.R.C.S. (ENG.), MONTREAL,  
Surgeon-in-Chief of the Samaritan Hospital for Women.

The author comes to the following conclusions:

1. That a woman suffering from procidentia or prolapse of the uterus out of the body, though not in much pain, is yet in great misery.
2. She is in some danger owing to the cervix becoming ulcerated, and the ulceration frequently becoming cancerous.
3. It is a mistake to think that she is too old to undergo an operation because she is forty-five or fifty, or even seventy-five years of age.
4. Elderly women support these operations remarkably well; they only require from twenty to thirty minutes for their performance; and even if we knew that the patients were only going to live one year afterwards, it would be well worth while operating for the sake of the comfort it affords them.
5. The operation of vaginal hysterectomy is especially easy and safe in these cases, having not more than one per cent. of mortality, and probably not even that.
6. Ventrofixation gives good results when the uterus is short, but fails when it is long. In some cases the vagina and bladder pull down and elongate the cervix after the fundus has been firmly attached to the abdominal wall.
7. In either case, whether hysterectomy or ventrofixation be employed, it should always be followed by an anterior and posterior colporrhaphy.
8. These patients should remain in bed for six weeks after the operation, in order to give time for the new tissue to become strong.

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\*Abstract of paper read before the Canada Medical Association.

Issued Oct. 15th, 1900.  
 F. H. Birck, M.A., M.D., Secretary.

**MONTHLY REPORT.**

Issued by the Provincial Board of Health of Ontario for Sept., 1900. Showing the deaths from all causes and from Contagious Diseases in the Province, as reported to the Registrar-General by the Division Registrars throughout the Province.

Year.	Month.	Total population of province 2,283,182	Total deaths from all causes.	Total deaths from all causes.	Rate per 1,000 from all causes.	Scarlatina.	Diphtheria.	Rate per 1,000.	Mumps.	Rate per 1,000.	Whooping cough.	Typhoid.	Rate per 1,000.	Tuberculosis (Consumption).	Rate per 1,000.
1900....	Sept.....	1,940,705 85%	1,963	1,963	11.6	2	40	0.01	3	0.01	10	54	0.1	150	0.9
1900....	August..	2,271,800 99%	768	2,371	12.5	8	31	0.005	1	0.005	11	44	0.07	180	0.9
1900....	July....	2,215,010 97%	718	2,021	10.9	9	44	0.04	0	0.01	7	15	0.03	264	1.4

  

Year.	Month.	Total population reported.	Total deaths reported.	Total deaths from all causes.	Rate per 1,000 from all causes.	Scarlatina.	Diphtheria.	Rate per 1,000.	Mumps.	Rate per 1,000.	Whooping cough.	Typhoid.	Rate per 1,000.	Tuberculosis.	Rate per 1,000.
1800....	Sept.....	2,265,308 96%	738	1,067	10.3	10	21	0.05	0	0.05	8	55	0.04	100	1.0
1800....	August..	2,225,245 95%	730	2,088	11.4	8	25	0.04	5	0.03	10	55	0.09	172	0.9
..	July.....	2,103,115 95%	670	1,642	0.5	7	20	0.04	4	0.02	0	15	0.03	178	1.0

N.B.—Division Registrars will please make their returns on or before the 5th of each month, thus enabling the Department to have the monthly report compiled much earlier than heretofore.

# DOMINION MEDICAL MONTHLY

AND ONTARIO MEDICAL JOURNAL

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EDITOR:

BEATTIE NESBITT, B.A., M.D., F.C.S.

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## MEETING OF THE CANADIAN MEDICAL ASSOCIATION, 1900.

