Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- [ ] Coloured covers / Couverture de couleur
- [ ] Covers damaged / Couverture endommagée
- [ ] Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- [ ] Cover title missing / Le titre de couverture manque
- [ ] Coloured maps / Cartes géographiques en couleur
- [ ] Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- [ ] Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- [ ] Bound with other material / Relié avec d'autres documents
- [ ] Only edition available / Seule édition disponible
- [ ] Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.
- [ ] Coloured pages / Pages de couleur
- [ ] Pages damaged / Pages endommagées
- [ ] Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- [x] Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- [ ] Pages detached / Pages détachées
- [x] Showthrough / Transparence
- [x] Quality of print varies / Qualité inégale de l'impression
- [ ] Includes supplementary materials / Comprend du matériel supplémentaire
- [ ] Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

- [x] Additional comments / Commentaires supplémentaires: Continuous pagination.

QUEEN'S MEDICAL QUARTERLY.

VOL. IX, No. 2 Old Series | JANUARY, 1905. | VOL. II, No. 2. New Series

QUEEN'S MEDICAL QUARTERLY is presented to the Medical Profession with the compliments of Queen's Medical Faculty. Contributions will be gladly received from members of the Profession and willingly published.

EDITORIAL COMMITTEE.

R. W. GARRETT, M.A., M.D.
JOHN HERALD, M.A., M.D.
J. CAMERON CONNELL, M.A., M.D.
W. T. CONNELL, M.D., M.R.C.S., Eng.
A. R. B. WILLIAMSON, M.A., M.D., M.R.C.S., Eng.

MANAGING EDITOR:
ALEX. W. RICHARDSON, B.A., M.D.

Communications to be addressed to DR. ALEX. W. RICHARDSON, 254 King St. East.
Items of interest or original articles for publication solicited from Members of the profession.
Office of Publication—Kingston, Ontario.

EDITORIAL.

MR. Lecky, in his "History of England in the Eighteenth Century," makes the following statement: "Hardly any other of the great branches of human knowledge is at present so backward, tentative and empirical as medicine, and there is not much doubt that the law of supply and demand is the main cause of the defect. Almost all the finer intellects which are devoted to this subject are turned away from independent investigations to the lucrative paths of professional practice; their time is engrossed with cases most of which could be treated by men of inferior capacity, and they do little or nothing to enlarge the bounds of our knowledge."

Is such a criticism well founded, and are any conclusions of value to be drawn from them?

From the historian's point of view two facts are prominent; first, that the progress of medical science is very slow com-

pared with that of other great departments of knowledge ; and, second, that this slow rate of progress is due to the absorption of all abler intellects in the routine of private practice and their consequent neglect of original research.

The progress of medicine has never been rapid, though it is the most ancient of all sciences. Its progress followed two main directions ; first, that of the theorizing school which endeavoured to bring all phenomena of disease under a few wide generalizations and far-reaching formulae ; and, secondly, the empirical school, which sought remedies for certain ailments without regard to the rationale of their methods. Now most of the ancient theories about the constitution of the body and the action of remedies have proved to be false, but some of the old empirical rules regarding treatment are permanently useful. Hippocrates' teaching concerning food, exercise and diet is correct, even in the light of the most advanced modern ledge. This explains why the Baconian philosophy and the adoption of habits of systematic observation and induction which revolutionized the progress of the physical sciences did so little for medical science. In fact, medical science owes more to empirical observation than is generally admitted. But the creation of special conditions favourable to observation, "varying the circumstances," to apply the logical "method of differences," is much restricted. So any analogy between the progress of medicine and of the physical sciences is misleading. Any science which deals with life cannot hope to rival in completeness the science of the non-living. The element of life, so mysterious, so subtle, so persuasive, so potent and so elusive, increases the difficulty beyond calculation, and the factor of disease adds further manifold difficulties. When the philosopher has determined the nature of life and mind, and where the influence of each begins and ends, medical science may solve some of its more difficult problems.

It is, however, only reasonable to expect that a fair share of medical intellect should be devoted to original research, but this end can only be secured by state endowment or private benevolence. It seems expedient and desirable that the state should at least undertake the scientific investigation into the origin and cause of disease. Men capable and desirous of

carrying on such work are not numerous, but they are almost invariably college men. Those most fitted for it are unable, for pecuniary reasons, to devote much time to such studies and the work does not bring monetary reward. The benefits resulting from such increased knowledge become the property of the whole world, and it is, therefore, reasonable to ask the state to provide adequate emoluments for scientific workers whose labors have for their ultimate object the health and physical well-being of every member of the state.

The duty of the state in regard to Medical Education is not so clear. In Canada it has never been assumed by any provincial government, but private enterprise has taken the responsibility of teaching both scientific and clinical medicine. The medical student has paid his way, very little assistance being given by endowments or scholarships.

Recently, however, it was announced that the Proviucial Government of Ontario would give the sum of $100,000 towards the establishment of a University Hospital to improve the clinical teaching in the medical department of Toronto University. Such a grant can scarcely be defended on the ground of the Medical Faculty being associated with Toronto University. It is an entirely new proposition to utilize the public funds for medical education, and those who are interested in medical education in Ontario, outside of Toronto, will expect to receive public recognition in proporiion to the amount of work done. Thus in Kingston there is a vested interest in the Medical School which has for years done its share of this work in the Province.

The change in the Government will ensure a full consideration of this most important question, and, if public funds are to be used for the improvement of medical education, no doubt justice will be done to all concerned.

OUR criminal law books are filled with statutes against the various crimes men are guilty of committing, and the most rigorous penalties are attached to all offences which injure or destroy human life. It is evident to the superficial observer that these laws depend for their enforcement upon the manner

or instrument of death or injury rather than the injury or death itself. To illustrate: If a man smite another with any instrument and blindness results, the smiter on proof of the deed is punished; but if the victim suffers total blindness or paralysis through drinking a "patent" medicine containing chiefly wood spirits, no action can be laid, as the "remedy" is patented and the manufacturer is given authority to sell the poison. Should a man attempt suicide in any one of various ways detailed in the code he is punished if unsuccessful, but no provision is made whereby he can be restrained from injuring himself by using certain drugs.

