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Original Contributions

SOME PREVENTIBLE DEFORMITIES; THE SURGEON'S RESPONSIBILITY FOR THEM *

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It is a sobering exercise of self-examination to reflect upon the disabling effects of deformity and to learn that many departures from the normal attitude result from lack of oversight, from unacquaintance with the natural history of disease, or from inattention to details of treatment.

One chief reason which justifies the existence of specialism is that the practitioner who confines his work to some narrow line has an opportunity to accumulate large experience on that line and to be able to draw practical conclusions, which may be of value to those engaged in general practice. The subject coming up for our consideration at this time is one of this class, and it cannot be expected that on such a subject the general surgeon should have opportunity to reach conclusions such as the orthopedic surgeon ought to be able to form, such as may be of benefit not only to his colleagues, but also to those who look to him for expert advice.

PARALYTIC DEFORMITIES.

We are called to see many patients suffering from various forms of paralysis. Our advice is sought not so much because

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of the paralysis *per se* as because of the deformities which are its direct result. In recent years there have been numerous epidemics of anterior poliomyelitis, and this is the disease for which our advice is sought most frequently in this connection.

An important characteristic of this form of paralysis is that muscles are paralyzed in functional groups, and as a consequence there results a condition of disability to perform certain actions, and one which is well described as the "unbalanced joint." In normal conditions every joint should present a condition of balance; for example, at the knee the extensors should be able so to act as to produce complete extension, notwithstanding the influence of the flexors. If, however, the extensors be greatly disabled and the hamstring muscles either not disabled, or disabled to a much less extent than that of their opponents, then there is an unbalanced condition of the knee joint, and the flexors will contract so as to flex the joint, and will soon present a condition of contracture, which will not permit normal extension; thus a consequent deformity results, which can be remedied only by surgical means. The existence of such a state of lack of balance presents a mechanical problem which is really in itself sometimes of more importance than the paralysis.

In any such case the part of the limb distal to the joint where deformity exists will be so far out of its normal relations that in the case of the lower extremity the body weight cannot be borne, except at a great mechanical disadvantage. The angle formed at the knee will shorten the limb and cause the weight to come in such a way as to present a constant strain at the knee, or the foot will be pushed outward or inward so as to be out of the direct line of transmitted body weight, and consequently turn over in one or other abnormal direction.

Similarly groups of muscles at the foot may be so disabled that they are not in a condition to counterbalance their opponents, and the consequence may be any simple deformity or compound deformity of the foot, talipes equinus, talipes varus, talipes valgus, etc. Any or all possible deformities which may exist about the foot may result from paralysis. Similar remarks might be made about other joints in the body, but these will serve best to illustrate the point which we seek to establish.

If a limb at any part assumes an abnormal position because

thus unbalanced, and if this position be maintained for a considerable length of time, there will be permanent deformity; for example, if the anterior tibial muscles be so disabled relatively as to permit the calf muscles to lift the heel unduly, the maintenance of that position will result in a permanent contracture of the posterior leg muscles and a condition of equinus will result, which may not be remedied without operative intervention.

In thought and in practice a clear distinction should be observed between such deformity and the paralysis which allowed it to occur. The usual tendency of the paralysis *per se* is toward improvement, while at the same time the deformity is likely to be increasing; hence, it may easily result that while the muscle power is really improving the disability of the part may be growing worse.

An important observation at this point is that such a result may very largely be prevented. The physician can do but little to aid in relief of the paralysis directly, but he should be held responsible for preventing deformity. His knowledge of the history and course of the disease should enable him so to prognosticate the future as to be able to adopt preventive measures. There are many patients totally unable to walk, prevented not by the severity of the paralysis, but by the resulting deformity.

Case 1.—P. S., a girl 11 years old, infantile paralysis in her first year; has never walked; right leg flexed at the knee to a right angle. When deformity was corrected the leg found 3½ inches shorter than its fellow. After correction of deformity and furnishing a boot with 3-inch cork elevation learned to walk in a few weeks.

HIP DISEASE.

In nearly all cases of hip disease there is a marked tendency toward flexion and adduction as the case continues. Many patients are found after recovery from the disease who are greatly disabled because of deformity and needless shortening. To prevent this while the patient is under treatment is a simple matter; to correct it afterward may entail a serious operation.

During the early months and while hip disease is acute recumbency should be maintained. No brace or mechanical appliance can be employed which will secure rest for the diseased joint

as successfully as recumbency. The patient should not be placed upon an ordinary bed, but upon the Bradford frame. Fixation and joint rest can thus be easily maintained and deformity prevented, while at the same time removal of the patient from place to place is greatly simplified so as to carry him out of doors and into the sunshine.

INJURY OR DISEASE OF THE KNEE.

Very commonly ankylosis results from affections of the knee, and probably the surgeon should not be held responsible therefor; but for deformity he should be held to account. One may walk very well with an ankylosed knee if the leg be straight, or better, flexed five, ten or twelve degrees; but if the permanent flexion be greater the individual is placed at a mechanical disadvantage. During treatment the leg should be maintained at about eight or ten degrees of flexion; such a position will in no way interfere with treatment, and if ankylosis occur the leg will be found in the position of election.

Sometimes during treatment a condition of hyper-extension is permitted at the knee. Such is seen more frequently in cases of long confinement upon the back, as, for example, in the treatment of hip disease where extension is applied. Frequently the contents of the mattress become thinned about the middle and fuller toward the foot. In this way there is not sufficient support at the knee, and I have occasionally found the knee hyper-extended. This was due not to the traction, but to the support at the feet and at the buttocks while the knee was left unsupported. Such a condition of hyper-extension causes considerable disability. A comfortable pad should be kept under the knee, maintaining a moderate degree of flexion.

Case 2.—E. E., 15 years of age, had been confined to bed for a long time because of hip disease. Recovery from that affection had been satisfactory, and she had been at home for more than a year when she consulted me because of hyper-extension and disability at the knee of the limb which had been affected with disease at the hip joint. Osteotomy of the tibia was done about two inches below the joint and correction made, much as is done by the McEwan operation in knock-knee. Improvement in attitude and function promptly resulted.

DISEASE OR TRAUMATISM OF THE ELBOW.

When any affection or traumatism of the elbow leaves a doubt as to whether ankylosis may not result it is important that the arm be put in such a position as to be most useful. An arm fully extended at the elbow is placed at such a disadvantage as to be useless for many of the important needs of life. The position of election will be that of flexion to about a right angle or nearly so at the elbow joint, while the hand is semi-prone. The surgeon may not be responsible for the ankylosis, but he should be held responsible for putting the arm in its best position.

Case 3.—E. L., a young woman twenty years of age, rheumatoid arthritis for several years, joints much affected, hips, knees and elbows. The arms were extended at the elbows to about one hundred and sixty degrees and could not be flexed to a smaller angle. Under the circumstances the hands could not be brought near to the face and were of very little practical use. Under anesthesia the left arm was forcibly flexed to a right angle, in which position it was retained by a fixed dressing for some weeks. The right elbow was excised, removing bone freely. The left became firmly ankylosed in its new position. Slowly the right acquired power, and mobility resulted throughout the normal range. Under the new conditions the arms, which before were nearly useless, were now brought into action; the hands could meet even as high as the head, and she could occupy her time in doing various kinds of manual work. The arms should never have been permitted to remain in the extended position while ankylosis was occurring. A position of election, which would be the most useful for the patient, should be decided upon at an early date and the parts so retained as to give the best practical results.

TUBERCULAR DISEASE OF THE SPINE.

The experience of the last few years has made it very manifest that much of the deformity resulting from Pott's disease may be avoided. There are at least two indications which are highly important and which should be met in the treatment of these cases. The first has reference to the attitude to be maintained. In tubercular disease of the spine recumbency is to be chosen rather than the erect attitude. If the patient insists upon going about and maintains the upright position, the weight of the parts

above the area of disease is pressing constantly upon the softened and diseased bone; the bodies of the vertebrae fall together, while the less yielding lateral masses and spinous processes are pushed backward, forming a knuckle or kyphos. If, however, the patient be constantly recumbent, such downward pressure upon the bodies of the vertebrae may be avoided, and the advantages resulting therefrom are many. The disease is afforded a better chance for recovery, and the deformity consequent upon such downward pressure may be largely or entirely avoided; in fact, I have been able to prove to my satisfaction in many instances that where recumbency is maintained until nature has arrested the disease and brought about a condition of ankylosis the deformity has grown very considerably less. Since I have been following out this plan it is not at all uncommon to be able to notice such a recession of the kyphos. The Bradford frame is the best form of appliance to use in such cases. A pad of felt can be adapted so as to come directly under the knuckle which has formed upon the spine, so as to keep up moderate forward pressure. When this form of treatment has been adopted it should be followed with unremitting constancy, not only for weeks, but for entire months; sometimes a year or more should be spent during which the patient should never assume either the erect or the sitting attitude.

If the patient had to be kept always indoors and in bed the cost to health and vitality might be too great. The use of the Bradford frame, however, makes it exceedingly convenient and a simple matter to have the patient carried out into the fresh air and sunlight every day. It is a mistake to suppose that an abundance of fresh air is the entire desideratum in such a case. In my opinion direct sunlight, long-continued, pouring down upon the diseased area is quite as important as living in the fresh air. My observation in recent years is that in nearly all patients seen early, deformity of any considerable amount can be avoided.

ROTO-LATERAL CURVATURE OF THE SPINE.

The degree of severity of this deformity presenting varies very greatly. Exceptionally is it found present in young children, even in infants. It is of the greatest importance, however, that treatment should be of a very decided character, while the

patient is young, because the rule is almost universal that when departure from the erect attitude has once manifested itself the deformity shows a constant tendency to increase throughout the growing period of life. In young individuals a cot similar to that employed for tubercular disease may be employed, with pressure in the lateral direction, which has proved of very great efficiency in the treatment of children too young to be interested in the work of the orthopedic gymnasium. The general treatment to be followed in the treatment of lateral curvature is so much a work of the specialist and of someone trained in physical culture that it would be unwise to dilate upon it here, but great emphasis should be laid upon the fact that the treatment should be early, and that it should be developmental in character and not restrictive. I have nothing to say regarding the use of mechanical appliances of any variety in the treatment of lateral curvature except to express the most positive condemnation of their use.

DEFORMITIES ASSOCIATED WITH HYSTERIA.

In hysteria it is not uncommon to find very strongly marked, obstinate contractures. If the hysterical state persists the contractures sometimes prove very obstinate. Particulars concerning this affection may be best set forth in the report of one case, which will serve to illustrate many.

Case 4.—Miss A. C., 19 years of age, had been a student at Normal School in training as a teacher. For about a year had had several short attacks that were considered hysterical. Coming near to the time for her final examinations she was said to suffer from "nervous breakdown." This was so definite that she was taken from the school to her home, where she became confined to bed. I did not see her till about a year and a half after the nervous breakdown. I then found her in bed with feet extended to an angle of about one hundred and twenty degrees and knees flexed to about a right angle, with considerable disturbance of sensation. I pointed out the importance of preventing the deformities that were occurring and advised as to treatment. She was, however, removed to a sanitorium for nervous diseases, where she remained for two or three months. Returning home at that time, she again was kept in bed, where the contractures

increased and the loss of sensation became more marked, so that there was complete anesthesia of the legs, shading off, however, to sensation above the pelvis. I saw her again in September, 1909, nearly two and a half years after the commencement of her illness. Her condition had grown so much more marked during the interim that the heels were brought tightly up against the buttocks. The knees were kept firmly pressed together and the feet in complete dorsal extension. The use of the catheter had become necessary also. It was quite manifest that no progress could be made in the treatment of this girl's condition until the deformities should be overcome. This was the first step and required a period of more than two months, during which time it had been necessary to anesthetize the patient three times. It was thought desirable to do no cutting, and the contractures were overcome without the use of the knife. Briefly, it may be said that through treatment in the orthopedic gymnasium, through instruction as to the mental attitude which she ought to maintain toward herself and the world, and through supplying a favorable environment of firm, but gentle, moderate discipline, the troubles were overcome during a period of six months, so that the girl returned home in March, 1910, able to perform all the ordinary functions of life in a condition that approaches closely the normal.