One year ago, when the choice of a place for the "century" meeting of the Canadian Medical Association fell to the lot of Ottawa, and the onus of success on the shoulders of Dr. R. W. Powell, as President, one could little suppose how truly happy that choice would be in both particulars. That Ottawa opened her arms to the members of the Canadian Medical Association can be testified to heartily by those who were fortunate enough to have the profession of Ottawa as their hosts; that the success of the meeting was, in great part, due to the energetic and indefatigable work of the president, who at all times was most solicitous for the comfort and enjoyment of his guests, as he was equally happy in his post of presiding officer, seems to have been the unanimous verdict of those who contributed, by their presence, to make the meeting as pronounced in its success as it was one year ago in Toronto. From a scientific and literary standpoint, the papers were, if anything, more than the average; but there was apparent a lamentable lack in the contributions from practitioners who claim other places of abode than Toronto and Montreal. We took it upon ourselves a year ago to criticise some of the methods pursued by officers of this association, and now we are somewhat timid of entering the field once more, lest our criticisms savor of jealousy and bigotry; but it is our manifest duty to point out irregularities which, if pursued further, will most assuredly and inevitably lead to disaster, if not to utter ruin. It surely cannot be in the interests of the profession of medicine in this country that an association, claiming to be the representative association of that body, should cater to two cities at the expense of all others and the country practitioner; but when one casts his eyes down the long programme, he is instantly struck by the fact of the coigns of vantage allotted to some and the multiplicity of space assigned to others, to say nothing of the preponder-

ance of contributions from the two great metropolises of the country. It strikes home to the quiet observer from the country that he and his friend is not "in it," and that, apparently and presumably, he is only wanted for the sake of his numbers. All over this Dominion there are men in our country towns and smaller cities who are men of splendid worth and ability in the profession, who could read papers, and, we believe, could even deliver addresses in medicine, surgery, or gynecology for that matter, if they were asked—a proceeding which, in the humble opinion of ourselves, would tend to popularize the Canadian Medical Association and make its annual attendance more than a mere handful of the entire profession in all Canada. We would respectfully invite the careful and prayerful attention of those in authority, either in front of or behind the scenes, to the names of these brilliant men in their own small fields, whom any and all of us could point to, who could deliver addresses with equal if not, in some cases, better eloquence than those friends from beyond the pale here—a choice which would stimulate an interest in the Canadian Medical Association in many who now take no thought of its welfare, and a choice which would, undoubtedly, if not immediately, in a few years at most, add, in a great measure, numerically to the annual meetings of the association. We would also advocate a better method in the distribution and publication of the papers. A Publication Committee, in actual fact, should be organized each year by the association, whose duty it should be to see that the papers read should receive wide distribution. Perhaps, when the association can formulate a plan for the publication of its proceedings, this will be better accomplished; but until such times come, why not make a more fair and even distribution of these papers, so that many, and not a few, may profit by their existence.

An item of interest, or, rather, two items of interest, this year was the report of the General Secretary and his subsequent valedictory, the latter of which proved abortive. It seemed to be a pretty general opinion that the time had come when the Secretary, resting on his laurels won in seven campaigns, would relinquish his duties to a gentleman whose name was freely mentioned in connection with the office, a prominent young practitioner from the twin sister city of the association; and there were not a few who expressed themselves to the effect that "it was time for a change," and that the headquarters of the association would be better removed from the Biological Department of Toronto University. In view of the approaching negotiations between the two schools in Toronto, there may have been a little anxiety on the part of the leading school in the province of Quebec to reach out for the "advertising medium" for itself; and, whilst the plum was almost within its grasp, it would not do to appear over-anxious, as it was remembered that a "vaulting ambition sometimes overleaps itself."

It probably never occurs to the Association that it might be just as well for its welfare if some other school, such as Queen's, for instance, should be given a chance at the general secretaryship, or what would be the matter with an outsider altogether? The institution is a national one, and was never intended by its promoters to degenerate into a medical clique; and, for the sake of its future, it might be considered advisable to append a warning hereunto—"go slow!"

We congratulate the association and Dr. H. H. Chown upon the presidency, and we wish for the Canadian Medical Association in the current year an increment of prosperity. May the 1907 meeting in the city of Winnipeg surpass them all.

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### SUNLIGHT AND THE HOME.