The law is evidently deficient in these matters, but we ask what can be the moral condition of men who knowingly manufacture harmful "remedies" with no other desire than personal financial gain?

Lord Byron thought he had found the worst of human depravity in greed when he discovered that poisons were adulterated. It remains for the inventive genius of the 19th century, in the new world, to reveal greater depths still in the report reaching us of the wholesale adulteration of medicinal drugs used in filling physician's prescriptions.

By a recent investigation the Michigan State Board of Pharmacy found that out of one hundred and thirty-nine druggists only thirty-one furnished pure drugs in compounding test prescriptions; twenty-three had no trace whatever of the drugs prescribed; ten showed 20 per cent adulteration, and nine 10 per cent. This state of affairs is one of the many evils resulting from our false standards of success in which the end is not the good of the other individual or the community, but rather the financial enrichment of the immediate actor. Doctors blame the retailer, who in his turn blames the wholesaler, but where-ever the blame lies it is due to a demoniac cupidity, and the one who pays his money for health receives death in its stead. We can but urge the profession to deal only with reliable houses, and not for the sake of a few dollars or in some cases a few cents difference in goods, jeopardize the lives trusted to them, or even risk injury to their own reputations as skilled physicians.

We take the liberty of quoting in this connection from the

report of the Medical Society of the District of St. Francis, in the Province of Quebec, Canada:

"Dr. Camirand spoke of a case of total blindness and temporary paralysis of the limbs following the drinking of wood spirits. Reference was made to the series of similar cases reported by Dr. Buller, Montreal. Dr. McKay said that at the time of Dr. Buller's paper, Dr. Kerry had stated that poisoning from methylated spirits was commoner than usual owing to the fact that the percentage of wood alcohol had been greatly increased in methylated spirits. Relative to this discussion Dr. J. O. Camirand proposed a resolution, which was seconded by Dr. Farwell, to the effect that whereas most serious and sometimes fatal results followed the use of wood alcohol, and as this was a common article of commerce, steps should be taken by the government to protect the public against such accidents by warning them of the nature of such products. Drs. Austin and Camirand were appointed a committee to draft a resolution to this effect and hand the same to the secretary, to be forwarded to the Attorney-General of the Province of Quebec."

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

IN this issue will be found particulars of two recent actions for damages—one against Dr. Bruce, the other against Drs. W. F. Bryans and G. B. Smith, all of Toronto. Dr. Bruce is a member of the Association and received valuable assistance from the executive. Drs. Bryans and Smith unfortunately were not members, so that in addition to lost time and worry in defending an entirely nnjust action, each of the gentlemen is about $300 out of pocket. Comment is unnecessary. The President of the Association, Dr. Powell, of Ottawa, deserves the support of the profession at large. Unless there is a large increase in membership, it may be necessary to increase the fee, and certainly $2.50 is a very trifling premium to pay for insurance of this kind. We urge those not already members to send an application at once to the Secretary, Dr. F. W. McKinnon, 70 Elgin Street, Ottawa.

TEN YEARS OF MEDICAL MISSION WORK.

"VIVE la '92" rang through Convocation Hall of good old Queen's. Solemn and slow "Old Hundred" came from the gallery as we mounted the steps of the platform, and the coveted parchment is ours.

An appointment from the American Board—the oldest missionary society in America—relieved us of the perplexing question of location. To be fanned by the "spicy breezes" which "blow soft over Ceylon's Isle" where "every prospect pleases!" What a gladsome outlook!

Arriving in Colombo May 24th, '93, we found the many ships in the harbour and the business part of the city gaily decorated with flags—glad token that we were yet under the dominion of our beloved Queen. But our final destination lay two hundred miles to the north. We must reach it by taking the fortnightly steamer from Colombo. The officers of our British steamer pointed her out—she was leaving the harbor as we entered it. Hence a fortnight's stay in the capital as our introduction to Ceylon.

After four weeks' of steamsnip life it was a very welcome change to the large-roomed hotel with its wide verandahs and open doors and windows, the silent, bare-footed waiters dressed in white serving so deftly the strange dishes and tropical fruits. Brown faces everywhere in garments of odd shapes and bright hues maked the crowded native quarters, with its rows of small shops all open to the street, a veritable study in color. How fascinating it all is! Why say of these interesting people, "only man is vile."

The two weeks' delay is over. Out of the harbor into such a sea as only the burst of the S.W. monsoon can produce, we are ushered to suffer the worst experience of the whole journey. But it comes to an end at last, and we anchor, as in all these Eastern ports, half a mile or more from the shore Friendly missionaries meet us and give us a hearty greeting. This we expected and were prepared for. The unexpected happened, however, when as we stepped on shore garlands of flowers are hung about our necks and we are led in gay procession, preceded by a native band of music, to a platform where an address of welcome

is read by a representative of the native Christian Church. Unexpected, yet we can understand it. But when a representative of the Hindu, or so-called heathen community, reads an address in English bidding us welcome to their land we are puzzled. Where lies the key to the situation? It is found in the fact that we come as MEDICAL missionaries.

Our predecessor had given twenty-five years of very valuable service to the community. But he had been compelled to retire from ill-health over twenty years previously. These Hindus, unable to comprehend the motive of the preacher of a new religion, had understood and appreciated the missionary doctor. Yet the social customs of the land had prevented him from freely attending maternity cases. Mrs. Scott being the first lady physician to come to them, our advent was doubly welcome.

Familiarity with the language of the people being indispensible, we set to work at it as soon as we settled in our own home. But the friends of the sick and suffering could not be denied. Refusal to answer their call meant not only their subsequent ill-will; but, we foresaw, meant also the death of the patient. Under such conditions language study must wait. Against our better judgment we agreed to open the dispensary on certain days of the week. But sudden illness or accident observes no set days or hours. Our hopes of finding time to study are frustrated.

We did not open our office and wait for patients. They came and opened the door by violence, and we perforce must serve them. Day after day they thronged us and not infrequently did it happen that we "had not leisure so much as to eat." Oh, the pity of it! Cases of chronic illness, which had been to many physicians and were nothing bettered, came hopefully to the new doctor. To so many we could offer no hope of relief. To how many others we must promise help only if regular treatment was followed for a long time. We soon learned better than to expect such advice to be followed. "If after three days no improvement appears try another doctor" is the rule they follow with their native physicians. This rule must apply to us.