POTT'S FRACTURE.

One of the commonest of fractures to result in deformity and disability is that which occurs at or near the ankle joint. The most common error is to adjust the parts so as to allow the foot too much eversion. In the typical Pott's fracture it is impossible to adduct the foot too much. The best adjustment is the immediate one, and the best dressing is plaster-of-Paris, applied tightly over a thick layer of evenly applied cotton batting. The eversion or pronation of the foot resulting from a wrong adjustment is a source of great inconvenience and disability. If it be moderate in amount, relief may sometimes be obtained by having a boot built with wide projecting sole toward the inner border, also made thicker than the sole at the outer border. If the eversion, however, be considerable in amount, operation and readjustment are very frequently required.

A good result, with but little shortening and lameness, will be secured in the large majority of cases if strong extension and abduction be employed, maintaining the limb in this relationship by a well-adjusted dressing of plaster-of-Paris, involving the whole limb and the pelvis. This position should be maintained for a period of ten or twelve weeks. By carrying out this plan efficiently the broken ends of the fragments can usually be brought into apposition and bony union secured in good position.

It has been my aim in making these fragmentary remarks to lay emphasis upon the means which may be employed not to cure but to prevent deformities.

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SOME NOTES ON THE FUNCTIONAL NEUROSES *

BY CAMPBELL MEYERS, M.D.

Mr Chairman and Fellows:

As the proposed Psychiatric Clinic is being discussed this evening, I thought some notes on the Functional Neuroses, especially in regard to the inadvisability of treating these in the Psychiatric Clinic, might be of interest to the Section of Medicine of this Academy.

There are, I think, two points of view especially to be considered in regard to the treatment of the Functional Neuroses, *viz.,* the theoretical and the clinical. In consideration of the theoretical, I would first like to direct your attention to some of the current theories in regard to a common Function Neurosis, *viz.,* hysteria. First, we have the *Psychological Theories,* and these have much in common, and are the most widely accepted. Binet, as a result of his experiments, concluded that in hysteria there was a condition of double consciousness, that is, two streams of consciousness flowing side by side, relatively independent and separated by amnesia. Next, we have the theory of Dr. Pierre Janet, who believes hysteria to be entirely a mental malady. The essential points in his theory are the tendency to disintegration, splitting up, or, as he says doubling (doublement) of the personality and the identity of the hysterical and the hypnotic states, based upon the common factor of suggestibility. The theory of Sidis is similarly a dissociation theory, but he lays more stress upon the process of dissociation, and the independent, automatic activity of the sub-conscious ideas or systems. The theory of Freud, the most important and significant feature of which is the tracing of every case to a trauma of sexual nature; not only does the hysteria always originate in sexual traumatism, but the original traumatic moment must have been in childhood —in the pre-pubescent period. Freud has traced this class of trauma to very early life—three and four years of age—and in one instance actually to one and one-half or two years. If we

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turn now to the *physiological* theories, we find, chief among these the definition of Sollier, who defines hysteria as follows: "Hysteria is a physical, functional disturbance of the brain, consisting in a torpor or sleep, localized or generalized, of the cerebral centres." This definition has, I believe, much to recommend it. Again, there are the *Biological Theories,* among which may be mentioned that of Snyder, who holds hysteria to be a mode of reaction in persons of naïve, simple, infantile mentality—a mentality lacking in development and defective in judgment and critique. Finally, we have the *Clinical Theories,* and chief of these is that of Babinski. The fundamental proposition of Babinski is that the hysterical phenomena are distinguished by the fact that it is possible, in certain subjects, to reproduce these phenomena by suggestion, with rigorous exactitute, and cause them to disappear under the influence of persuasion. He suggests, therefore, the term, Pithiatism, for this disease. I cannot conclude these theories without mentioning that of Bernheim, who expresses the view that the disease, hysteria, such as is described, does not exist. So much, then, for the theoretical side of one of the common Functional Neuroses. Let us now turn to the clinical side, and observe the results of treatment of the Functional Neuroses (1) in a Psychiatric Clinic, and (2) in a pavilion of a general hospital, in which the insane as well as the Functional Neuroses are treated.

In the "Report of the Commission on the Methods Employed in Caring for and Treating the Insane," published in 1908, the formation of a Psychiatric Clinic in Toronto was recommended, presumably along the lines of the Psychiatric Clinic in Munich, in which much excellent work is being accomplished. The question of the admission of nervous diseases to these clinics, with which the Commissioners state they are heartily in accord, is spoken of as follows by Prof. Kraepelin: "In a number of newly formed clinics the treatment and teaching has also been extended to the province of nerve disease. Griesinger, and after him, above all, Westphal and his school, have strongly emphasized the fact that mental diseases simply form a special group of nerve diseases, and therefore may not be separated from them. We hope to conquer a large province which, up to the present, the isolation of the insane asylum has made difficult. The large group of so-

called nervous diseases, that is, the patients who really need the help of the psychiater, and who are not in the ordinary sense mentally affected, or who could not be taken to an asylum, we claim with a perfect right." As a result of their investigations, the Commissioners state (page 11), "It is recommended that all acute mental and nervous diseases, of whatever form or cause, be admitted to these hospitals."

In view of these statements the question naturally arises, does the Psychiatric Clinic afford the most suitable measures for the treatment of the Functional Neuroses? I believe it does not, and my reasons are as follows:

(1) If we consider the treatment of the most frequent Functional Neuroses with which we have to deal, *viz.*, neurasthenia, what do we find in relation to its treatment in the Munich Clinic, remembering always that the study of mental and nervous diseases is more advanced in Germany than in Canada, and consequently there would be less prejudice in the minds of the people against going into a clinic where the insane are treated. The "Report of the Royal Psychiatric Clinic in Munich," which was published in Canada in 1908, shows that not a *single* case of neurasthenia was treated in this clinic. It might be said that perhaps neurasthenia is diagnosed differently in Germany to what it is in this country, and in reply to this I would state that, in the attendance of the out-patient department of this Psychiatric Clinic, that neurasthenia is at the head of the list of diseases. Why, then, was it not treated in the clinic? Evidently because, even in Germany, it was not considered expedient to do so. If we now turn to another common Functional Neurosis, *viz.*, hysteria, what do we find in this Report. This states "that the most frequent cause of admittance to the clinic, particularly in the case of women, is hysterical convulsions, young girls who had an attack after a scene with their lovers; men who were seized with an attack during a row, and at times under the influence of alcohol, were brought to the clinic. Next to these attacks, states of bewilderment, and, in the case of women, also excessive outbreaks of emotion, with violent excitement, are responsible for bringing the patients to the clinic." Surely it would be fair to assume that the physician or the friends of these patients consid-

ered them at least temporarily insane, and sent them to the Psychiatric on this account.

The results of treatment of these cases is interesting. The Report says that, "by far the majority of patients could be dismissed after a short residence in the clinic," and again, "of the eighteen patients, sixteen were allowed to go home."

If we now turn to epilepsy, we find in the Report that "a large number of persons (16 per cent. of the total number of patients) was brought to the clinic on account of intoxication," or again, "a great number of our patients often want to commit suicide. We find in fifty men and nine women attempts at self-destruction by hanging, drowning, poisoning, etc." There is still another class of patients admitted to the clinic in which functional nervous troubles perhaps play a small part. These are classified as psychopathic personalities. The Report states in regard to the cause of admission, "The most frequent cause for the bringing of the patient to the clinic was an unsuccessful attempt at self-destruction, or threats to do so. The result in these cases was that eighty-three out of one hundred and five cases could be allowed to return to their homes."

I have quoted this Report at some length, as the Psychiatric Clinic in Munich is considered, I believe, the best, or one of the best, in Germany, and a consideration of the type of Functional Neuroses which are admitted there, as well as the results of treatment, would enable you to judge, from a *practical standpoint,* whether such a solution for the treatment of the Functional Neuroses in Canada would be satisfactory or the reverse. I hold such a solution would be a fatal mistake.

I would now desire to direct your attention to a general hospital in which mental and nervous diseases are treated in one of its pavilions. I refer to Pavilion F, of the Albany General Hospital. Here, in an up-to-date building, insanity has been treated with marked success for the past seven years. If, however, we examine into the last report, we find that during this whole period less than 3 per cent. of neurasthenia and less than 2 per cent. of either hysteria or epilepsy were admitted. The other Functional Neuroses were admitted in even fewer numbers. As this is the result where treatment takes place in a general hospital, how much greater would the difficulty be in persuading

persons suffering from the Functional Neuroses to go to a separate institution, in which the insane are treated. The above are the definite results of endeavoring to treat mental and nervous diseases in the same building, and surely these results are convincing proof that the attempt to do so must end in failure. Then why begin it in Toronto? There is, on the other hand, a clinical method of treating the Functional Neuroses, which I believe is the most applicable to Canada to-day, *viz*, their treatment as a separate department of internal medicine. It is now nearly four years since this method was inaugurated by the formation of the nervous wards for the treatment of the Functional Neuroses at the Toronto General Hospital. While only a small beginning has been made here, the results demonstrate that the principle is eminently satisfactory. The insane are not admitted for treatment, any doubtful cases of insanity being transferred to the asylum as soon as sufficient observation has confirmed that diagnosis. The study of these cases in which the borderland stage of their disease has been reached is most interesting, and often fills one with regret that suitable active measures had not been taken earlier to avert, when possible, this already advanced stage of their disease. The absence of the insane in the building allows the treatment of the hysteria without the constant suggestion of mental disease, and both this class of patients and the neurasthenic come without the least hesitation to these wards. Hence, these patients will come early —a most important consideration in view of success in their treatment. The results of treatment are such as could only be obtained in a separate department, and under the charge of those specially interested in this branch of medicine.

Not that I think for a moment that the treatment in the general wards of this hospital is in any way inferior to the best on this continent, but the details of treatment, so essential to success in these cases, cannot in general wards be properly carried out. The proof of this may be seen in the fact that during the past year especially a number of patients suffering from functional neuroses, who were treated for weeks and sometimes for months in the general wards, without any benefit, were in a corresponding time discharged well through treatment in the nervous wards.

In collecting these few and very imperfect notes on the Functional Neuroses I have endeavored to lay before you some views both from a theoretical and a clinical standpoint. I would ask you, however, to remember that the theoretical views must and will change, while the clinical type of disease must ever remain the same, and consequently its treatment merits the greater attention. For example, because hysteria may theoretically be considered a mental malady, it does not follow that clinically it can be best treated in the same building as the insane. The attention now given by the profession the world over to the Functional Neuroses is most gratifying. Had this attention been given earlier in all probability Christian Science, Doweyism, etc., would never have come into existence. A new era, however, has come, and let us hope that in Canada a careful consideration of all available information, derived from every source, will enable us to make each step in advance on a solid foundation.

THE RELATION OF THE NOSE AND ACCESSORY SINUSES IN DISEASE TO THE EYE *

BY L. L. PALMER, M.D., TORONTO.

Of the five organs of special sense with which we are so happily endowed, we find them so placed, so juxtaposed, so interrelated in function and anatomically connected, that we may well consider these five organs really a *centralized merger* of such varied interests that if a disturbing element exists in one it will appear manifestly possible that any other one, or all, may be more or less affected thereby; sympathetic in disease as they are in function in health, and none more so than the greatest —the *eye.*

This is our problem to-night, which our Secretary has kindly given me 10 or 15 minutes to play upon:

We are all aware that specialists everywhere during the last decade, and especially, perhaps, during the last five years, with enthusiastic devotion and ability, have been working in this very field, and the fruit thereof is a voluminous and valuable literature which, with varying opinions by conservative minds, it will be well for us to thoroughly digest.