So much has been said and written during the last few years concerning the value of sunlight in the treatment of all forms of tuberculosis, combined with fresh air, that it would appear that we are fast awakening to a true conception of the health-giving properties of one of nature's greatest and most potent remedies. Light is something that can be neither bought nor sold, bartered nor exchanged, essentially free to all; so why not make use of it to the most extreme limit of its value? A good part of our lives is spent within doors, in rooms whose windows are screened by drapings and curtains and blinds, all for the adornment of the interior, as well as for the pleasing effect from without. These rooms are, in many instances, lighted by small windows so caparisoned that their real value is detracted from by their interior embellishments. The blinds are often drawn so low down that the room is practically always in darkness or in gloom, facilitating the growth and production of the denizens of the germ world. The healthiest and most habitable part of the house is set apart for reception days and state occasions, whilst the least acceptable portion becomes the scene of every-day habitation. If erected on a street running parallel with the meridian line, a portion of the morning and evening sun warms and penetrates the front and the back of the house, respectively; if built on a street running parallel with the equator, on the north side of the street, the house will receive the mid-day sun in front, while the rear will go lacking all the year round; and if on the south side of the street, the back will reap all the benefit, as the front is always enveloped in shade. The dawn of a brighter day seems to be fast approaching in the building of dwelling houses. The twentieth century house will see a revolution in construction, in the respect of utilizing every ray of sunlight, so that the interior of the house may, at stated intervals or all day long, be bathed with either the rising, mid-day or setting rays of the sun. Blinds and curtains and draperies which shut out the light and obscure the rays of light

from the mid-heavens will have to go, and with them the breeding grounds, dust laden, now provided by these self-same curtains and draperies. Windows will be made of larger dimensions, so that the vibrations of light may reach every nook and corner of the rooms; and the time will arrive when it will be well understood that it is just as essential to health and comfort to have a house-cleaning with sunshine as it is now to have a house-cleaning with water and brush. Our neighbors will not be permitted to obscure our sunlight by erecting tall buildings alongside of us, because there is such a thing as private property in sunlight and air, though our friends, the single taxers, may deny the right of private property in land. Sunlight is nature's germicide, a powerful one, indeed; and as these germs are known particularly to infest dark and noisome rooms close to mother earth, it seems manifest that they must be drowned out by means of a flood of sunlight; and it will be seen how absolutely necessary it will be to apply the principles of sanitation to architecture if we are to avail ourselves of this giant ally, so easily available and ready to help us. If we cannot have the direct rays of the sun sweep through our houses now and again through the day, we must be content with the indirect rays, but of these there are unlimited supplies. The house on the north side of the street should have the most frequently occupied rooms in front, while that built on the south side of the street should have all the pleasant and most congenially habitable rooms in the rear. If on the west or eastern side, the rooms should be arranged, more or less proportionally, equally in front and behind. A darkened room is not productive of good health, and children or adults cannot be expected to thrive in it any more than a blade of grass will grow and thrive under a box.

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### THE NORTH AMERICAN MEDICAL ASSOCIATION.

In the July 21st, 1900, issue of the *Journal of the American Medical Association*, a clipping appears from the *New York Medical Journal* concerning a proposed North American Medical Association. From this it appears that a number of our prominent practitioners on this side of the border line have expressed their willingness to become members of the American Medical Association, provided such membership were accorded them. The president, Dr. Reid, of Cincinnati, is said also to favor the admission of Canadian practitioners. It does not appear from a close perusal of the article referred to that an amalgamation of the two leading associations in both countries, viz., the Canadian Medical Association and the American Medical Association, is mooted, and from the two to arise a new organization, to be styled the North American Medical Association, or the Canadian to continue on as in the past, Cana-