With the thermometer standing night and day at 88° Fahr., broken hours of rest, irregular meals, and constant fatiguing work, pointed to one inevitable conclusion. It delayed not its coming. In four months the Mission Council ordered us off to

the hill Sanitarium and closed up our work for six months: These six months saved us to Ceylon. Rest soon restored us. Here, too, we found the "convenient season" for study, and made the most of it.

We returned from the hills with a fair start at the language. Moreover, the people had learned that some things were too hard even for us. The work settled into a normal condition, which we were able to endure—nay, even to enjoy.

Our dispensary was a two-roomed, dimly lighted building. This was remedied by the Mission placing at our disposal a vacant mission bungalow or dwelling house. This gave us ampl· accomodation—separate consulting rooms for men and womene rooms for private examinations or minor surgery, and for compounding, while the wide verandahs on either side provided commodious waiting rooms for patients of either sex.

But we had no operating theatre or hospital. With about $5,000 placed in our hands by interested friends we set to work to meet that pressing need. We must be our own architect, with no previous technical training in that art. We must be our own master builder, with no experience in house building. Overseers must be watched. Prices of material must be fixed at a fair rate. Workmen must be paid, and accounts must be kept. Meanwhile the medical work must not wait on the builder. But " 'time is money' only in America" we were told. So, too, delays are not dangerous, but are the normal life in the East. However, all things come to those who work and wait. In three years we had completed a small operation room and a hospital with accommodation for seventy patients: Hampered by no instructions we built as seemed best to us to meet the need. Like most hospitals in the East, it is a one-storey building. Unlike most government hospitals, it has no large wards. Social distinctions, or caste, makes the ward system impracticable, if all grades of society are to be provided for. Large wards reduce the work. True, doubly true, for patients would not come if different castes must occupy the same room. Our wards are meant for one or, in times of special stress, two patients.

The same caste distinction makes it very difficult to provide food for the patients. We overcame this obstacle and gained much in economy by providing a small kitchen and allowing the friends to prepare food. Something was lost in the direction of

special diet. But the variety of food obtainable is not great, and directions to the friends would usually accomplish all that was practicable. Beef tea was often a necessary addition to the diet. But the religious objection to eating beef made it useless to put it on the diet list: Zealous Hindus would rather die than eat it. The most strenuous objection is usually made by women. In such cases it was always possible to get the consent of the father or husband to prescribe "hot medicine" prepared and administered by the nurse.

Hospital treatment was so foreign to the thought of the people that we found it advisable to make another concession and permit one or two friends to stay with the patient. This had many disadvantages from a strictly medical point of view. But it had other advantages, of which we will speak later.

The hospital made a training class for nurses a necessary addition to our work. This was a new departure for Tamil women. An unmarried girl must not appear in public. But the "new times demand new measures." At last one was found willing to make the attempt. Coming from a Mission boarding school, she had a good general education in Tamil, and could speak English fairly well. She became invaluable as interpreter to Mrs. Scott in the early years of the work. She proved so efficient, and behaved so seemly, that she lived down criticism and opened the way for others. In due time we gathered a class of mature young women who had been educated and were willing to work. They admirably met our need, though, doubtless, from the standpoint of our home training schools, would be judged wofully deficient.

From time to time we were called to see the sick in the villages. The distance to be travelled varied from one to twenty miles. The government has given this northern province a system of macadamized roads superior to our country roads in Ontario. So the actual travelling was not difficult if one could have chosen the time of day. Not infrequently it would be necessary to go out in the blazing heat of the noon-day sun. The majority of such callers were maternity cases, and with rare exceptions called for instrumental interference in some form. The secluded sedentary life of the women of the better classes ill prepares them for the "hour of travail." The ignorant, unskilled midwife does not know when interference is necessary. Thus it is not rare to

be called on the third, fourth, or even the fifth day after labour sets in. Needless to say most aggravated conditions result.

In addition, religious and social customs relating to uncleanness demand that the woman, "when her hour is come," must not remain in the house proper. Irrational as it may seem, the kitchen is often the room chosen. This is a detached hut, with roof thatched with palm leaves. From the open fire the smoke escapes whither it will. Ashes and refuse are scattered about the mud floor on which the patient lies. Observe antiseptic precautions? Yes, certainly, but———. As previously stated, the male physician is not in demand for such cases. Mrs. Scott was called. I invariably accompanied her, but must remain outside until a favourable opportunity occurred for her tactfully to ask for my assistance. Thus gradually we overcame prejudice. And when it happened that Mrs. Scott could not go, by taking along the native nurse before mentioned, I was reluctantly accepted. Towards the close of the ten years this reluctance had largely disappeared.

In the matter of assistants we early learned that "other men had labored" and we were "entering into their labors." Our predecessor had before him the ideal of placing a trained native doctor in every village. Many received excellent training which the government early learned to value for its outpost hospitals. One of these became my assistant. Another became compounder. For purely evangelistic work a man and his wife were found who had received training by other missionaries. For clinical and financial assistant a young man was employed who proved most valuable. By integrity, loyalty and ability he rose from one degree of responsibility to another until on leaving for furlough I was able to place him in temporary charge of the whole work. Such men as he are rare in any nation. That it was our good fortune to have his assistance we are ever grateful to God who gave him.

Most of the 4,000 out-door patients and all of the 600—750 hospital patients, who came to us annually, must receive more or less of our personal attention. This was particularly true in surgical work. There is considerable reluctance on the part of the people to surgical interference with disease, particularly to the use of the knife. This is due to the fact that purely native physicians rarely use it. Yet the medical missionary who is fond

of surgery will get enough to satisfy his ambition. This reluctance to submit to operation causes such delay that aggravated conditions such as are rarely met here are common. The young surgeon must not needs wait till his more experienced brethren pass off the stage. Nor will he send his patients to a specialist. He himself must be a specialist, if possible, in all departments of surgery. Frequently does he feel the need of consultation on special cases or rare conditions. With few instruments, inefficient appliances and unskilled assistants he must tackle the most difficult operations, and often these come first on the list.