A clinical review of the vast number of cases reported by specialists, which come from every land, would be colossal, and, for the purposes of this evening, wearisome. I may, however, cover the ground roughly by saying that nearly every disease or disorder of the eye—from the chiasm, through the optic nerve; the bulbus, extra and intraocular; the muscles, extra and intraocular, and all adnexa—has been reported as due to empyema of one or more of the sinuses.

Without going into the anatomy of these death-traps, let me ask you to review your own best mental picture of these sinuses, and their relation to the various parts of the eye, and you will find all these sinuses are as varied in size, shape and relation as are the variations of the human face.

The maxillary antrum seldom measures the same as its fellow, even; but as its roof forms a portion of the floor of the orbit, we

*Read before the Section of Ophthalmology, Academy of Medicine, Toronto.

may never be surprised if empyema of this sinus should transport its micro-organisms or toxines through so thin a bony partition, or into the orbital cellular tissue, where more serious damage may be done. Few of us have escaped meeting with cases of empyema of the antrum, followed by orbital phlegmon.

Recently a case of this kind was brought to me with marked exophthalmos, with dimness of vision and limitation of muscular action due to extreme tension of inflamed tissue; clearing the antrum of pus was soon followed by recovery.

Had this case been permitted to be prolonged I see no vagueness in the prophecy of a future optic neuritis, and even blindness, through extreme pressure upon the optic nerve near its passage through the foramen, or by toxines in the immediate contact with the nerve or anywhere along its tract.

Reports are many, giving abundant evidence of serious complications, both *extra* and *intrabulbar*, from this same source.

A Case.—Optic neuritis, due to maxillary empyema. Cured. *Case again.*—Sudden loss of vision in left, with large central scotoma, or suppuration of ant.; mid. ethmoid cells. Operation, immediate improvement.

The frontal sinus gives also great diversity in size and shape, relatively, either in the same head or in other heads, so that in operations our guide should always be "caution." The floor of this sinus being a portion of the roof of the orbit, brings it in close relation with the bulbus in a large proportion of cases, but seldom, if ever, with the optic nerve. But, from its position, empyema may, by pressure, displace the orbital roof, and by necrosis even perforate the bone, with orbital cellulitis as the result, subjecting the bulbus and its adnexæ to any or all the evils produced by antral empyema.

The ethmoidal labyrinth exhibits a more mysterious diversity in position, size and shape than any of the other sinuses, and therefore, when invaded by pus cells, it may remain for long quite undiscovered, until perchance its own phagocytic warfare may destroy its walls; thus its exterior wall—the orbital plate of the ethmoid—is sometimes broken down and leads to orbital cellulitis, and a train of bulbar symptoms such as have been found from antral and frontal disease, even neuritis, opacitis in the vitreous, detachment of retina, etc.

The anterior cells are not in relation to the optic nerve; but the posterior cells, though not always, are frequently in relation to a limited extent. This brings to our notice the close intimacy between the ephmoid and sphenoid sinuses, with only a thin bony partition between their cells.

The two sphenoid cells, right and left, are practically a continuation of the ethmoid cells, and subject to the same diseases. The sphenoid cells are always found in close relation with the optic nerve and the chiasm. Sometimes one cell may be in relation to both optic nerves and chiasm. This has been well shown by Onadi, Zuckerkandle, and Loeb, and with these anatomical studies made fully clear, we are more ready to see the relation of cause and effect between spheno-ethmoid empyema and optic neuritis, with its varied train of symptoms, such as punctuate keratitis, retinitis, vitreal opacitis, myporemia of disc, general edema of fundus, all of which have been reported, and many more.

Clinical reports have been abundant during the last few years to sustain this view, such as, in short:

Recent cases of optic neuritis, with all the consecutive symptoms, and with impaired vision; early relieved and improved by operation upon the posterior end of mid. turbinate and sphenoid cell.

Also, cases of latent empyema of sphenoid and posterior ethmoid, resulting in retro-bulbar neuritis.—Schmiegelow.

Left ethmoiditis and sphenoiditis, with left optic nerve hazy —hyperemia of the disk; improved by nasal treatment.—Packard.

And numbers of other cases of similar character, which I forbear wearying you, gentlemen of this Association, with, will furnish abundance of evidence that these nasal accessory sinuses will become *chambers filled not alone with pus,* but *with truth* in etiological factors of causation of very many diseases of the orbit and the bulbus.

A closer examination of recent anatomical studies of these sinuses, and their relations to optic nerve, bulbus and orbital tissue, will, by analogy, be convincing that *these may* become infected from the sinuses by contiguity of tissue, till one degree of edema is carried on to a deeper degree of inflammation, to the damage or even the loss of vision.

I think it, however, probable that the number of cases of sphenoid empyema that have affected the optic nerve must be a small minority. The "vis medicatrix natura" may have exerted herself with courage in these dark chambers of her good Samaritan work, and either drained off this virulent pus from its hiding-place, or so walled off the thin bony partition as to render it impregnable to further invasion. While the many have thus been saved, the few have doubtless fallen, at least, among the wounded.

Among a fairly good and interesting number of cases of ethmoid and sphenoid empyema that have fallen to me, I am not able to record one clear case of optic nerve invasion outside of those associated with and due to orbital cellulitis. My vision, however, may not have been sufficiently clarified.

But the records of others may serve me in my faith in the principle that a pent-up decomposing pus accumulation, with its micro-organisms and toxines, will frequently—or, given time, will probably—carry an invincible invasion against the optic nerve, either through lymph channels, blood streams, or by closer contact, through caries; and whatever be its course, the nearer the infecting focus the greater the danger of being involved.

I have long held to the principle that, in treating any organ of special sense, I should see to it that any other organ in near relation, being found diseased, should also be re-established in health if possible.

For instance, if the ear be affected with an intractable otitis media, it would be idle to expect the best results without correcting any diseased condition in the mouth, pharynx, larynx, nose and its accessory sinuses.

Quite as futile would it be to remove an antral empyema without first determining whether the frontal and ethmoid were affected in the same way. The same will obtain in the sphenoid.

As ophthalmologist, I apply the same principle to the bulbus, the periorbita, and optic nerve, in their relation to the sinuses; it is *safe; it proves a necessary observation, and especially wise* in those anxious cases where the etiology is doubtful.

In *such cases,* it may not be too much to say that any ophthalmologist neglecting to note carefully the condition of these accessory sinuses would be of very slow cerebration.

DETACHMENT OF THE RETINA IN A CASE OF ALBUMINURIC RETINITIS OF PREGNANCY *

COLIN CAMPBELL, M.D., M.R.C.S. (ENG.).

I desire to put on record what appears to be a very rare condition, and I am indebted to Dr. K. C. McIlwraith for permission to report the case.

Mrs. M., aged 19, primipara, was admitted to the Burnside Hospital January 22, 1909. She was then at the end of the seventh month of pregnancy. In the early months she was well, but at five and a half months the legs began to swell and remained so. She had had headache for six weeks, and vomiting for a month. Urine S.G. 1027, a small amount of albumin, hyaline and granular casts, and excess of white blood cells. Blood pressure 200. There was pretty general anasarca. Two days later she became semi-comatose, and on January 24 a bougie was introduced to induce labor.

The blood pressure of 230 dropped after she had been purged freely and given inhalations of oxygen frequently.

I saw her for the first time next day, *i.e.*, January 25th. She was still semi-conscious, edema of the conjunctiva caused it to protrude between the eyelids. The eyes diverged much of the time. Pupils were equal and maintained contraction well. R. and L. vision, fingers at 50 metres. Both discs showed a pale swelling of about 3 dioptres veiling the margins and blending with the surrounding retina, which was everywhere pale with edema.

In the R. eye the macula was uniformly grey and showed no spots; the vessels were little altered.

There was a large shelving detachment 8 or 9 D. high to the outer side. In the L. eye the macula was similarly grey, but showed a few white spots up and out.

There was an extensive detachment several dioptres high up and out, also shelving with undulations into the surrounding edema.

*Read before the Section of Ophthalmology and Otology, Academy of Medicine, Toronto.

Rapid delivery with forceps under anesthesia was affected that evening. When next seen, on January 28, she was conscious and the anasarca was subsiding, but the abdomen still contained free fluid. Purgation was kept up. The pupils were semi-dilated and reacted slightly to light; she could recognize fingers with either eye in that field only opposite to the still attached retina, but could not count them.

Both discs showed somewhat less swelling and the general edema of the retina was less. In the R. eye there was detachment of most of the lower and outer parts, 8 or 9 dioptres high, and in the L. eye a detachment 6 or 8 dioptres high up and out, the latter especially now showing a more rounded contour to the summit and sharper delimination from the surrounding retina.

On Feb. 1 vision of R.E. had improved to fingers at two or three metres and in the L.E. to fingers at one metre, but in the temporal field only. Pupils still semi-dilated. The R. fundus now has more the appearance of a retinitis, the disc shows a striate swelling three dioptres high with a few soft white splc.ches, the veins are full, the macula uniform grey.

There are a few white spots with soft edges along the temporal vessels and a few superficial hemorrhages up and out from the macula. The periphery above is beginning to look pink, but down and out there is still a shallow detachment ill defined and at one place spotted with white.

The L. disc is still swollen and the macula a uniform grey. In all directions from the disc, but towards the macula, are areas of white exudate mostly flame shaped, no hemorrhages are seen. There is less edema than formerly, but more than in R. eye, and a shallow detachment below.

On Feb. 3 she read Jaeger 20 with the R.E.

On Feb. 6th ascites and general edema have completely cleared up. In neither eye can a detachment be made out, but there is retinal edema in both below, R.v.J. 10, L.v.J. 20.

Feb. 8th—The R. macula show fine vertical bright lines, like wrinkles in grey silk. The periphery in each is now free of edema; swelling of discs still 2 dioptres high.

Feb. 11th—R.v.J. 2, L.v.J. 4.

Feb. 13th—Left hospital. Blood pressure 190, S.G. 1018, trace of albumin, no casts, white blood cells in excess.

March 4th—Both discs' margins are still blurred slightly and the retina about each macula is grey with edema. There are no white exudates in the R.E., but a few soft areas near the L. macula. No hemorrhages. The periphery is normal in each. Vessels little altered. R.v. 6-24 J., 2 L.v. 6-36 J. 3.

Two points present themselves for discussion: First, should we advise rapid delivery where retinitis appears? Second, the differentiation for the sake of prognosis between two types (a) those with a pre-existing nephritis; (b) those with merely toxemia of pregnancy. As to prognosis, it is well recognized that as regards life the retinitis of pregnancy has an altogether bright outlook compared to that of nephritis. Until we know more of the cause of the former and are able to differentiate clearly between the two types our prognosis must be guarded. The urine helps us somewhat. According to Williams, in pre-existing nephritis the quantity is usually greater, the urea and nitrogen is said to be more nearly full normal, and the albumin and casts more abundant. In the pre-eclamptic cases, uric acid and the amido-acids are markedly increased. As regards vision, Lawford gives a good prognosis, but all authorities hesitate to give assurance of complete recovery, even in pure toxemic cases. Dr. C. O. Hastings tells me that out of about 3,700 labors in private practice, with seven or eight cases of eclampsia, only one had permanent injury to vision. Induction of labor is indicated, according to Snell, if the retinitis is severe; according to Silex, in all cases.

Detachment of the retina in albuminuric retinitis is, Lawford says, rarely reported, but probably more common than suspected. It occurs as an early symptom, and due to edema, when the prognosis is good, or as a late change, with fatal import. He quotes a similar case to the one I report (Wadsworth, Trans. Am. Oph. Soc., 1887), and the only one I can find in the literature.

VEGETATING LESIONS OF THE SKIN RESULTING FROM INFECTION

D. KING SMITH, M.B.
Demonstrator in Dermatology, Medical Faculty of Toronto.

The formation of papillomatous-like vegetations upon infected lesions of the skin is an occasional occurrence. This is seen most frequently in the lesions of syphilis, called condylomata lata, and in the non-syphilitic lesions about the genitals, called condylomata acuminata.