dian physicians entering the American organization and forming a distinct international association. There are probably many arguments which could be used towards supporting an organization of such character, and, without going into details, the advantages from a Canadian standpoint of having an "open door" to the American Medical Association placed within our reach would be those of placing ourselves in immediate touch with the profession to the south of us, and another of no small moment would be that of securing to many of the profession in this country a weekly journal, which, within the past two years, has taken a commanding place in medical journalism the world over, and which would supply a want now distinctly felt in Canada, in that all the papers read at the association's annual meetings would eventually reach the hands of the entire membership. In practice there is practically no difference between that of the United States and the Canadian practitioner, and as the proposed international association could possibly have no political aspect, there seems to be no valid reason why the American Medical Association, although now national in character, should not come to Toronto or Montreal some time in the near future, to test the sense of the profession of Canada upon a question which is of paramount importance in the medical world on this North American continent. There are now many of our leading men who are members of special societies in the United States, who would welcome such a fusion of interests, and who would, no doubt, be happy in the opportunity in entertaining their American cousins beyond the border. If the *New York Medical Journal* and others who favor this proceeding would seek to break down the barriers which would prevent or prohibit the American Medical Association from convening in 1902 in the city of Toronto, they would be sure to pave the way for bringing about the consummation which, to them at any rate, is one most devoutly to be desired.

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### THE PROPHYLAXIS OF INSANITY.

Although last in point of deliverance at the recent meeting of the Canadian Medical Association, the paper by Dr. R. W. Bruce Smith, on "Mental Sanitation," was probably first in point of importance. As the alienist, Dr. Smith speaks with no little weight; and the question is one which can well afford to be considered with care by the thoughtful sanitarian, who, for the time being, is the general practitioner. There is no class of the community who should command the attention of the physician, in the way of bettering their conditions and environment, more than the unfortunate who loses the proper conception of things in general; and this, in a large measure, they have received, as is evidenced in the splen-

did hospital facilities erected for their care and comfort all over the land. But in the endeavor to offset the tendency towards insanity, there is yet a wide field for enterprise and prudent forethought. In no direction can the mind of the physician be exercised to more advantageous work than that of devising ways and means for lessening the tendency towards insanity, which Dr. Bruce Smith, speaking with the authority of years of experience and close and direct observation, tells us is on the increase throughout the length and breadth of Canada. He points out that something like fifty per cent. of these cases is due to hereditary influence, and that efforts ought to be put forward to counterbalance that influence in those so disposed. In the other half much could, no doubt, be done in the way of prophylaxis; but they are generally allowed to drift until too late, and they then become wards of the government. The question of intermarriages amongst families having the same blood in their veins, and amongst people who are tainted with heredity, is an all-important one; and, even at the risk of being considered officious, the family physician ought to deem it wise and prudent to counsel against the undying wrong which is about to be perpetrated towards the unborn innocent. Rural life, with all its charms, has many idle and monotonous hours. Idleness and monotony, without the charm and buoyancy of social life, may lead to melancholy and mental depression, which will inevitably lead to mental ruin and decay. The prevention of these depressed states ought, in a measure, to be within the province of the mental sanitarian, to teach—to educate the follower of the plow and the tiller of the soil and his frugal and careful housewife to participate more in the enjoyments provided by a bountiful nature. Insanity may be on the increase in this country, as well as in all other countries, because of the stupendous impetus given in the last two decades to mental activity. Education has revolutionized the world, and the cerebral organ is being worked as it never was before. Is it little wonder that there should be many wrecks by the wayside, where formerly they might weather the storm. "Give your boy an education" has resulted in crowding all professions and walks of life. Competition has become keen and the struggle after the "almighty dollar," and even the bare existence, causes untold worry, which, two or three decades ago, was discounted by a more even distribution of the fruits of labor. Then the unholy craze to be in the swim, to be well dressed, to appear well and keep up appearances must all be counted in as factors in producing worry and uneasiness, fraught with dire consequences to an already over-wrought organism. These are weighty problems, productive in the end of untold misery and unhappiness; and in that they are such must surely command the attention of us all in an endeavor to stay the grim hand from gathering others within his clutches. Where to begin is the problem which confronts us as physicians.