Among the first gynaecological cases we treated was a rare form of congenital atresia vaginae with menses retained four years. The posterior portion of the vagina, the uterus, and the right fallopian tube were distended with the accumulated debris. A tumor equal in size to a uterus of fourth month of pregnancy was formed.

One of our early cases of urethral stricture was a young man of 22 years of age, who for 17 years had "suffered many things of many physicians." The normal urethral tract was lost in a number of false passages, the result of repeated attempts to use the bougie by unskilled physicians. The whole perinaeum was a mass of fistulae. Irritable and emaciated he reluctantly agreed to operation, and to-day is in robust health, completely relieved of this local trouble. In these and such as these—and in others more difficult still—the young physician, self-reliant and resourceful, yet learns to say "my help cometh from the Lord."

As already hinted, the greater part of the work is surgical. Of diseases purely medical some are absent which are comparatively common at home, e.g., scarlet fever. But others, rarely met here, take their places, e.g., leprosy, cholera, beri-beri. Thanks to the strict quarantine regulations bubonic plague has not entered Ceylon. Fevers are very prevalent, especially malarial fevers of varied types. Digestive disturbances and dysentery are common. Tuberculosis runs a rapid course, probably because of lack of stamina in the patients and the scarcity of nourishing food. Diabetes is a veritable scourge among the educated classes and those who lead sedentary lives. The diet so largely rice partly explains this. Yet, strangely enough, it is rarely found in those engaged in manual outdoor labor, though the diet is similar in most respects. Welcome, thrice welcome,

will be the discovery of some remedial measure that will not place its main reliance on diet so diametrically opposite to the ordinary food of the people.

One of our earliest problems was finance. We believed in the principle of self-support. We were given to understand that, if we could live up to our principles, it would be sound policy. We soon discovered that it was possible in some measure, but very unpopular; the common idea was that the mission was "a good cow to milk." It was evident that however successful we might be in medical work, we must not expect popularity if we asked the people to "buy and eat." But there was no other way. Taking counsel with the wise, we fixed the charges at such low rates as came within the range of the ordinary income, then made the happy discovery that the charges were less than they were in the habit of paying to their native physicians. That settled the policy irrevocably. Fortunately we had the loyal support of the assistant referred to, who, well acquainted with the people, could judge wisely and discriminate between the miserly and the miserably poor. To the latter help was freely given. To the former quarter was as certainly denied. One example will suffice to show the working of the policy. A patient came sixteen miles to the dispensary. He was examined and a prescription given at about 9 a.m. Promptly were we told that he "didn't know and hadn't any money." We turned him over to our assistant and called the next patient. Repeatedly during the day he appealed to us with the same arguments, supplementing them later with promises to "bring it next time," a promise which we believed to be as reliable as his arguments. About 5 p.m. he disappeared from our sight, found the paltry sum of money where it had never been lost and returned to tell us he had "borrowed it from a friend." We accepted the tale, likewise the money, and he departed with a smile, having obtained his medicine and learned a lesson. Year by year we continued the fight, and success ultimately was ours. In our last year we realized over 80 per cent. of our local expenses, and in the ten years 45,000 rupees ($15,000).

Through all the years we kept constantly before us the fact that primarily we were in Ceylon to make known Jesus Christ. We found rest in the midst of arduous labors in remembering that a large part of our Master's public life was spent in just

such work. Many received at His hands their healing of body, who, so far as we know, did not accept His claim to be the Son of God. Should we demand more than this? Yet all who came heard the "glad tidings of great joy" that this Jesus on Whom we relied to heal them was also the Saviour who should save from sin. Every patient who went on the operating table heard prayer to Almighty God to heal and save before the anæsthetic was given. A brief gospel address was given to the patients who came to the out-door dispensary before the consulting room was opened. As they waited their turn to meet the doctor the Evangelist or Bible woman sang Christian lyrics, read the Gospel narrative, or talked with individuals of the new way of life. From bedside to bedside these same workers went through the hospital with the "same old story." The clinical assistant spoke of Christ on his rounds. The nurses in the discharge of their duties took occasion to do the same. At stated intervals, in the halls of the hospital, an evangelistic meeting was held. Those too ill to come might hear in their rooms. But the direct audience was usually composed not of the sick but of their friends who were in attendance on them. Thus an interested audience, more ready to hear than an ordinary village gathering, could always be secured. They listened with greater interest because they knew that those who spoke to them were at the same time doing all they could to help their loved ones back to health. They heard oftentimes gladly. But they also saw nurses stooping to care for those of lower caste than themselves because of the spirit of Christ that was in them. This their own religion would never have accomplished.

In the villages doors were opened to us which were shut to the preacher. Many who came to the hospital under more favourable circumstances than would otherwise have been found. Many have found the Saviour. "But they have not all obeyed the Gospel." Yet we gladly labor, knowing that if it is not ours to see men follow Jesus, there is great joy in obeying the commands of Him who sent us "to preach the Gospel and heal the sick."

T. B. Scott, M.D., Jaffna, Ceylon.

NOTES OF A EUROPEAN TRIP.

THE editor wishes me to contribute some notes of my European trip last spring to this issue of the QUARTERLY. At the time of writing the fact is vividly before me that just one year ago I was being assiduously cared for in a private room of our General Hospital by my confreres and the nursing staff, and that for a few days my condition was considered to be a critical one, the result of a septic infection of a finger following an operation. It is therefore with an intense feeling of gratitude that now in perfectly restored health and strength I can look back on the eventful periods of the year that is past.

In April last, at the urgent request of a great personal friend and well known surgeon of Montreal, I made one of a party of four medical men on a trip which promised much of pleasure and profit from the professional point of view. We met in Boston, and sailed April 9th on the White Star SS. "Romanic," a magnificent vessel of nearly twelve thousand tons, crossing the South [illegible] ntic for the Mediterranean, with Naples as our port of destination.