Vegetations occur upon the lesions of pemphigus in the form of the disease known as pemphigus vegetans; also, every now and then they are found associated with dermatitis herpetiformis.

Leaving out of consideration the vegetating lesions of pemphigus vegetans and of dermatitis herpetiformis, concerning whose character we are in no position to state positively, vegetations may form in rare instances in other diseases of the skin. Most of the cases have supervened upon eczemas, although at times the vegetations have appeared where there was no eczema present; but in these cases the favorite seats were in moist regions, as around genitals or in axillæ.

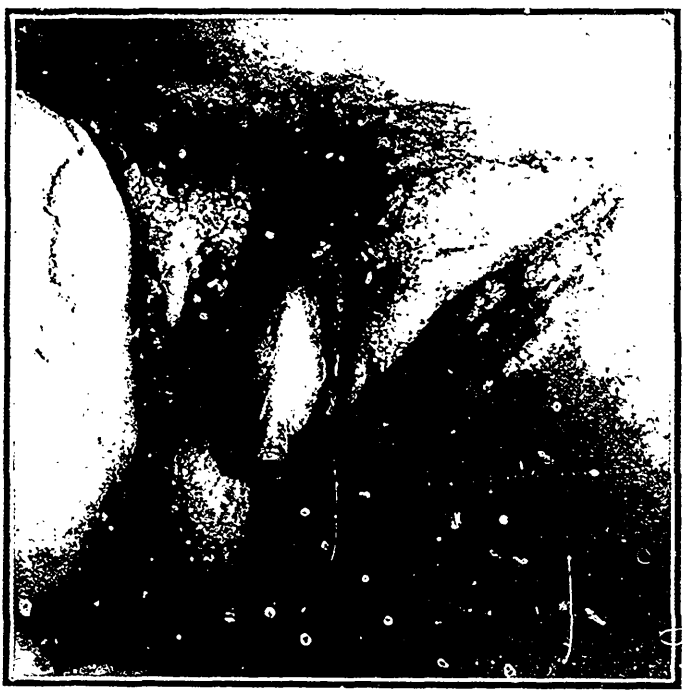
The condition is characterized by infection, and the exuberant formation of granulation tissue, and most of them by abundant suppuration. The vegetations develop on a weeping or moist surface, which has become infected with pyogenic organisms. If the patches are left to themselves, and means are not taken to check infection and suppuration, the lesions may last for months, and reach a considerable size.

With cleanliness and antiseptic precautions, they subside within a few weeks, leaving temporary stains, but no scarring.

The following case illustrates the condition.

Mr. J. B., age 50. Four years ago suffered from a disease of the skin which lasted ten weeks, and was diagnosed as erythema bullosum. The patient has marked pyorrhea alveolaris; his mouth has been tender during past four years; at times it becomes so sore that he can hardly take food. He has always

perspired very freely in crutch and axillæ, so much so that it caused him considerable annoyance. Several times during past three years vegetations have formed around the genitals; by using an antiseptic dusting powder they readily disappeared.



The accompanying photograph shows the extent of the vegetations during a recent attack. Pustules first appeared; these would soon dry up, a small crust would form, and from them would develop a small vegetation; by the union of many small vegetations the large patch resulted. The patch had a somewhat serpiginous outline; this is a common feature of the vegetations. There was present a purulent exudate, with an exceedingly offensive odor. The lesions caused considerable pain, so much so that patient was confined to bed. The parts were dressed with moist dressings of boracic acid until exudate

was greatly diminished, then a dusting powder of orthoform and aristol, equal parts, was used. Four weeks after the photograph was taken the vegetations had entirely disappeared.

A pure culture of the staphylococcus pyogenes albus was obtained from a pustule. In this particular case there was no eczema in region affected, but the parts were very moist, owing to excessive perspiring.

For many years it has been a well-known fact that pus organisms play a very important part in such diseases as pustular eczema, scabies-pediculosis, impetigo, etc., but it is only of recent years that vegetating lesions appearing in the course of certain diseases are known to be due to secondary infection with pyogenic organisms.

THE MEDICAL COUNCIL

JOHN HUNTER, M.B., TORONTO.

Ask any medical man you meet, or listen to the conversation where two or three are gathered together, and you will hear: "Forenoon and afternoon and night—Forenoon,

"And afternoon and night—Forenoon,"

"And—what!" "Graft."

Now, denunciation, unless used for the purpose of aiding in a reformation, is a very negative virtue. No physician can read the record made by many of the older members of the now-moribund Medical Council without being mortified at the tactics that have been resorted to, or without experiencing a feeling of resentment against all those in the Council who have brought irreparable disgrace on an honorable profession.

Much has already been written criticizing the Council's management of its finances, and much more has been said about the Council, that could not be printed; yet all this outburst of indignation will accomplish but little unless it be followed up with some drastic measures of reform.

The founders of the Medical Council, inspired by high ideals, built as wisely as the knowledge of their time permitted. Fortunately, however, for most of them, life ended before they saw their handiwork, "dragged through mire of scarcely concealed scandal." The question is, Why has the Council degenerated? The primary cause is the universal one in the production of degeneracy, *viz.*, apathy. We have only to study that most vivid picture in all literature—secular and sacred—*viz.*, "The Parable of the Prodigal Son," to see the degenerate spawn of apathy. When the younger son lost interest in the common work, and duties of life, dissatisfaction, avarice, riotous living, harlots and hogs—all the natural products of apathy—followed. Men and nations may be buffeted, perhaps conquered, and enslaved, but where, in either personal observation or in history, do we find

instances of men or nations, becoming degenerate until apathy destroyed their moral fibre? For decades the physicians of Ontario have been CRIMINALLY APATHETIC in regard to the selection of representatives on the Council, and in tolerating conditions, *e.g.*, representation of defunct colleges; multiplicity of examinations; suppression of financial reports, etc., that should have been abolished years ago. In humiliation and disgust, we are reaping the fruits of our apathy. One member of the Council, after putting up a puerile and futile bluff against well-deserved criticism, signified his intention of voluntarily retiring into oblivion, and if an overwhelming majority of the remaining members of the Council would only do likewise, nothing they have ever done would be so greatly appreciated. Voluntary retirement would save an enraged electorate the execution of a stern duty. The exposé of the last session of the moribund Council has brought home our sins. Will the medical men of Ontario follow the example of the ancient Ninevites—repent and set to work to restore their reputation; or will they follow that of Sodom and Gomorrah—re-elect the old members, and just allow things to drift until an outraged public opinion asks the Legislature to abolish the Council altogether?

With the election of a new Council only two or three months off, surely no time should be lost in calling meetings in every electoral district in order that the best men available could be selected as representatives, and for the discussion of such questions as reducing number of members to fourteen or sixteen, or less; the abolition of representatives from defunct colleges, or from all colleges; the abolition of Council examinations; the hastening of Dominion Registration.

The public, by Acts of Parliament, has generously conceded special privileges to the medical profession of Ontario. It is the imperative duty of every medical man in Ontario to see that these privileges are only used for wise and beneficent purposes. The physicians of Ontario are brought face to face with one of two issues: Either "throw up their hands" and say they cannot conduct their own affairs, or else create such a sentiment that will impel every member of the Council to fill his position honorably and efficiently.

"Oh, dis worl' is jes' a garden:
If yo' want to get de best,
Yo've got to keep a-diggin';
Yo' ain't got no time ter rest;
If yo' want ter win de prizes
Yo've jes' got ter go to work,
Coz dere ain't nobody waitin'
To present 'em to a shirk."

ABSTRACTS

A BRIEF STUDY OF THE CONTRIBUTION OF IGNAZ PHILIP SEMMELWEIS TO MODERN MEDICINE

Richard Cole Newton, Montclair, N.J., has made study of the life and work of Semmelweis, who found that the cause of puerperal fever was to be removed by careful cleanliness of the hands of the accoucheur and the materials he used, thus almost reaching the modern antiseptic surgeon's position. In this discovery he was aided by his observation of two wards in the Vienna Hospital, in one of which, attended by students fresh from the dead house, the deaths from puerpural fever were appallingly frequent, while in that of the midwives who never came in contact with autopsies it was less so. He then caused all who examined the patients to wash their hands carefully in chlorine water before touching the patient, and found that the mortality in puerperal fever was very small. He was strenuously opposed by all his confrères in the promulgation of this idea, and was finally obliged to leave Vienna and go to Budapest, where he finally died in an insane asylum.—*Medical Record.*

THE ETIOLOGY OF PROSTATIC HYPERTROPHY

Edgar G. Ballenger, Atlanta, Ga., questions what is the etiology of prostatic hypertrophy. He finds the cause in the presence in the urine of millions of germs in healthy subjects showing no genito-urinary inflammation. This he has demonstrated by the microscope in 110 cases. The germs generally present are the colon bacilli and staphylococcus in non-virulent form. The largest number of germs are found when no pus is present. These patients show sexual neuroses, hyperesthesia of the deep urethra, mild irritation of the bladder, itching of the urethra, morning drop, etc. This enormous number of microorganisms produce toxin which causes prostatic hypertrophy. The author supports his claim by references to many other medical authors.—*Medical Record.*

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Editorials

NECESSITY OF MAKING A CAREFUL PROGNOSIS IN CASES OF MENTALLY DEFICIENT CHILDREN

MANY mentally deficient children, said G. R. Pisek, M.D., in a clinical lecture delivered before the Alumni Association of the New York Post-Graduate Hospital, first come to a general practitioner, who classifies the child as mentally deficient or as an idiot, and loses further interest in the case, after the general diagnosis is made. Some of these cases, however, can be helped, or rightly belong to one of the preferred classes of mentally deficient children.

It would simplify prognosis, if these children were grouped in a classification such as the following: (1) Backward children; (2) mentally deficient children, and (3) idiots. Backward children whose mental development has been impaired on account of their environment or because of a vicious parentage, should interest the school inspector, the juvenile court and the sociologist, since much can be done for them.

In the group of the mentally deficient, we meet the borderland cases—the group of acquired idiocy. The acquired types result from injuries received at birth, or from convulsions, both of which may occasion the rupture of delicate blood-vessels, with, later, sclerotic changes. Sclerosis may also occur after attacks of inflammation of the brain or its men-

inges. Possibly sclerosis, or cystic degeneration, may not follow the initial injuries, or diseases.

Then there are cases of mental deficiency in children due to intrauterine disease in the mother. In the mentally deficient there has not been enough injury of the cerebral cortex to have produced complete idiocy, but simply deficiency.

Cases of the Mongolian type, characterized by the round head, ears short and turned back, the irregularity of the face, the slanted, Mongolian eyes, which give them the name, and the undue motility of the lower extremities, especially at the hips, attain a certain degree of mental development. They also differ from the cretins in gaining little or nothing after the exhibition of thyroid, while the cretins will show a marked change in a short time under thyroid treatment.

From the physical standpoint an idiot may resemble a normal child, but he differs in his powers of cerebration. He is unable to acquire any conceptions and he has no sense of fear. The expression is vacant and the eyes are continually roving from place to place. In younger children saliva dribbles over the chin. The teeth may be irregularly erupted, and usually are sharp and carious. The child cannot distinguish its parents; it has no acquired speech, but makes unintelligible animal sounds; it laughs without cause or becomes irritated without provocation, and when awake keeps in constant motion. It has no habits of cleanliness. Food is eaten ravenously and not selected with reference to taste or desire. In true

idiots the intellect has been permanently impaired. The children of insane parents, or of parents who have been addicted to the abuse of alcohol, or who have suffered from epilepsy, chorea, or syphilis may be born idiotic. Consanguineous marriages, especially among persons who have a neurotic taint, may produce idiotic children. The prognosis in idiocy is most important. If the physician can determine by examination that the defective child is able to guard himself from danger, *i.e.*, protect himself, he is not an idiot. An absolute idiot is beyond medical or surgical skill in Dr. Pisek's opinion. Hopeless cases of idiocy should be cared for in a hygienic way; but nothing further should be attempted for them, and the energies of the teachers should be directed towards those mentally deficient children who are capable of being helped. A mentally deficient child who is a burden to his parents should be confined in an institution and should be cared for by the State.