## THE EXHIBITORS AT THE CANADIAN MEDICAL ASSOCIATION.

When one wanted to have a quiet chat, a pleasant smoke and an incidental inspection of the various and diversified exhibits at the Ottawa meeting of the Canadian Medical Association, all you had to do was to steal away to the hall set apart for our friends, the travelers. There one could while away a few hours looking at the magnificent exhibition of Henry K. Wampole & Company, in charge of Dr. Martin, Mr. Smith, and two charming young ladies, ready to serve you with a delicious and fragrant cup of milk food, a ration of bacon, or a slice of cod-liver. The younger practitioners vie with the "boys" in their endeavors to do away with the whole of the palatable and really valuable product of cod-liver as prepared by the Messrs. Wampole, while the older ones were more intent on their inspection of the methylene blue capsule and other elegant preparations now so well and favorably known to the practitioner throughout Canada. Dr. Martin was most solicitous and assiduous in explaining the merits of the distinctive preparations.

Wampole's *vis-a-vis* was no less a personage than our old and favorably-known friend from Parliament Street, "Mack," or MacFadgen, of the J. A. Carveth Company, medical vendors and publishers, whose productions can safely be found on every book-shelf of a medical or surgical aspect in every province of the Dominion, attesting to the blandishments and brilliant persuasive attributes of him who knows both how to sing and punish Wampole's product of the cod's liver.

On his left hand, with a magnificent array of instruments and perquisites most necessary for a modern physician's armamentarium, stood our old friend, Mr. James, the popular manager of the J. F. Hartz Company in Toronto, who, with the assistance of Mr. Grey, pumped steam into the Globe nebulizer, the latter of whom kept his weather eye on the frequent meanderings of "Mack" to the cod-liver oil buffet. A really handsome exhibit it was, proving to the members of the association present that if they wanted the latest and best improvements in their line, here was the place to get complete satisfaction.

A swerve to the left and we ran fair into good, old, "Bob" Houston, now representing that excellent article of diet rapidly coming into popular favor with the profession throughout Canada, Tropon. Compared with Tropon, we are told that other foods, such as those standbys, potatoes, milk, rice, flour, eggs, and old meat are far less nourishing. In fact, Tropon is considerably more nourishing than both eggs and meat mechanically mixed together; and as for potatoes, why you can live forty times as long on Tropon as you could live on potatoes. We have been pleased since returning home at

receiving a sample of this prime article, and, the first opportunity occurring, will prove its worth.

Leaving Tropon, watching "Mack" and Gray, we pass along, and who should we come across but Charlie Frosst (two s's). Dear old Charlie! once with Wampole's, now with Charles E. Frosst & Company, Manufacturing Chemists, Montreal, Quebec, with a nice, handsome little display, all his own, and, from a hurried inspection, we would take it, O. K., too. May success attend him; may the gods be good to him! We love to see the young prosper and flourish like a green bay tree.

Houston, of Tropon—Hupfeld, Ludecking & Co., Montreal—and Frosst, of Charles Frosst & Company, Montreal, were indefatigable in their attentions to the medical fraternity present, and all would be sure to carry away profitable pointers of the merits of their preparations.

Last on the list, backed up against the orient, was Lelonde and Keddie, representing that world-wide institution, Parke, Davis & Company, whose admirable preparations are known wherever the foot of man treads. There were piles of samples from Dan to Beersheba, which were given away gratis, thus gladdening the heart of some country practitioner, whose habit is to dispense his own goods.

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### News Items.

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WINDSOR, Ont., has over one hundred cases of typhoid fever.

DR. LABERGE, Montreal's City Health Officer, has returned from Paris.

THE last case of small-pox has been discharged from the Civic Hospital, Montreal.

FOUR thousand dollars is being expended on the Pathological Department of the Provincial University.

THE Medical Faculty of Bishop's College opened on the 1st. inst., with a fairly large attendance of students.

THE HON. DR. SULLIVAN has resumed lectures in surgery at Queen's, after an absence of a year, through illness.

THE Quebec Provincial Board of Health has received 500 bottles of anti-pest serum from the Pasteur Institute, Paris.

S. B. COWAN, M.D., Portage la Prairie, has been appointed attending physician at the Home for Incurables, Winnipeg.

DR. J. MUNN, New Westminster, B.C., has been in Ottawa, discussing with the Government Chinese and Japanese immigration.