The passenger list totalled two hundred and twenty-five, made up of representatives from all parts of the United [illegible] ates and the Dominion of Canada, and in the steerage we [illegible] rge number of Italians returning to their na [illegible] sunn [illegible]

The first two days were foggy and the se [illegible] gh [illegible] that the dining saloon was but poorly patronized [illegible] er th [illegible] we had a succession of bright, warm days with [illegible] the voyage was delightful in every way. [illegible] we saw nothing but the broad expanse of [illegible] circle so familiar to ocean voyagers, and then we [illegible] to the beautiful group of islands, nine in number, belonging to Portugal, known as the Azores. Our steamer came to anchor at 10 a.m. on the 16th at Ponta Delgada, the principal town of St. Michael, the largest island of the group. We were soon surrounded by large seaworthy boats manned by from [illegible] to six native oarsmen, and all the saloon passengers were quickly conveyed ashore. We spent a few hours strolling about the beautifully clean streets of the town, interested in the novel

sights and taking snapshots of many quaint street scenes. The town has a population of 30,000, and has a very fine harbour. The Mediterranean steamships call regularly to and from Boston and New York, and a large number of small steamers ply between the islands and Portugal.

The climate is delightful, and every available patch of ground is well cultivated, from two to four crops being raised annually. There is no winter, the temperature the year round varying from 65° to 85°. As a quiet resort for the invalid, and especially neurasthenic patients, these islands are strongly to be recommended. The scenery is remarkable for its beauty. Fresh fruits, pineapples, oranges, &c., are plentiful, and excursions to the different islands of the group are very attractive. These islands were discovered in 1346, but under the Portuguese government are still centuries behind the age. Three days later, soon after noon, we came in sight of Britain's stronghold at the gateway of the Mediterranean, and a few hours later we again had the pleasure of landing, steam tenders quickly taking us ashore. What a magnificent spectacle Gibraltar presented as we approached, with some of England's battleships manœuvering about the rock! We steamed in past the great breakwater and hundreds of ships anchored in the bay—most of their hulks filled with coal for the navy—and came to anchor off the town. We found all nationalities represented in the narrow streets—no sidewalks—one driver calling out to pedestrians to get out of the way. British soldiers and sailors were plentiful everywhere. The population is made up of 7,000 soldiers and 15,000 civilians. We visited fortifications, dry dock, gardens, &c., and were much impressed with the importance of the spot to the Empire.

We sailed at 10 p.m., and after fifty-two hours run up the blue Mediterranean reached our next port of call—Marseilles. Here we took temporary leave of our floating hotel and travelled by train along the coast to the little principality of Monaco. This railway journey will always remain as one of the pleasantest memories of our trip. On one side of the line the handsome villas with gardens all abloom with roses and other flowers of brilliant hue, and on the other, the coast line broken by many bays; the deep blue sea with its fishing fleets, merchant marine

and snow white yachts of the millionaires, all combined to make a most charming picture, or rather a succession of pictures.

The evening was spent in and about the Casino at Monte Carlo watching the passion for gambling which here has such ample sway. The surroundings of this place are very luxurious, and the little town is a model of beauty and cleanliness, but this is easily understood when you are informed that in the busy season the management take in from $150,000 to $200,000 daily.

Continuing our journey we rejoined the "Romanic" at the busy Italian shipping port of Genoa the next morning. The whole day was spent here in sight-seeing, and we then proceeded to Naples, arriving in the far-famed bay on Sunday evening. Owing to the fact that two children who embarked at Genoa had developed scarlet fever we were quarantined for a few hours, and so were not permitted to land until Monday morning. We made no objection to this, however, and spent a delightful evening on the upper deck watching Vesuvius emitting volumes of smoke and occasional jets of flame, and listening to the strains of the serenaders who surrounded the vessel.

Next morning, as the bay was perfectly calm, we at once went by small steamer to the island of Capri, and visited the celebrated Blue Grotto. The only entrance to the grotto is a hole in the rock at the base of the hillside, three and a half feet high, and just wide enough to admit a small row-boat. Inside the roof is 40 feet high, and the area is 175 by 85 feet. The water is about 50 feet deep and of a beautiful light blue colour. If the sea is at all rough it may be impossible to enter the grotto for days at a time, and we were fortunate in having such a calm morning. After luncheon and a drive up and up the mountain side, a thousand feet to Anacapri for the view, we returned to Sorrento for the night. The landing here is made in small boats, and the men row well with splendid wrist action. I spoke to the captain of the steamer about small boys of 13 or 14 years handling boats full of passengers, and he simply smiled and remarked "strong boy."

The Hotel Framontano is placed on the rocky shore at an elevation of 200 feet sheer above the waters of the bay. The view from our windows was superb. To the left a glorious sunset, the sun fast descending behind an imposing rocky promontory. Directly in front of us is Vesuvius, with volumes of smoke pouring out of the crater, which is about 4,000 feet above the sea, seen very distinctly in the clear atmosphere. To the right lay the town of Sorrento, clean and picturesque, and the carriage road skirting the mountain side, over which we drove in a roomy landau early the next morning ten miles to Castellamare. This is said to be one of the finest drives in the world, and some were enthusiastic enough to say of it "worth crossing the ocean to see, if for nothing else."

From Castellamare we proceeded to Pompei, and spent the remainder of a busy day in inspecting the ruins of the ancient city.

(To be Continued)

COLLEGE IDOLS SHATTERED.

ARE you an old practitioner? If so, these words are not for you. Your years of experience have long since torn down the rules by which you were to diagnose disease. You have a cynical smile for the text book with its symptoms, one, two, three. No, it is to the graduating class and to the youthful medical men I would speak, for they will feel, perhaps already have felt, the inevitable shock when their pet rules for diagnosis are dashed to pieces at their feet.

I suppose we all leave college propped up with the idea that to diagnose a "case" all we have to do is to get a few of the main symptons, open a book and find the others. And, the treatment. How plainly it is set forth. What wondrous qualities are given to drugs by Mitchell Bruce. Calumba, the prince of tonics, wends its gentle way from pole to pole, a tonic in the mouth, a tonic in the colon, an anthelmintic, antiseptic disinfectant and stomachic. And calomel! We who have tried thee respect thee, thou canst stir us to the very depths.