J. J. C.

CHOLERA IN EUROPE

CHOLERA has broken out in Russia, as well as in Italy and Germany, and its extension to other countries of Europe may be expected. During the course of the cholera epidemic of 1892, which in its journey from the valley of the Ganges through Persia claimed 20,000 victims in Teheran alone, and in its course through Russia destroyed 215,157 more, and which extended through Germany, Austria, France, Bel-

gium, Holland, and even to the harbors of the Western Hemisphere, no more instructive example of the connection between cholera and polluted water, and of the immunity conferred by the use of a pure supply could have been yielded than the experience of Hamburg, Altona and Wandsbeck. These cities adjoin one another so closely that there is no visible line of demarcation, and, in a geographical sense, they may be considered one place. In one important respect, however, the three places differ materially, namely, their public water supplies. Hamburg used unfiltered water from the Elbe above the city; Altona drew upon the Elbe at a point below the entrance of the sewage of Hamburg, but filtered the water through sand; Wandsbeck was supplied with filtered water from a lake but little subject to pollution. During the summer of 1892, or between August 17th and October 23rd, Hamburg, with a population of 640,000, had nearly 17,000 cases of cholera, of which slightly more than half terminated fatally; Altona, with a population about a quarter as large, had but 500 cases, or only one-thirty-fourth as many (400 of these are supposed to have come from Hamburg), and Wandsbeck had practically none.

The initial specific pollution of the river Elbe was traced back to Russian immigrants, many of whom came from districts in Russia which had been and were then suffering from cholera, and all were supplied with dirty clothing and blankets, some of which they washed in the Elbe, while they were being de-

tained in barracks on one of the wharves, pending their embarkation to the United States.

It is probable that there were some mild cases of cholera among the immigrants, or at least some convalescents with cholera germs in their evacuations two or three weeks after recovery. The extension of cholera from these Russian immigrants to the water of the Elbe was easily accomplished, for all of the sewage matters of every description from these people were discharged directly into the river Elbe at the wharf where they were camped.

From the reports in the papers we notice that the German health officers are most careful. Every immigrant bound for America is detained for at least five days. If there is a cholera germ in the system it will develop in from one to five days. At New York the most thorough examination is made upon the arrival of any ship from the affected parts of Europe. The clothing of all immigrants coming from infected parts is also disinfected.

Doubtless the medical advisers of the Canadian Government are equally alive to the peril of the situation, and are taking precautions at ports of embarkation in Russia, Italy and Germany to prevent the departure of persons affected with cholera to Canada, while immigrants from infected countries arriving at Canadian seaports are carefully scrutinized and their baggage disinfected.

J. J. C

"GOOD CHEER"

EVERYTHING in this world that eases pain or makes life more beautiful or more worth living has first place in the thoughts of all of same minds and good hearts.

Our hospitals are as gates of hope, their doors the "open sesame" to the surcease of pain. All that skill and kindness can do is done and (according to ever-increasing light or new methods) will be done, to make the patients feel that "someone cares."

Several years ago ladies, beautiful singers, visited our hospitals, gave of their time, and, when the surgeons permitted, brightened the hour between day light and darkness with the soft melodies that make for peaceful sleep.

Alas! though, a comet of "Good Cheer" from out the West has lately struck our city, pulling old ladies out of bed and off and away in autos on "joy rides"!! and has even dragged hotel orchestras to play in the wards of one hospital and tried to make a great stir generally. This kind of thing won't do. In the first place, we have no fear for our well-managed Toronto General Hospital. Its Medical Superintendent sees all sides of a problem and, without offence or words, he retains control. The other hospitals had better not be caught napping.

In this "Good Cheer" movement the motive is unquestionably beautiful; but if "cheering up" persons are admitted amongst a promiscuous crowd of patients such as the large hospitals accommodate,

what will be the result? First, a party of lusty Salvation Army singers might come, having one of their number within to "cheer up." Then, perchance, a Young Briton might be found in need of a tune from the fife and drum or a Thistletop just dyin' for "a swirl o' the pipes." So, on *ad infinitum* till even the honk-honk of Miss "Cheer's" autos, awaiting the old ladies, would never be heard. If the patients are ill enough to be in a hospital, they need Mother Nature's cure—rest. If the surgeons are to perform successful operations and the physicians give clear diagnoses, surely they may offer the plaint "Give us peace in our time."

There is a place, perchance, where music (in moderation) and a track around the grounds for autos would make a splendid field of opportunity for the "Society of Good Cheer" where mental illness holds sway and, if the alienists prescribe it, "Good Cheer" from without may perchance work off its energies acceptably in "The hoose for the dafties."

W. A. Y.

"O YOU LITTLE SCOUTS"

COMMENTS, many amusing and many very much to the point, have been indulged in in regard to the new personality (shall we call him?) in our midst. We refer to the average small boy, dressed up in khaki, filled with the weight of his own importance, very round shouldered, very dusty, exceedingly happy, and with infantile paralysis incurably affecting only

his right hand. All the early training of "The other hand, Willie," gone, he is now an independent person, rejoicing in the name of "Scout." Physically, the family physician will soon have to step in, and the tired, exasperated mothers of Toronto will have to insist on a little quasi-military drill with the old-fashioned slipper. If the Chief Scout had made the principal rules to abstain from cigarettes until twenty-one years of age, as also all forms of intoxicating drink, to walk erectly and exercise correctly and with moderation, and possibly to really study an odd hour, the movement might come under the head of common sense. Then, why not acknowledge that these little scouty chaps are simply being given a stick of candy. When they bite into it they will find indelibly inscribed on each bite the word "Militarism."

Why this sneaky way of unconsciously inculcating a love of war in the minds of youths of this young land, which, for many days to come, needs its valleys and hill-sides tilled, its Universities builded, its men made Men and Canadians first, and not little tin soldiers.

The amusing side of this scouting business was presented to a Toronto physician forcibly one day during Exhibition week. The scene was in Rosedale. Looking up at the top window of one of Toronto's beautiful homes, he saw a lad who was apparently trying to rescue another lad from the sill of the window. Evidently fearing an accident, an old man also stopped at the fence, but safely, and after great work,

the boys reached the ground. Then began the process of "First Aid." Fearful, wonderful and exceedingly choking methods were resorted to. The old man turned to the doctor and said in good broad Irish, with a merry twinkle in his eye, "You're a doctor, sir? Well, you might as well quit now. Them wee divils of scouts have taken your job."

W. A. Y.

WHY ISN'T HE MUZZLED?

"A DOCTOR will call a year if you let him," said Chief Inspector Archibald, as reported in the Police Court column of the *Evening Telegram* recently.

The remarks of some few people in a small sphere often make for the gaiety of a community.

Of course physicians occupy such a very different stratum in the make-up of the scale called human society that remarks seldom reach them from the ungrateful, to whom they frequently give so much of their services and time. But that David Archibald should be guilty of the consummate impertinence of shouting, in so bullying a manner, such an insult and lie in an open Court Room, against gentlemen who have no redress, shows that Toronto has been very lax in the enforcement of the dog muzzling by-law, which should be so amended as to include *some* men.

There is an institution however, where the doctors' visits do certainly outlast the years. It is the Home for Incurables, and that institution is open to

all who are beyond relief. *Even cancer of the tongue is not excluded.* W. A. Y.

A GOOD JOKE

"THEY had a great laugh on Dr. Goldsmith, assistant surgeon. He and Captain Butcher were allotted a certain stateroom, and, to make things clearer, the doctor had a vase of choice cut flowers placed on their table. But, lo! and behold, when they next visited their quarters they found them occupied by Dr. Crippen.

"'Needless to say, we got another and a better room at once,' said the genial surgeon to the *Telegram,* 'and,' he added significantly, 'I didn't leave my flowers.'"

The above clipping from the *Evening Telegram* was sent recently to the JOURNAL office.

The following ode we affectionately dedicate to our genial collaborator, Dr. Perry G. Goldsmith:

ATTENTION, EYES FRONT!
Perry Goldsmith said good-bye,
To his stateroom he did hie.
Lovely bouquet in his hand,
Band still playing on the land,
Monarch of Cabin Fifty-Three,
Surgeon-General's bunk thought he;
All things fitted into space,
Horrors! Crippen claimed the place.

W. A. Y.

Editorial Notes

Tuberculosis and Starvation Among the Canadian Indians

The North American Indians are very prone to tuberculosis. This fact itself is patent; but the reasons for the prevalence of tuberculosis among people who pass their lives in the great forests, and who do not consume the milk or flesh of tuberculized bovines, are not apparent. A correspondent of the *Toronto Globe*, writing from Elk Lake, August 22, 1910, says: "All over Ontario's hinterland, the Indian is melting away like the snows of his own forest home in springtime. Unless something is done at once to check the ravages of the disease, the aborigines will soon be a memory only, and, like the Eskimo of Labrador and of Hudson Strait, the great majority of them will have to be sought for in the great burial places of the race."

This correspondent further says: "For years past the number of Indians who have assembled annually at Fort Matachewan to 'take treaty,' as the payment of four dollars to every man, woman and child is termed, has been steadily decreasing. 'They just cough, cough,' said an old Indian to me, 'and then they soon die.'" The mortality from tuberculosis among young Indians, who do not use cow's milk, is large. This fact should help to negative von Behring's view, that "the milk fed to infants is the chief cause of consumption," and that bovine tuberculosis is the most important factor in the etiology of the human disease.

The *Globe's* correspondent quotes the opinion of a medical practitioner, who said: "There is no doubt the disease amongst the Indians is hereditary, as well as contagious, and until they are educated to the necessity of cleanliness and the benefit of better sanitary conditions, I do not see that much can be done for them."

As some of the Indian parents are tubercular subjects or belong to families in which consumption prevails, any children born to them should be carefully reared and guarded against catarrhal affections. In convalescing from measles or whooping cough, great caution should be exercised to prevent catching cold. Cod-liver oil, the syrup of the iodide of iron and arsenic should be given; enlarged tonsils should be removed. Such medical care may be given to Indian children living on the reservations, but not to those who are miles away in the forest, apart from any other human habitation, for the services of a doctor are for them out of the question.

During the intense cold of a Canadian winter, delicate children, together with their parents, and, occasionally, old or infirm relatives, are housed in a wigwam. The wigwam, called also a "tepee," is a hut of a conical form, open at the top for the escape of smoke, and made of a framework of poles, covered with hides, canvas, bark or mats. According to the skill and care of the builder, it may be rendered fairly warm, by being covered with moss, held in place by strips of bark and poles on the outside. When occupied by a large family, the cubic space in a tepee is insufficient and as, with the progress of winter, the tepee becomes dirtier and dirtier, the air breathed by its inmates is very foul indeed. The bacilli tuberculosis, owing to the diffusion of tuberculosis among the Indians of to-day, may be present in the air of the tepee; if a member of the family is attacked with consumption, no efforts at disinfection being made, the atmosphere of the tepee becomes exceedingly infectious. Sometimes, also, to add to the horrors of such a situation, the food supply gets dangerously near the border line of starvation, the power of resistance of the sick Indians is exhausted and they cough, cough, and then they soon die.

One would say that the Indians, as wards of the Canadian Government, should receive advice from medical officers of the

Department of Indian Affairs. The ancestral custom of housing in tepees cannot be removed among forest Indians, but they should be taught to isolate their consumptive cases in a separate tepee, and also to provide them with birch-bark sputum boxes, which should be burned after a short use. A tepee which was occupied by an Indian who has died of consumption should be disinfected or destroyed. A distribution of meat and flour, by the Government, to poor Indian families, who have cases of tuberculosis to provide for, would also be in order.