DR. J. ALTON HARRIS has returned to Montreal from South Africa.

DR. J. J. MCFADDEN, Neepawa, Man., has been appointed superintendent of the Asylum for the Insane, at Brandon.

DR. GERIN-LAJOIE, of Montreal, has returned from completing a private course in surgery at the Faculte de Medicine de Paris.

DR. CLARENCE GRAY has left Montreal for England, where he will take an extended course in the London and Edinburgh hospitals.

DR. JAMES THIRD, late Superintendent of the Kingston General Hospital, has been appointed Professor of the Practice of Medicine at Queen's.

DR. MONTIZAMBERT has returned to Ottawa, and is taking charge of all plague precautions necessitated by the existence of the disease in Glasgow.

WINNIPEG is again the scene of a typhoid fever epidemic. Several deaths have occurred, but on the 10th inst. the outbreak was being got well under control.

TORONTO has escaped pretty well so far this fall from any typhoid outbreak. Dr. Sheard states that there are not so many cases as usual at this time of the year.

ONTARIO health returns for August show a large decrease in deaths from tuberculosis over the previous month—July; 180 died from tuberculous causes in August, while 264 died in July.

AT the annual meeting of the Lake of the Woods Milling Company recently in Montreal, \$2,500 and \$500 were voted to the Winnipeg General Hospital and St. Boniface Hospital, respectively.

DR. FIFE FOWLER, for fifty years connected with the Medical Faculty of Queen's, has resigned the Professorship of the Practice of Medicine. He will retain the honorable position of Dean of Faculty.

TORONTO health report for the quarter ending with September: July—Diphtheria, 67; scarlet fever, 23; typhoid fever, 14. August—Diphtheria, 74; scarlet fever, 15; typhoid fever, 50. September—diphtheria, 83; scarlet fever, 15; typhoid fever, 35.

THE medical department of the University of Toronto claims to have registered 110 students in the first year this session. Last year they had 102, 73 the previous year, and 61 for the term prior to that. Evidently it is "a growing time" with the Medical Department of our Provincial University.

THERE has been a scarlatina outbreak at Murray Bay, and the American colony there were still partially quarantined on the last of September.

THE opening lecture of the Medical Department of the Provincial University was delivered on the evening of the 2nd inst., by Professor Bertram Spencer.

DR. W. H. HATTIE, Superintendent of "Mount Hope," Nova Scotia, Hospital for the Insane, is visiting in Montreal and looking up old associations around McGill.

DR. ALLAN SHORE, of Toronto, and recently of the Montreal General Hospital House Staff, has gone to England for the purpose of studying there and on the continent.

BEFORE the Canadian Convention of Charities and Correction, which met in Toronto recently, Dr. Gilbert Gordon contributed a paper outlining the plan for the treatment of pauper inebriates.

DR. EDWARD MURPHY, a graduate of McGill, has been visiting at his home in St. John, N.B., and has gone to locate at Roxbury, Mass. Before doing so he will take a course in the Boston hospitals.

MONTREAL has its hands full with a typhoid outbreak, which has almost attained to an epidemic. Both the General and the Royal Victoria hospitals are full and refusing further admissions of typhoid.

AFFAIRS in connection with Ontario universities and the medical colleges promise to be interesting for some time to come. Queen's is evidently looking to be raised to the status of the Provincial University for the eastern portion of the province.

DR. W. T. BARRETT, Superintendent of one of the two hospitals in Dawson, was in Winnipeg on the 2nd inst., on his way to take a year's study in England. There was only one case of small-pox there when he left, and the population was generally healthy.

The Anti-consumption League offers to raise \$30,000 by popular subscription, if the city of Toronto will provide \$50,000, and then Mr. Gage's offer of \$20,000 will be ample to proceed with the building of a hospital of 100 beds. A suitable site has been procured about nine miles from the city.

THE Medical Association for St. Frances District was held in Sherbrooke, Que., lately. Dr. T. L. Brown, Richmond, was elected President, and Dr. Thomas, Lennoxville, Secretary. An important discussion regarding a medical tariff for the province of Quebec was participated in at some length, and it was decided to publish it in the city and rural papers, in order that a clear understanding should exist between the physicians themselves and the public generally.