We have no quarrel with these good old drugs, but how many useless ones are championed valorously, how many good ones are asked to work beyond their powers! There should be some line drawn between the theoretical and the practical. We are told to give Potassium Iodide in cerebral hæmorrhage "to absorb the clot." In theory it is well. In practice the clot remains obdurate to the coaxings of Pot. Iod. and turns a deaf ear to other so-called absorbents. An authority says: In hæmoptysis give Gallic Acid and Erogt; but the hæmorrhage flows gaily on, regardless.

Well, we open an office, and at last we have a patient. What an amazing conglomeration of diseases he seems to have! We are quite distressed about him. He had a chill, temperature is high, he vomits occasionally, coughs, has pain in the abdomen, tenderness over McBurney's point. Ah, now we have it. He must have appendicitis, but, perhaps, he's setting up pneumonia too; could it be typhoid, he hasn't felt well for a week back; try the Widal. Yes, it's positive. He has typhoid, but how peculiar his symptoms are. Perhaps he has appendicitis too. You put him to bed, order a milk diet, cold sponging, &c., a S.S. enema. His mother, worthy dame, gives him a sly physic without orders, and in the morning your patient, who has been *deeply moved* all through the still watches of the night, says he is "feeling fine" and wants to get up. You try your thermometer; temperature is normal, McBurney has disappeared likewise, and the pain is all gone. In some slight confusion you place your hand to your head and try to collect your wits. How about that ideal? He had typhoid six years ago and the reaction is still present. The abdominal pain, &c., were all the result of constipation. How easy it all seems now! How stupid not to have thought of that before. You will not be fooled again. Certainly not on that; but next time it *will* be typhoid disguised as appendicitis or pneumonia; or some wretched colon bacillus out of a job will invade the appendix and set up a close imitation of intussuption. You never can be sure of a colon bacillus, he is so tricky, never contented at home; a jaunt from the colon to the gall bladder, direct on to the ischio-rectal fossa, is a mere holiday trip for him.

To return to the point. We are not so foolish as to decry the methods by which we are led step by step through this most intricate of sciences; but, dear teacher, could you but know how implicitly we rely on your every word, you would sometimes warn us that "it is not ever thus" these symptoms, one, two, three.

We leave the college halls with our roll of parchment tucked under our arm and a cranium full of theoretical knowledge, albeit good of its kind; with our hat jauntily pushed over one ear we start off at a brisk pace and have hardly reached the corner, metaphorically speaking, when we trip and fall into the mud puddle of error, soiling the pretty clothes "Alma Mater" has just put on us; we scramble out, dry ourselves as best we can and start anew, not quite so dainty or egotistical, but withal wiser and more practical.

A professor of ours once said: "If, in a case of suspected pneumonia, the temperature does not fall on or before the tenth day, your diagnosis is wrong." While this is no doubt true in a majority of cases, in very many cases, particularly in the old or debilitated, the temperature may remain up for three weeks, or even longer; when, if the patient survives, it will subside by easy stages. Now, my student readers are on the alert, they say: "Pneumonia always falls by crisis." Not *always* though; very frequently it falls by lysis, especially in such cases as the aforementioned.

I know of no acute disease which is more likely to deceive the young physician than lobar pneumonia in the aged. Its onset is often so insidious, its characteristics so ill defined, so different from what we have been taught to expect, that a word of warning to the new beginner is not out of place.

The text book speaks of the initial chill, the full bounding pulse, high temperature, the painful cough, rusty sputum and the crisis, and the student becomes so imbued with these ideas that they seem inseperable from pneumonia. You are called to a case—an old woman say sixty-five years of age. She says she has been feeling chilly, has felt ill for two or three days, perhaps she has a slight cough, no expectoration, temperature may be 100° or 101° Fr., pulse is rather rapid but not very full, certainly not bounding, she has no pain. Wise is

the young physician who makes a thorough examination of the chest, and who does not imagine he has a slight attack of bronchitis to deal with. You may find the greater part of one lung consolidated, perhaps a double pneumonia. Two weeks go by, the temperature fluctuates up and down but shows no crisis, you wonder if this can be a mistake. No, the consolidation is undoubtedly there, and another week may see your patient slowly recovering or laid at rest. Frequently after resolution there seems to be too little vitality to throw off the toxaemia and your patient's heart gives out—a fatal issue being the consequence.

One case of double pneumonia I noticed in a strong, otherwise healthy man, thirty-five years of age, ran a temperature for nearly three weeks, finally falling by lysis.

Another man, fifty years of age, walked about for two weeks with one lung completely consolidated. He described his symptoms and he seemed undoubtedly to have had lobar pneumonia. When seen his temperature was subnormal ($93\frac{3}{8}°$), and during one month's subsequent treatment and watching I never knew his temperature to rise to normal, nor did the lung clear up. I called this "unresolved pneumonia," but admit that the diagnosis may be open to question. (I could find no T.B. in his sputum.)

In apoplexy we are taught to expect a sudden fall, coma, stertorous breathing, slow full pulse, subnormal temperature, &c., most of all hemiplegia. It is thought somewhat confusing to see a man who walks up to you and says he feels dizzy examined by an older physician and pronounced to have apoplexy. On examining him yourself you find (1) a husky voice, (2) pupils irregular, (3) rapid pulse, say 120, (4) temperature 101° F, perhaps a little later his voice leaves him. It is true this must be only a small haemorrhage, but if the man dies, as he often does, we find p.m. "cerebral apoplexy," a correct diagnosis.

Again. A man will fall, completely paralyzed on one side, pulse rapid, temperature elevated, no unconsciousness, no stertorous breathing. Apoplexy. No doubt some cases of this kind are due to cerebral embolism, but many on the post mortem table are found to be genuine cerebral haemorrhage.

What are we to deduce from all this? That our text books are wrong? Not at all. Merely that the college course is too limited to cite each individual case. We learn the great principles of disease at college, the general, the usual and many of the unusual symptoms, but in practice we cannot expect to find cases will always correspond to any given formula. We must try to apply our pathological knowledge to suit individual cases where the symptoms seems strange or confusing. No doubt where we find these atypical cases of pneumonia in the aged the vitality is so lowered that the tissues do not react normally and hence the absence of the usual symptoms. And in apoplexy, where the haemorrhage is severe, we expect a typical case, but the cases I have mentioned are no doubt due to certain limitations of the haemorrhage or unusual sites of rupture.