Turpentine Enemata in the Treatment of Enteric Fever

Dr. W. J. J. Arnold, Civil Surgeon, St. Helena, recommends enemata of turpentine and olive oil in the treatment of typhoid fever, from the first day of treatment throughout the disease, at stated intervals, until the temperature has been normal for ten days. An enema of turpentine 1 oz. and olive oil 1 pint is given by a funnel and tube; and the foot of the bed being well raised, the emulsion is allowed to find its way slowly up the bowel. On the next day, or the day after, the same quantities are repeated. In most instances the amount of turpentine may then be reduced to ½ oz., with olive oil 15 oz. This is administered, on alternate days, throughout the whole ccurse of the disease and continued until convalescence is fairly established. A preliminary cleansing of the bowel by a dose, or preferably small divided doses, of calomel, followed by castor oil, prepares the ground for the action of the turpentine. The dose of calomel may be repeated more than once, if necessary, alternating with the enemata. Dr. Arnold says: "The average intestinal tract contains an enormous amount of toxic matter, and, after this has been got rid of, it should not be permitted to reaccumulate. Under the influence of turpentine enemata, abdominal fulness is perceptibly reduced and very soon the abdomen presents a hollow space, especially in the regions of the iliac fossæ and the hepatic and splenic flexures." Dr. Arnold states that, in his cases of

typhoid fever, headache is never complained of after the second day. The tongue cleans early and remains moist and patients express themselves as feeling quite well, their most serious trouble being an early desire for "something to eat."

He gives quinine, two or three grains, dissolved in hydrochloric acid, by the mouth, as a heart tonic and bactericide, not as an antipyretic.

It appears from Dr. Arnold's paper (see the *British Medical Journal,* July 23, 1910, p. 195) that diarrhœa is rarely met with in the typical typhoid fever, occurring in St. Helena. In an epidemic among troops, stationed there in 1902, constipation was the rule.

Turpentine, given per os, has long been a favorite remedy in typhoid fever for the relief of tympanites; to check intestinal hemorrhage—and as a cardiac stimulant in depressed conditions of the circulatory system. Dr. Arnold's use of the turpentine enema is novel, and while it may be suitable in cases of typhoid fever in which constipation is a feature, would not be appropriate in other cases in which diarrhœa occurs. However, like every form of treatment used in typhoid fever, and there are many, it should be judged by the results. The shortening of the attack to sixteen days, the substitution of a mild attack for a virulent one, the elimination of headache and delirium, all make out a good case for the employment of the turpentine enema in typhoid fever.

Intraperitoneal Rupture of the Urinary Bladder

Shock is not always present in that rare lesion, rupture of the urinary bladder, and in a case recorded in *The Practitioner,* by W. H. Battle, F.R.C.S., the patient, a laborer, performed his work an entire day after the accident, and was not compelled to take to bed until the second day was well advanced. The laceration admitted the end of a thumb. . .

The symptoms of peritonitis from extravasation of urine may be insidious and the pulse is then an invaluable guide. Failing strength, rapid pulse, and, later, vomiting may be the only symptoms of extensive mischief.

After receipt of this injury the patient complains of severe pain in the lower part of the abdomen, while frequent but futile efforts are made at urination. Percussion may show that a large quantity of free fluid is in the peritoneum, and, in the absence of symptoms of hemorrhage, this is most probably urine. Herrick reports two cases in which large rents in the posterior wall of the bladder permitted the entrance of the catheter into the abdominal cavity and the withdrawal of large quantities (one quart in one case, a pint and a half in another) of bloody urine in a forceful stream. Mr. Battle mentions a case in which 95 oz. of urine escaped through a catheter. Obviously this quantity could not have been retained in the patient's bladder and renewed examination showed diminution in the amount of free fluid. The rent in the bladder measured 4 in. This change in the abdominal dulness, after an instrument has been passed and fluid withdrawn by it, is important. Another useful sign is a contracted state of the bladder rendering movements of the catheter difficult, while perhaps only an ounce or two of blood-stained fluid comes away.

The Inflammability of Flannelette

The British Fire Prevention Committee (see the *British Medical Journal,* July 23, 1910, p. 216) have taken steps to prevent the great sacrifice of child life, due to the wearing of night garments of flannelette. This highly inflammable material burns with rapidity after ignition and may be consumed in a few seconds. It is recommended by the committee, that signs shall be worked in the selvedge of flannelette bearing the words "Burns rapidly," and, if sold in the form of ready-made gar-

ments, these words should appear on the principal band or inner hem.

Physicians would do well to call the attention of their patients to the dangerous inflammability of flannelette and "union," which are extensively used in the making of night garments.

Aviation and the Coroner

There are several athletic exercises which cause diseased conditions of interest to surgeons. Tennis produces strains of the muscles of the elbow; football and lacrosse any sort of injury from a cut head to a fractured thigh; baseball causes the "glass arm."

Aviation, which is nowadays the sport of sports, is quite too peremptory, too death-dealing in handing out injuries to her votaries. The bird-man literally takes his life in his hands when he unfolds his pinions to the blast, and should feel a supreme scorn of death, for death ever flies between him and the earth. Aeroplanists tell of the eddies and whirls encountered in the air, and they are unavoidable. Should an aeroplane suddenly encounter an eddy and turn turtle, the aeroplanist's physical condition after the fall will be of more interest to the coroner than to the surgeon.

J. J. C.

News of the Month

A MEDICAL SOCIETY—A CLEARING HOUSE

THE well-conducted medical society represents a clearing house in which every physician of the district receives his intellectual rating and in which he finds out his professional assets and liabilities. OSLER.

THE WATCHFUL EYE, THE ALERT EAR, THE TACTFUL FINGER

WITH all our varied instruments of precision, useful as they are, nothing can replace the watchful eye, the alert ear, the tactful finger and the logical mind which correlates the facts obtained through all these avenues of information, and so reaches an exact diagnosis. W. W. KEEN.

DOMINION REGISTRATION

THE following resolution *re* Dominion registration was adopted by the Alberta Medical Association at Banff, August 11th inst: "Your Committee on Legislation beg leave to recommend that in the opinion of this association it would be in the best interests of the medical profession, not only of this province but of the whole Dominion, that Dominion registration be brought about as soon as possible by the adoption of the Canada Medical Amendment Act, 1910." Carried.

DR. ISAAC WOOD IS DEAD

DR. ISAAC WOOD, the specialist, died shortly after midnight on Aug. 31st from paralysis. He was attacked on the previous Monday afternoon. The deceased was very prominent in his profes-

sion. He was aged 62 years. Born in Grenville County, he early developed literary tastes, and was teacher in Prescott and Kingston. In 1884 he graduated at Queen's, became head of Kingston Business College in 1891, took his M.A., and in 1892 his M.D. He was professor of pediatrics, assistant professor of obstetrics and gynecology, and lecturer in chemistry in Queen's Medical School. He was a Liberal and a Methodist. One daughter survives.

FLORENCE NIGHTINGALE

ONE of the great women of all time has passed away in the person of Florence Nightingale. Born in the same year as the late Goldwin Smith (1823), her name has become a tradition, and there were no doubt many who, until her fame was revived at the time of the death of King Edward, believed that she had passed away long ago. Not only was she a woman of resource, heroism and infinite capacity for self-sacrifice, but by her achievements she raised the profession of nursing to the high and estimable position it now occupies in the public mind. When Charles Dickens wrote "Martin Chuzzlewit," the types of sick nurse depicted in Sairey Gamp and Betsy Prigg were not seriously overdrawn. When Florence Nightingale came to the fore such types gradually disappeared, and nursing came to be regarded as a noble vocation for women. She was the daughter of William Shore Nightingale, of Embly Park, Hampshire, and was born in Florence, Italy. The idea of a scientific and humanitarian system of nursing came to her as a young girl, and she studied the calling in the various military hospitals of Europe. When, during the Crimean war of 1854, news reached England that men were dying like flies in the camps on the Black Sea, she offered to organize a corps of nurses for service. With unusual promptitude the War Office accepted, and within a week she was on her way to Scutari. During the balance of the campaign she rendered invaluable assistance to the sick and wounded and effected many hospital reforms. So great were her labors that her health was seriously impaired, and the peope of England

generously came forward with a public subscription of fifty thousand pounds. This sum she at once devoted to the foundation of a training school for nurses in connection with St. Thomas Hospital, London. Between 1859 and 1873 she wrote several reports and treatises on subjects allied to the subject nearest her heart. For many years she has been an invalid and a subject of homage in a small circle of surviving friends.—*Toronto Saturday Night.*

DR. R. O. SNIDER died suddenly at his home, 42 Carlton St., on September 16th.

DRS. HELEN MACMURCHY and Wilmot Graham have been appointed Medical Inspectors of Toronto's Public Schools.

DR. JAMES MACCALLUM sailed for England last month, and intends spending two months in the principal cities of the Old Land.

PERSONAL

DR. J. HARVEY TODD has removed to No. 163 College Street, where he has fitted up a most complete and up-to-date laboratory for radiography and radiotherapy.

IT is understood that Dr. Herriman, the present able assistant superintendent of Toronto Asylum, will be shortly appointed medical expert at Orillia.

DRS. F. N. G. STARR, G. S. Ryerson, Alex. McPhedran, Helen MacMurchy, A. J. Johnson, Irving Cameron and H. A. Bruce returned a few weeks ago after spending the summer in England.

DR. and Mrs. W. J. Wilson are at present in the Old Country, and before returning home next month will tour Italy.

WE are pleased to announce that Mrs. Thistle, wife of our fellow-graduate, Dr. W. B. Thistle, is recovering from a recent prolonged illness.

DR. W. H. B. AIKINS is removing to Bloor St. West this month.

DR. BRUCE RIORDAN expects to occupy his new house, at the corner of Roxborough St. and Yonge St., almost immediately.

DR. J. T. CLARKE, 410 Bloor St. West, intends leaving Toronto about January 1st next to take charge of an important military hospital in an eastern province. Dr. Clarke wishes to either dispose of, or lease for a term of years, his new house, No. 410 Bloor St. West. This is a solid pressed brick dwelling, semi-detached, thoroughly modern in every respect, gas and electric light, with 30 feet frontage on Bloor St., opposite Spadina Ave. Dr. Clarke will undertake to introduce any physician buying or leasing the property to quite an extensive list of patients, his practice having for years been a most remunerative one.

Correspondence

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

MEDICAL LIBRARY, FACULTY OF MEDICINE, MCGILL UNIVERSITY,
12th August, 1910.

The Editor THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—I notice in the May number of your journal an article on "The Romance of a Gold-Headed Cane," in which reference is made to the loss of a second edition of "The Gold-Headed Cane, probably the only one in Canada."

I thought you would like to know that we have two copies of the first edition in our library.

Yours truly,
M. R. CHARLTON,
Librarian.

DEATHS FROM HEART DISEASE.

Wilmette, Ill., August 15, 1910.

Dr. W. A. Young, Managing Editor CANADIAN JOURNAL OF MEDICINE AND SURGERY, 145 *College Street, Toronto, Ont., Can.*:

DEAR DOCTOR,—I was much interested in reading a brief article entitled "Deaths from Heart Disease," by Dr. Wm. F. Waugh, in the August number of your journal. I think that Dr. Waugh was correct when he said that the patient referred to in the following paragraph "died from digitalis," rather than from heart disease:

"A man in his fifties, tall and powerful, had been for some years affected with heart trouble, a mitral double lesion. The malady had gone through the usual stages, and compensation was failing. He was prescribed digitalis, the powder, in pills. Immediate improvement followed, but within two or three days this subsided and the difficulty returned with increased force. The doses of digitalis were increased also, but the man rapidly sank and died in a few days. The urine was almost totally suppressed."

Here was a case where the attending physician possibly ignored the danger of the cumulative action of digitalis.