THE return of Private Archie Anderson from South Africa was the opportunity for the students of Trinity Medical College to show their appreciation for one of their number who had laid aside his studies in order to prove his loyalty to Queen and country. Dean Geikie occupied the chair, and speeches were made by himself, Dr. Temple, and other members of the Faculty. Mr. Anderson gave a very entertaining account of the experiences of the first Canadian Contingent.

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### Physicians' Library

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*Atlas and Epitome of Diseases Caused by Accidents.* By Dr. ED. GOLEBIEWSKI, of Berlin. Authorized translation from the German, with editorial notes and additions, by PEARCE BAILEY, M.D., Consulting Neurologist to St. Luke's Hospital and the Orthopedic Hospital, New York, and to St. John's Hospital, Yonkers; Assistant in Neurology, Columbia University. 40 colored plates and 143 illustrations in black. Philadelphia: W. B. Saunders & Co. Canadian Agents, J. A. Carveth & Co., Toronto. Price \$4.00 net.

The object of this work is to present in a systematic form the results, remote as well as immediate, which follow accidental injuries. It is divided into two parts, the first treating of injuries in general, whilst the second part deals with injuries affecting special structures and regions. The symptomatology is given from the time the surgeon relinquishes the case to the physician, or when the patient is ready to commence work again; this in general will be found to correspond to the fourteenth week. The work is aptly illustrated, is timely in its production, as it covers a field all too rarely entered by writers on accidental surgery, and will be found to be a valuable reference work, not only to those who have to deal in every-day practice with this class of surgery, but also to societies and companies doing business in accident insurance. The work also aims to apportion proper compensation for injuries.

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*A Treatise on Appendicitis.* By JOHN B. DEEVER, M.D., Surgeon-in-Chief to the German Hospital, Philadelphia. Second edition. Illustrated. Thoroughly revised and considerably enlarged. With 22 full-page plates. Octavo. \$3.50 net. P. Blakiston's Son & Co., Philadelphia.

The opening chapter of this excellent and very valuable production from the pen of the scholarly and practical, yet scientific, Deever, deals with the history of appendicitis from the time of the first authentic record of a distinct localization of a lesion in the vermi-

form appendix, in 1642, down to the now classical and epoch-making paper of Reginald Fitz, of Boston, to the work of McBurney and the writings of Osler and Pepper on the same subject. The anatomy of the parts then follows, beautifully illustrated, to be succeeded in turn by a chapter on the etiology, which embraces all the causes and theories enunciated within recent years. Pathology has an extended and exhaustive notice; not too much for the subject, but enough to make clear in every detail everything of importance connected with a diseased condition, of which more has been written, and continues to be written at the present time, than on any other subject, not, perhaps, excluding tuberculosis. Symptomatology, diagnosis, prognosis and treatment are dealt with in clear, concise language, leaving no doubt in the mind of the reader as to what is meant by the writer. The book, as a whole, is a beautiful production from the publisher's standpoint. Dealing with a subject occurring in the practice of everyone, it ought to be in the library of physician and surgeon wherever the English language is spoken.

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*The International Medical Annual and Practitioners' Index.* A work of reference for medical practitioners. 1900 issue. Eighteenth year of publication. Price, \$3.00. New York: E. B. Treat & Co., 241-343 West 23rd Street. Chicago: 199 Clark Street.

A work so well known as the *International Medical Annual*, and which calls for little criticism and much praise, seems almost an act of superfluity to grant extended notice. In all the 665 pages of reading text will be found information of value, brought up to the immediate present, and bearing evidence of patient and laborious work in preparation. As a work of reference, no one can afford to be without the *International Medical Annual*; as an everyday help, it is unrivalled.

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*Progressive Medicine*—Vols. II. and III., June and September. 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 Jefferson Medical College, of Philadelphia. Octavo. Handsomely bound in cloth, 408 pages, with numerous engravings in each volume. Price, \$10.00 per year, or \$2.50 per volume. Lea Brothers & Company, Philadelphia and New York.