F. McK. Bell.

Ottawa, Dec. 1st, 1904.

FROM THE SOUTH.

It was on a bright sunny Friday afternoon, at 4 o'clock, that we weighed anchor. The only things that marred the enjoyment of such a lovely day was the parting from friends and the leaving of our dear native land. An hour and a half after this we hoved alongside the light-ship, about 60 miles distant from the shore. Then we were launched on the open deep. The weather continued fair withal till the 23rd of the same month. For the first time, on the 24th, we faced an awful rough sea, and few of us thought that perhaps was the last of us. However, the hand of the Almighty kept us safe the rest of the journey till on the 24th of December we reached New York harbour. There we parted, some north, some south, some east, some west. I was among those having to travel north. The beautiful spectacle that I beheld when I saw New York city passes all description. Then, too, for the first time I felt what I had often read and heard about—the winter. I

was at a loss to distinguish between snow and hail, although I had a faint idea that hail would be something like coarse drops of rain solidified, and so I thought the best way to get out of it was to ask some one. With my usual impetuosity I approached the first man I saw at leisure and politely asked, "what those things were that descended from the sky like soap-bubbles." "Hail, of course," was the reply. Then I strutted away, highly delighted that I had (as I thought) made my first great discovery, only to find when I reached Toronto that I had been misinformed. It was no hail, but snow. Then having left one of the wharves in New York city, with my baggage in an express cart, I was hastily taken to the New York Central When I got there I felt almost frozen to death, having no overcoat nor yet a pair of gloves; after being at the railway station some time I felt quite revived (being now in a warm place). Then I thought the next best thing for me was to purchase my ticket, and so I found myself at the first pigeon-hole and asked for a ticket to Toronto. "Not here," was the answer I got from the ticket seller. Then I jaunted to another, and to the next, till I struck the right place. Having got my ticket I began looking around for an overcoat. Leaving the station I went a couple of blocks, and everywhere doors were shut -a most unusual sight for one coming from a tropical country. I, however, ventured into what I thought might be a store, and without looking around to see where I was, I quickly asked for an overcoat. "Man alive! can't you see this is a grocer's shop?" I felt foolish, but just turned out to try another place. After calling at a few places and not being able to get one sufficiently cheap yet good, I came to the conclusion that I had better bear it all till I came to my friends in Toronto; and so I set about finding the railway station. It took me full two hours to accomplish this great feat, although I was only distant from it a couple of blocks. Being somewhat excited and entirely overcome with the magnificence of this great city it never oecurred to me that I might be hungry. I remained at the station from ten o'clock in the morning to eight o'clock at night, when being put on my train I journeyed north. It was not till what I then thought was about five o'clock next morning, but which really was nearer eight o'clock, that we reached

Buffalo, and for the first time in a whole day that I felt hungry. Now, new troubles cropped up. We had to change carriages here, and now I knew not which to take. I followed the crowd, and fortunately for me struck the right one, bound for Toronto. I continued without a morsel to eat till about two o'clock, when we reached Toronto. Not having written my friends there to expect me, I had no welcome. The next thing I thought of was to find out the University of Toronto ; this I did after a little trouble. Bear in mind all this time I was without an overcoat. Now the excitement had worn off and I was thoroughly fatigued and depressed. I enquired for a few of my friends that were attending that University, but no one knew any of them. I might have been in the Arts building for all I knew, and as none of them were in that department it would be pretty difficult to locate them there. However, I moved around the city till near four o'clock, when I met a very kind gentleman, who took me to a store and saw that I bought myself an overcoat and a pair of gloves. He then directed me to the house at which one of my friends was rooming. I reached the place at about five o'clock, and a few minutes after my friend strolled in, wonderfully surprised at seeing such a face. I, however, cut matters short and told him I was hungry. After a meal I felt quite revived, then having chatted a long while of "home," we retired to bed. Having some one to direct me I reached Kingston next afternoon. Well delighted with the beauty and grandeur of this city, and with the hospitality which has been extended to me, I hope to remain here for a little while.

STICKLES v. DRS. W. F. BRYANS AND G. B. SMITH, OF TORONTO.

On the 22nd of January, 1904, Drs. Bryans and Smith issued certificates to commit to the asylum the plaintiff in this action, a married woman.

She was retained in the asylum for some time and then allowed her liberty. On regaining her liberty she entered action against Drs. W. F. Bryans and G. B. Smith for damages to the extent of $10,000. Drs. Bryans and Smith very properly resisted the action.

The case came to trial on 6th, 7th, 8th and 10th October, before Chancellor Sir John A. Boyd. After an exhaustive and expensive trial the jury found a verdict in favour of the defendants on every point submitted by the Court.

The learned Judge reviewed the case at great length and with the utmost fairness. He pointed out the facts the defendants were honourable members of the medical profession, that they could have no motive other than the plaintiff's welfare in committing her to the asylum, that their story had been corroborated by a number of witnesses whose truthfulness could not be questioned, and that they had apparently acted with care in coming to their conclusions.

The following questions were submitted to the jury:

1. Was the plaintiff of unsound mind on the 22nd January, 1904?

2. Did the defendants honestly believe the plaintiff was then of unsound mind?

3. Did the defendants take reasonable care in informing themselves of the material circumstances connected with the plaintiff's condition?

4. Were the defendants actuated by improper or unprofessional motives in signing the certificates?

To all of these questions the jury gave an answer favourable to the defendants, and a verdict in their behalf.

The costs must be very heavy in this action. It is not at all likely that the defendants will be able to recover their large disbursements from the plaintiff. The husband was no party to the action; indeed, took the side of the defendants, as did also the

plaintiff's mother, daughter and uncle. The statements made by the defendants were borne out by the clear and able testimony of Drs. Milner and Stenhouse.