Digitalis is often given in too large doses, or at too frequent intervals, or when it is not indicated. Digitalis is indicated only in cases where there is dynamical failure of the heart muscle, without reference to the nature or location of the primary valvular lesion. There is no exception to this rule in the abstract, although there may be individual contraindications, such as intolerance of the drug, or a dangerous degree of muscular degeneration.

In marked degeneration of the heart, digitalis must be used very carefully if at all. In beginning asystolism with serious dropsy and passive congestions, the careful use of digitalis may be followed by good results. But it is a dangerous drug to use, especially in the form of a tincture or fluid extract. A good infusion from the English leaf is the best and safest liquid preparation of the drug, its dose being the most easily graded. The infusion is free from digitoxin, which is the most active and dangerous constituent of digitalis.

It is well known that digitalis will stimulate the heart to more energetic contraction. If the integrity of the muscle be fair, the slower and firmer contraction determines better blood supply to the muscle, and thus the tonic action of digitalis in building up the tone and integrity of the muscle is instituted and may be of permanent benefit if the drug is properly handled. On the other hand, if the muscles are sufficiently degenerated, we will get a modified and temporary stimulant action from digitalis, which, after a few days of unsatisfactory struggle on the part of the heart, is lost, and the latter relapses into a condition of asystolism. Thus we say that clinically—in the beginning of a case—we employ digitalis most often as a stimulant, and the tonic properties are dependent on its virtues in this regard. Therefore it should be used at first as any other stimulant or symptomatic medicine is used, in such doses as will produce the desired effect, without overdoing the matter.

We would unquestionably have better and more permanent results in some cases of cardiac disease, if we could maintain for years a more or less constant administration of small quantities of digitalis, instead of losing sight of our patients as soon as the circulation is restored, not to be seen again until dilatation has

attained a dangerous degree. To suitable cases continuous administration for months of digitalin is not productive of trouble, though it is better to intermit the exhibition of the drug every two or three weeks for a few days. The asystolism which digitalis is said to develop is largely due to its administration in cases unsuitable to the drug, or because the crude drug or some galenic preparation is administered.

Dr. Waugh has explained the action of the pills of digitalis in the case cited. It should be remembered that when digitalis is given in pills or powders, their want of solubility or unfavorable conditions of absorption may cause an accumulation of the doses in the alimentary canal. When the conditions here favor solution and absorption, the whole collection may be poured into the blood at once, producing poisonous symptoms and in some cases death. The habitual use of a remedy also entails a gradual diminution of its effects, as the impressibility of the body diminishes or the antagonistic forces increase.

The first of these difficulties, accumulation of doses, cannot be avoided as long as the physician uses galenic preparations, as he cannot tell whether he has given a weak dose, of old leaves perhaps, or that the dose has not been utilized. These perils are avoided by the use of the active principles.

In using digitalin the indication of exact dosage is to be taken from the pulse, for the useful action is manifested there rather than in the heart itself. Digitalin is contraindicated in any cardiac affection in which the arterial tension is not below normal. When the tension is above normal as in atheroma, or in cirrhotic nephritis, there is danger in this drug.

In some respects I agree with Dr. Waugh regarding the use of sparteine. I do not think, however, that sparteine sulphate will fill the place of digitalis in cases of actual muscular failure. It is of value in cardiac weakness and irregularities in neurotic individuals. It is a valuable remedy also to regulate functional or valvular arrhythmia. Its action is rapid, and it may be used to sustain the heart until digitalis has had time to produce its effect. It is serviceable also to steady the pulse in persons addicted to opium or other drug habits.

I am very glad Dr. Waugh called attention to this case of death from digitalis. Unquestionably a great many physicians

use preparations of digitalis at too frequent intervals and in too large doses and for too long a period of time. Whenever a cardiopathic patient requiring digitalis improves under the drug, and then in a few days the pulse becomes irregular and weak and signs of failing compensation appear, it is not an indication for increased dosage or for the drug to be given oftener, but for smaller doses and longer intervals between them, or for the prompt withdrawal of the drug entirely for a few days.

Digitalis is very potent for good or ill, and it behooves every doctor to thoroughly familiarize himself with the proper indications for and the manner of administration of this valuable drug.

Sincerely yours,

GEO. F. BUTLER.

The Physician's Library

Some new Lippincott books.

J. B. Lippincott Co., the Philadelphia book publishers, whose Canadian office is located at Room 608, Lindsay Building, Montreal, have just issued a number of highly important medical books, and have in preparation other new works that are sure to meet with pronounced favor.

About October 1st Dr. Gwilym G. Davis' "Applied Anatomy" will be ready. Dr. Davis is Associate Professor of Applied Anatomy at the University of Pennsylvania, and his object has been to present a book on applied topographical anatomy, moderate in size, ample in scope, clear and concise in description, lucid and correct in illustration, absolutely practical in character, with a typography and general workmanship unexcelled.

Following the publication of Davis' "Anatomy" will come a book by Samuel T. Earle, M.D., Professor Emeritus in the Baltimore Medical College, on "The Diseases of the Anus, Rectum and Sigmoid." This work was written to especially meet the requirements of the general practitioner and the medical student, and is splendidly illustrated by one hundred and fifty plates.

Lippincotts also have in preparation a revised second edition of "Diseases of the Pancreas," by Eugene L. Opie, M.D., of Johns Hopkins University, and a revised fifth edition of Dr. J. C. Wilson's "Fever Nursing."

The American Journal of Physiologic Therapeutics.

We take pleasure in calling the attention of those interested in Non-Medicinal Therapy to a new journal published by Dr. Henry R. Harrower of Chicago. It is called *The American Journal of Physiologic Therapeutics,* and, judging from the few issues that have already appeared, this publication should have a bright future.

Physiologic Therapeutics is a one-hundred-page bi-monthly journal, intended to serve as a delineator of the progress made in the various lines of non-medicinal or physical therapy. The

Journal is pithy and practical, and special efforts are being made to make it the means of interesting the general practitioner in the vast possibilities of this particular field of therapeutic endeavor. Dr. Harrower is so satisfied as to his journal's success that he is willing to send *The American Journal of Physiologic Therapeutics* to any prospective subscriber for six months without charge. He does this in order to get an opportunity to convince medical practitioners generally that there is a need for his journal in general medicine. The subscription price is $1.25 per annum post paid in Canada. The publication office is 72 Madison Street, Chicago, Ill.

Lippincott's New Medical Dictionary. A vocabulary of the terms used in medicine and the allied sciences, with their pronunciation, etymology and signification, including much collateral information of a descriptive and encyclopaedic character. By HENRY W. CATTELL, A.M. (Laf.), M.D. (U. of P.), Editor of *International Clinics,* Fellow of the College of Physicians of Philadelphia, etc. Freely illustrated with figures in the text. Philadelphia and London: The J. B. Lippincott Company.

This volume is indeed a credit to the book maker's art and is worthy of the well-known publishing house of J. B. Lippincott Company of Philadelphia and Montreal.

We feel that we can honestly corroborate what the author states in the preface to his dictionary, where he states that it is "a single volume of moderate compass and at a reasonable price, which shall attain the ideals of the user in regard to thoroughness, accuracy, perspective and proportion and general suitability to the year 1910." From the standpoint of size and handiness, it is a volume which the average medical reader will appreciate handling, being splendidly bound in soft leather. The quality of paper is exceedingly good and the typographical work the best.

We feel that it will be years before Lippincott's New Medical Dictionary can be excelled, as it can be truly characterized as a *multum in parvo.* Dr. Henry W. Cattell is to be congratulated on the completion of so important a work. W. A. Y.

The Harvey Lectures, 1908-09. J. B. Lippincott Co., Philadelphia, London and Montreal.

Since 1905 the Harvey Society of New York has been publishing a volume each year of lectures by leaders in the science of medicine. The fourth volume, for 1908 and 1909, like its predecessors, presents a series of addresses both timely and edifying.

The clinician will not find clinical work here, but discussions which he needs probably more than he needs clinical instruction. He is afforded an opportunity to hear the latest word on such subjects as immunity, metabolism, anaphylaxis and heredity. Without the trouble, and not having the opportunity of studying these subjects at first hand, he may be led by an expert experimentalist to the tree of knowledge of good and evil in matters of vital interest to him, so that he may be prepared to follow the one and eschew the other.

This volume is attractively presented, uniform in type and binding with its predecessors. B. E. M.

An International System of Ophthalmic Practice. Edited by Walter L. Pyle, A.M., M.D., Philadelphia. Therapeutics by Dr. A. Darier, Paris, translated by Sydney Stephenson, M.B., F.R.C.S., London. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street 1910.

This is the first of a system to be completed in seven volumes. There are to follow *Medical Ophthalmology,* by Arnold Knapp; *Ophthalmic Diagnosis,* by Chas. H. Beard; *Pathology and Bacteriology of the Eye,* by Treacher Collins and M. S. Mayon; *Affections of the Orbit and Accessory Cavities,* by Christian R. Holmes; *Examination and Refraction of the Eye and Eyestrain,* by Walter L. Pyle, and *Ophthalmic Surgery,* to be announced later.

The first part of this volume is given up to general therapeutics, the second to special therapeutics—the treatment of the several diseases of the eye.

There is no therapeutic nihilism about Darier; the blessed optimism which pervades everything written by him may encourage the discouraged practitioner to gird his loins and try another fall with a case which has repelled all his therapeutic attacks. J. M.

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital, New York City. 12mo volume of 281 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $1.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

This little work is unusual in that it is written by the staff of the Manhattan Eye, Ear and Throat Hospital. It is but necessary to look through it to see that it is written by those who have had practical experience of the difficulties of nurses. The knowledge of nursing of the diseases of the eye, ear and throat possessed by the average graduate of a general hospital is exasperating. A perusal of this handbook will help out greatly her lack of practical training.

J. M.

Mentally Deficient Children: Their Treatment and Training. By G. E. SHUTTLEWORTH, B.A., M.D., late Medical Superintendent of the Royal Albert Institution, and W. A. POTTS, B.A., M.D., Medical Investigator to the Royal Commission on the Care and Control of the Feeble-Minded. Third edition. London: H. K. Lewis. Philadelphia: P. Blakiston's Son & Co.

Dr. Shuttleworth, the English Nestor among workers for the feeble-minded, has been fortunate in securing the services of Dr. Potts of Birmingham in the preparation and revision necessary for the third edition of his excellent work on mentally deficient children. The book itself is too well known and highly appreciated to make any extended review either necessary or appropriate, but we may simply say to the large number of benevolent and far-sighted persons who now realize the importance of this subject, though they are imperfectly acquainted with it, that they could not do better than study this interesting, sensible and thoroughly practical volume. The chapters on moral training, on educational training and on industrial training and recreation, as well as that on results and conclusions, are worthy to be read again and again and followed closely in practice. Frequent references to recent work, notably the Report of the Royal Commission, add to the value of the book.

H. M.

Moynihan's Duodenal Ulcer. Octavo of 379 pages, illustrated. By B. G. A. MOYNIHAN, M.S. (London), F.R.C.S., Honorary Surgeon to Leeds General Infirmary, England. Cloth, $4.00 net; half morocco, $5.50 net.

Mr. Moynihan's very large experience and conceded ability are sufficient to stamp the above book as a masterpiece. The clear, forceful manner of the presentation of his subject will be at once recognized by the practising surgeon. The living pathological conditions found on the table during operation proved beyond question the diagnosis founded in each case upon the past and present history. It is this practical demonstration that makes the book so very strong, and it is unquestionably the best exposition of the subject to date. C. F. M.

Otitic Cerebellar Abscess. By HEINRICK NEUMANN, Privat-Docent, University of Vienna. Translated by RICHARD LAKE, F.R.C.S. London: H. K. Lewis, 136 Gower Street. 1909.