This splendid work, which is issued quarterly in handsome volumes, is one which will keep the busy practitioner well up in the front rank of medical progress. Again, any work edited by such a scholarly and eminent professor as H. A. Hare is sufficient recommendation for its merit. Each volume, as it appears, well maintains

the standard of its predecessors, all being replete with practical and valuable information, up-to-date in every particular. Volume II., issued in June, 1900, deals with abdominal surgery, gynecology, diseases of the blood, diathetic and metabolic disorders, diseases of the glandular and lymphatic systems and ophthalmology. Volume III., issued in September, 1900, embraces diseases of the thorax, heart, lungs, blood-vessels, skin, nervous system and obstetrics. No one who wishes to be abreast of the times can afford to be without this essential of progressive practice. The publishers, Messrs. Lea Brothers & Co., are to be congratulated upon it.

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### LITERARY NOTES.

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*The Journal of Surgical Technology* is the title of a new periodical to be published monthly, beginning July 1st, 1900. It will be devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N.Y., for sample copy.

W. B. SAUNDERS & COMPANY, of Philadelphia, have just completed arrangements to establish a branch of their business in England. The remarkable success which has attended this establishment on this side of the Atlantic will, no doubt, be followed by success equally brilliant beyond its deep, blue waters; and the push and enterprise displayed at home, if equalled abroad, will soon put the London branch in the front rank of medical publishers in the mother country. The state of perfection attained at home has been the stimulus to prompt extension into other domains.

MESSRS. W. B. SAUNDERS & CO. have now in course of publication a work that should be warmly welcomed, viz., the "American Pocket Medical Dictionary." It will be bound in flexible leather, will have many new and valuable features not found in any other work of its kind, and will be amply illustrated with many beautiful plates. Another prominent feature will be tables of stains, tests, etc., which will, no doubt, add greatly to the value of the dictionary. The price will be \$4.50 net; indexed, \$5.00.

Amongst other new books ready in a few days will be found "Modern Medicine," a work on "Rhinology, Laryngology and Otology," a "Text-book of Histology," another on the "Essentials of Histology and Surgical Technique for Nurses." Amongst other new editions now in course of preparation are, "Anders' Practice of Medicine," "McFarland's Bacteriology," "Hyde and Montgomery's Venereal Diseases," "American Text-Book of Physiology," "Saun-

der's Pocket Formulary," "Garrigue's Diseases of Women," "Da-Costa's Surgery," and "Stengel's Pathology."

NEW HOME FOR J. B. LIPPINCOTT COMPANY.—An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Possession was given September 14th, and it is expected that the demolition of the old structures will soon begin. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers. Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street prison, built before the Revolution, and in which during the struggle the English confined American prisoners during the former's occupation of Philadelphia.

MESSRS. WILLIAM WOOD & COMPANY, New York, whose name alone is sufficient to stamp any work which they undertake with success, have now entered upon a task of supreme effort to themselves, but of undoubted far-reaching and permanent advantage to the profession of medicine. The "Reference Handbook of the Medical Sciences" is to be thoroughly revised and rewritten. This is a work which, twenty years ago, caused such a stir in the medical world that the task set themselves at that time was considered so stupendous as to seem almost impossible. The pleasing and important announcement that the work is to be brought up to present-day medicine will be almost sure to have the effect of causing intending purchasers of systems of medicine and all relating thereto to hold back, in order to obtain an opportunity of securing this supremely important masterpiece. When we realize the immense amount of labor this undertaking involves to the six hundred eminent professors and doctors of medicine and surgery who will combine to perfect the production of Messrs. William Wood & Co., and the enormous amount of money to be involved therein, the profession of medicine cannot fail to appreciate such a marvellous undertaking for their own especial benefit. We will watch for the first volume with exceeding interest, as we feel sure this announcement of the publishers will cause a stir amongst the profession in Canada, who will be singularly anxious to possess a work of this character and far-reaching scope.