Drs. Bryans and Smith are to be congratulated upon the result of the trial. It has a wider meaning than that of the defendants themselves, as such actions more or less affect the good and welfare of the entire profession. Every such action lost or compromised in any way encourages others to go to law with their grievances, or to attempt to extort money by blackmail. We feel that the profession should take some steps to recognize the valiant fight made by the defendants, not only in their own interests, but in that of the whole medical profession.

A more unjust case than this was probably never launched into court. The evidence brought out the facts that the plaintiff had been addicted to the excessive use of alcohol, and that a verdict had been secured against a certain party for improper relationship with her. But it is usually the experience of the medical profession that suits for malpractice are instigated by the worthless or impecunious.

This is, perhaps, a fitting time to again call attention to the claims of the Canadian Medical Protective Association. So long as this worthy Association has only a membership of a few hundred, it has neither the means nor the influence it would have were its membership up into the thousands. There is no reason why every regular practitioner in Canada should not belong to this Association. If this Association had a membership of several thousands and four or five thousand dollars in the treasury, it would have a deterrent effect on cranks, crooks and designing patients. When litigation did come it would distribute the cost over many, instead of falling so heavily upon one or two. In the present instance perhaps at least $400 each.

In the meantime we extend to Drs. Bryans and Smith the congratulations of the entire medical profession.

COLLEGE COLUMN.

MISS Edith Louise Donoghue, a graduate of the Roosevelt Hospital Training School, of the class of 1901, was married September 7th to Dr. F. D. McKenty. Dr. and Mrs. McKenty will reside in Gretna, Manitoba.

Dr. J. S. Carruthers, '04, now house surgeon in an Ottawa hospital, spent a few days around the College recently.

Dr. A. E. Ilett revisited the old halls at Christman time.

Dr. Branscombe was welcomed around the old haunts and had a hearty handshake for Capt. Paterson, of '04 Rugby champions.

Dr. Fahey, of Duluth, larger than ever, was celebrating Christmas with his parents.

Dr. R. Wellesley Baily, of Jamaica, who graduated from Queen's Mediaal College last spring, has passed the Pennsylvania State board examinations at Philadelphia, and is now practising in Germantown, Pa.

Dr. Kinkaed, the other southern student, who graduated with Dr. Bailey, has now a prosperous practice in his native town, Kingston, Jamaica.

Mr. Robinson has arrived here from Bermuda to enter Queen's Medical College.

Among the students coming to Queen's Medical College this session from far-off lands is an East Indian and a Creole from Georgetown, British Guinea.

Dr. H. E. Gage, after a year's successful practice at McDonald's Corners, has left for Kingston.

Dr. C. A. Porteous will succeed Dr. J. V. Anglin as assistant medical superintendent to Dr. Burgess, of the Protestant Hospital for the Insane at Virdun.

Dr. McIntosh has left Mississippi and opened an office at McDonald's Corners.

DR. EDWARD FAHEY TAKES A WIFE.

A very quiet wedding was solemnized by Rev. Father Connors in the Rochester cathedral on Thursday last, when Dr. Edward Fahey, a graduate of Queen's and former resident of Kingston, was united in marriage to Miss Kathleen G. Joyce, sister of Mrs. (Dr.) Thomas Mooney, of Rochester. The wedding

was of a very quiet nature and came as a great surprise to Dr. Fahey's relatives and friends in the city. Dr. and Mrs. Fahey arrived in the city yesterday afternoon and will leave to-morrow for Duluth, where Dr. Fahey has established a good medical practise.

Last evening a number of friends of the groom called on the bridal couple at the home of Edward Fahey, Sr., 158 Bagot street, where they were welcomed guests. Mrs. Fahey's parents were formerly residents of Kingston, and she is a graduate nurse of Buffalo General Hospital.

CHRISTMAS EXAMINATION RESULTS.

PHYSICS.

S. V. Carmichael
I. D. Cotnam
J. O. Baker
C. T. Nurse
J. C. Byers
E. P. Byrne
E. T. Myers
N. W. Connolly
J. P. Clancy
N. J. McKinley
R. H. Robinson
A. V. Laing
B. H. Thompson
J. E. Rampersand
W. H. Craig
W. D. Kennedy

BACTERIOLOGY.

E. Bolton
F. R. Warren
M. Reynolds
C. A. Lawler
P. A. McIntosh
W. E. Spankie
B. A. Smith
R. W. Halladay
E. C. Consitt
J. H. Code
J. J. Wade
J. M. Hourigan
W. H. Ballantyne
S. H. Smith
J. G. Dwyer
G. Randall
D. J. McDonald
H. G. Craig
A. D. MacMillan
A. J. Maclachlan
J. Y. Ferguson
W. J. Taugher
S. J. Keyes

BOOK REVIEWS.

VISITING AND POCKET REFERENCE BOOK for 1905. The following is a comprehensive contents: Table of Signs and How to Keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank Leaves for Weekly Visiting List, Memorandum, Nurses' Addresses, Clinical, Obstetrical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905. 126 pages, Lapel binding, red edges. This very complete Call Book will be furnished by the Dios Chemical Co., of St. Louis, Mo., on receipt of 10 cents for postage.

THE AMERICAN JOURNAL OF NURSING, now in its fifth year, is one of the leading journals published in the interests of Professional Nursing. It is owned, edited and controlled entirely by nurses, and sets a high standard for that honorable profession, advocating as it does higher education, both preliminary and technical, for all its members. It is inspiring as well as entertaining and should be in the hands of all interested in this noble profession. It is published monthly by the J. B. Lippincott Company, Philadelphia. Subscription $2.00 a year; single copies 20 cents.

ANNOUNCEMENT.

DR. W. T. CONNELL desires to announce that having been appointed assistant bacteriologist to the Provincial Board of Health of Ontario, he will make free examinations for medical practitioners of swabs from cases of diphtheria (diagnosis or release); blood from suspected typhoid fever; sputum for tubercle bacilli or pneumococci; and pus for its contained micro-organisms. Bacteriological examinations of water samples will be made when such are forwarded through officials of local boards of health. Urine, tumors and morbid tissues do not come under free regulations.

For details address,

Pathological Laboratory,
Queen's University, Kingston, Ont.