Statistical evidence is adduced by the author to show that about 90 per cent. of the cases of cerebellar abscess occur between the ages of ten and thirty years, and that a large proportion of the cases, perhaps as much as 80 per cent., may be traced directly to chronic suppuration of the middle ear; the relative frequency in regard to sex has been found to be about two males to one female. Headache, vomiting, slowness of pulse, pallor, nystagmus and ataxia present the chief features in the clinical picture, but the diagnosis is extremely difficult.

In the compass of 150 pages, Dr. Neumann has given the reader a clear and concise account of his patient study and extended observation of this disease. N. H. B.

An Index of Symptoms, with Diagnostic Methods. By RALPH WINNINGTON LEFTWICH, M.D., late Assistant Physician to the East London Children's Hospital; Author of "Syphonage of the Large Intestine." *Nihil humani a me alienum puto.* Fourth Edition. New York: William Wood & Company. 1910.

The fourth edition of this interesting work has come to hand. It contains 451 pages, including an index. It is compact and easily carried in the pocket. The object of the work is to give at

a glance the symptoms and signs in each disease, and by a system of marks, to give one some idea of their value and frequency of occurrence. The list is very full and in most instances fuller than most good diagnosticians habitually carry in their heads. The very numerous explanatory notes are especially valuable. No matter how we dislike to use men's names in connection with signs and tests, we must try to remember them, which is often difficult, and often we are not able readily to look them up. This little work gives them, with their values, in a very convenient form, and a sentence or two explaining their value. There are eleven illustrations giving positions of organs, pulse and temp. tracings, crystals, etc. Facing the title is a new regional chart of the chest, so divided that one may readily indicate any spot, no matter how small, and which, if generally adopted, would add much to the accuracy of any description. The work is decidedly unique, and will prove valuable, more especially to the student and young practitioner. Price $2.25.

W. J. W.

The Diseases of the Nose, Mouth, Pharynx and Larynx. A Textbook for Students and Practicians of Medicine. By DR. ALFRED BRUCK (Berlin). Edited and Translated by F. W. Forbes Ross, M.D., Edin., F.R.C.S. England; late Civil Surgeon His Britannic Majesty's Guards Hospital, London; Assistant North London Hospital for Consumption and Diseases of the Chest; Clinical Assistant Metropolitan Hospital for Diseases of the Nose and Throat, etc.; assisted by Friedrich Gans, M.D. Illustrated by 217 figures and diagrams in the text, many of which are in colors. New York: Rebman Company, 1123 Broadway.

This is one of the very best books on the nose and throat that has appeared in recent years; in fact, from the standpoint of the general practitioner, it is probably unequalled. The chapters devoted to routine of examinations are quite the best we have seen in print. The chapter devoted to diseases of the mouth and tongue is very complete, and we think has a place in a book of this kind.

In connection with removal of tonsils, the author is apparently not greatly in favor of complete enucleation of the ton-

sis, as on page 294 he speaks of angina resulting from sepsis in the crypt of the stumps of tonsils which are left after a tonsillotomy. Under the head of evulsion, he quotes Winkler, but offers no remarks of his own. In the serum treatment of diphtheria we are inclined to think his dosage too little.

The book is beautifully and profusely illustrated and one of the most delightful that it has been our pleasure to read. There are some parts of the book that the specialist might wish a little more elaboration of, but he will miss a good deal not found in other books, if these criticisms deter him from reading the book. The general practitioner and student will find the book fills all his requirements.

P. G. G.

Pulmonary Tuberculosis and Its Complication. By SHERMAN G. BONNEY, M.D., Professor of Medicine, Denver and Gross College of Medicine, Denver. Octavo of 955 pages, with 243 original illustrations, including 31 in colors and 73 X-ray photographs. Second edition. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $7 net; half morocco, $8.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

Dr. Bonney's treatise on tuberculosis and its complications was reviewed in these columns in November, 1908, soon after its appearance. Within a year it was reprinted. Now it appears before us as a second edition, showing careful revision, and with many portions rewritten. Some new chapters have been added, increasing the bulk from 778 to 955 pages. Some slight defects to which we drew attention have been remedied in this edition.

The author must be again complimented on the thorough manner in which he has treated the subject. We find many more references to the literature than in the former edition, yet throughout the work we realize that the major portion is a record of personal experience. This it is which makes the book valuable. Too many of the books appearing to-day are compilations from the literature and show little of the personality of the author.

A new chapter appears on The Relation of Human and Bovine Bacilli, and the X-ray in diagnosis is also given a chapter, appearing before as a part of a general chapter on special

aids in diagnosis. Thirteen X-ray plates have been added to the sixty in the former edition. Surgical procedures are given a chapter, but the important question of the choice of anesthetics is not discussed.

Over fifty new illustrations and eleven colored plates have been added. The colors in the plates illustrating the Moro and Von Priquet reactions are not correct, and, owing to a change of paper, the illustrations are not as sharp as in the old edition.

In the excellent discussion on complications we find no reference to diabetes. Tuberculosis occurring so frequently in the course of diabetes, this disease is deserving of some notice.

We are pleased to see a chapter devoted to the author's experience with tuberculin—a fuller discussion of the administration of tuberculin would add to the value of the book.

A few other minor criticisms might be offered, but refer to matters which do not materially alter your reviewer's hearty commendation of the work. We know of no work on the subject written so interestingly or which offers the general practitioner so much information of a practical character, full of personal experience. We heartily recommend it to every physician who wishes to know what he may do in treatment of his patient with pulmonary tuberculosis and the many complications which may arise. J. H. E.

Rhinology. A Text-book of Diseases of the Nose and the Nasal Accessory Sinuses. By PATRICK WATSON WILLIAMS, M.D. (Lond.), Lecturer on Diseases of the Nose and Throat at the University of Bristol; and in charge of the Departments for Diseases of the Ear, Nose and Throat at the Royal Infirmary, Bristol; Consulting Surgeon for the Ear, Nose and Throat, Pontypool Hospital; Vice-President Laryngological Section, Royal Society of Medicine, London. Longmans, Green & Co., 39 Paternoster Row, London; New York, Bombay and Calcutta. 1910.

The rapid progress that has taken place in rhinology during the last few years has induced the author to present a volume of this portion of the work. We think Dr. Watson Williams has given the profession an exceedingly well-written work dealing with diseases of the nose. Particularly well written is the

anatomical portion of the work on the nasal sinuses. The illustrations are exceedingly well done and many are in colors. The series of stereoscopic plates in the back of the book are beautiful and of very great assistance. The book is a credit to British rhinology, and will doubtless attain a high place in the rhinological literature of the world. The publisher's work has been exceedingly well done. P. G. G.

Commission of Conservation, Canada. Honorable Clifford Sifton, Chairman; James White, Secretary. Report of the First Annual Meeting, held at Ottawa, January 18th to 21st, 1910. Ottawa: The Mortimer Co., Ltd. 1910.

The Conservation Commission, which has been constituted by the Canadian Government to provide for a conservation of the principal resources of the country, is a non-partisan body whose first efforts will be directed to obtaining accurate information about the natural resources of Canada. These resources may be grouped as follows: the minerals, the fisheries, the public health, inland waters, the land and the forests. The first report before us shows that efforts will be made to remedy defects and initiate improved conditions in these various sources of national wealth. Any effort towards good, however small, is better than a do-nothing policy. We wish the Conservation Commission success and shall be pleased to chronicle it. J. J. C.

Insanity in Everyday Practice. By E. C. WUNGER, M.D., Brux.; M.R.C.P., Lond.; D.P.H., etc.; Senior Physician, Finsburg Dispensary; late Senior Assistant Medical Officer, London County Asylum, Hanwell; formerly Assistant Medical Superintendent, Metropolitan District Asylum, Coberham; Fellow of the Medical Society of London; Member of the Medico-Psychological Association of Great Britain. Second Edition, revised and enlarged. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

The author of this little book has presented a clear and comprehensive condensation of his subject in this second edition of his work, and he has successfully resisted the temptation to enlarge its compass, and has only added a few pages to his revision. His method is to indicate the important symptoms

of the leading forms of mental disease, and he allows himself very little latitude for description or speculation. His classification is according to the Royal College of Physicians, London, and his chapter on the procedure necessary for admissions is intended for the direction of English practitioners. The author refers to his work as an "outline chart," and he has accomplished his aim of giving his readers an acquaintance with the broad outlines of insanity. N. H. B.

Genesis. A Manual for the Instruction of Children in Matters Sexual; for the Use of Parents, Teachers, Physicians and Ministers. By B. S. TALMEY, M.D., former Pathologist to the Mothers' and Babies' Hospital, and Gynecologist to the Yorkville Hospital, New York. With 19 cuts, 47 drawings, in text: pp. 194. The Practitioners' Publishing Company, 12 West 123rd Street, New York City.

The author of this volume found that most of the books dealing with instruction of children in sex matters are not quite adequate. The suggestions of the author, excellent though they be, are mostly too general in their scope and somewhat vague to be of great service.

There are a good many parents who are convinced of the necessity of enlightening their children in regard to the science of sex, but they lack the requisite knowledge, and a few hints would be of little service to them.

For this reason the author has set out to supply the want by writing a text-book for the instruction of children in matters of sex. In the first, the general, part the author, too, has tried to contribute his mite to prove the necessity of instructing the young in sex matters. This section is naturally more or less a repetition of what other authors have said on this subject. The five lessons in the second, the special, part will be of some service to all classes of instructors. The first two lessons are, in the nature of things, only for parents and guardians of infancy and early youth. The two following lessons may be made use of by cultured parents, but they were written mostly as a guide for teachers. The fifth lesson will be of value to the physician in his talks to growing boys and girls when going out into the world, and to the minister while preparing the children for confirmation.

Medical Men in the Time of Christ. By ROBERT WILLSON, M.D. Philadelphia: The Sunday School Times Company. 1910.

In this little book Dr. R. Willson, a gentleman well able to write upon this particular subject, gives the profession a small volume that is bound to interest, particularly, those who enjoy literature of this kind. The volume represents one hundred or more pages, and deals with such subjects as "The Review of Medical History," "Lay Conditions Surrounding Medical Men Before and In the Time of Christ," "The Asklepian Temples of Health," "Luke, the Physician," and, in the closing chapter, "The Master Physician."

Perhaps no better recommendation for Dr. Willson's book can be given than the wording of the last paragraph of his preface, in which he says about his work: "It is inscribed to The Great Physician, who is still spending Himself lavishly upon the salvation of every life that yields itself to His all-power and skill, and from whom goes virtue to every needy soul that touches His garment's hem." W. A. Y.

A Text-Book of Pathology. By JOSEPH MCFARLAND, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia. Second Edition. Octavo of 856 pages, with 437 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $5.00 net; half morocco, $6.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

From the title page we find that this volume has been "affectionately dedicated" to Drs. George H. Horn, William Stephens, Charles Walter, and our esteemed Canadian confrere, William Osler, "friends whose influence during boyhood, youth and early manhood helped to make me and so to make my book."

Dr. McFarland has thoroughly revised his work, and now presents it to the profession in the form of a second edition. The revision of a book of this size is no sinecure, especially to a busy man; but the author has been able to go over his volume page by page, so that it can be looked upon as being thoroughly up-to-date. The book is divided into two sections, the first dealing with "General Pathology," the second with "Special Pathol-

ogy." Under General Pathology we find considerable space devoted to such subjects as "The Etiology of Disease," "Defects of Development," "Pathology of Nutrition," "Pathology of the Circulation," "Parasitism," "Immunity," and other subjects of equal interest. Under the heading of Special Pathology Dr. McFarland has gone particularly into "The Blood," "Diseases of the Cardiovascular, Digestive and Respiratory Systems," "Diseases of the Skin," "Diseases of the Spleen," "Diseases of the Motor Apparatus," and "Diseases of the Nervous System."

After going carefully over the volume, it is no repetition to state that it is worth more than the price asked by the publishers and will be found of almost equal interest to the medical practitioner, whether he be in general practice or a pathologist.

W. A. Y.
