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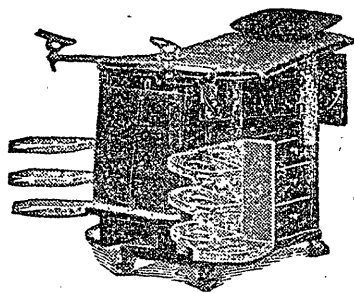
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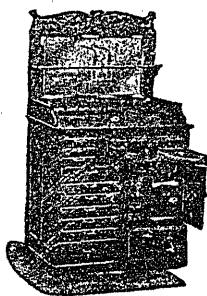
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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics. (Pass in Medical Jurisprudence, Pathology, Therapeutics.)

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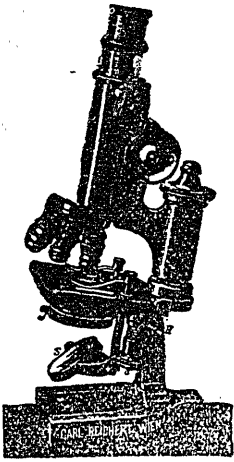
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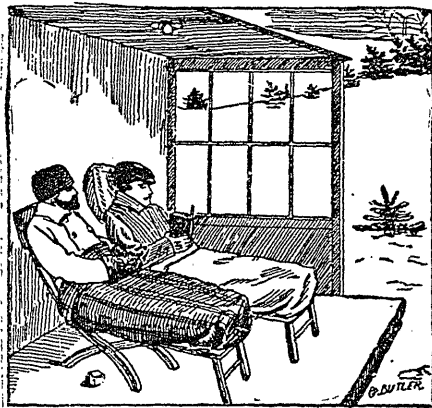
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VOL. XIV. HALIFAX, N. S., SEPTEMBER, 1902. No. 9.

Original Communications.

ADDRESS IN SURGERY.*

By GEORGE E. ARMSTRONG, M. D., Associate Professor of Clinical Medicine, McGill University; Surgeon to the Montreal General Hospital.

Mr. President and Members of the Medical Society of Nova Scotia. My first duty is to thank you for the great honour—for so I esteem it—extended to me in inviting me to read before you at this Annual Meeting, the Address in Surgery.

My second duty is most painful; would that a readier pen could undertake the task. My invitation came from your then Secretary, the late Dr. Muir, a dear friend to, not only the speaker, but to every medical man in our great Dominion, and to everything good and noble in our profession; a man with a great heart, who for years wielded a tremendous influence in the Maritime Provinces and throughout Canada, in fact wherever he was known. I venture to say that not only in your local associations but at the meetings of the Canadian Medical Association no face was more welcome, no member more warmly received, from Charlottetown to Banff, than the late Dr. Muir of Truro. Brim full of strength and good fellowship, he always stood for what was honourable and just. But alas, he is gone all too soon. May his influence long live after him!

My third duty is indeed a difficult one. I take it that the reader of an address in surgery at an annual meeting, should not take the opportunity of reading a paper, but that he should, as far as possible, give a resumé of the work done during the year and perhaps give a

* Delivered before Medical Society of Nova Scotia, New Glasgow, July 1902.

forecast of the most promising lines for fruitful labour in the years to come.

I am rather unfortunately placed. The readers of addresses two years ago were allowed the liberty of reviewing a century of progress, and one year ago the same gentlemen were allowed to speculate on what our new century might reasonably be expected to accomplish. This year neither the historian nor the imaginative speculator have place. I find myself more in the position of the business man—required to take stock, as it were, and to estimate the position of surgery to-day as compared with that of twelve months ago.

During this time surgery has not stood still. Progress has been made in many directions and the future never looked more promising. Our relations with the physicians continue to be friendly. We are able to render them aid in the treatment of some of their cases of epilepsy, and even in exophthalmic goitre.

The surgery of pulmonary abscesses and pulmonary gangrene is, with improved technique and increased experience, accomplishing results most satisfactory to both the physician and the patient, although to this subject Hippocrates' first aphorism is particularly applicable. "Life is short, and the art long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals co-operate." Eisendrath in a recent monograph has shown the results obtained in recent years to be most encouraging, and also the slow development of the idea of treating these cases surgically. Although it was first attempted in the days of Hippocrates, and was a live question two hundred years ago, it is only during the past thirty years that surgery has really established a position in this field.

It may be said that abscess follows croupous pneumonia in 1.2 to 1.5 per cent., and that gangrene is a more frequent sequel of influenza pneumonia, occurring according to Fränkel in 7.5 per cent. of all cases. It must be admitted that the medical treatment of these cases is often most unsatisfactory to all concerned. It is the more pleasing then to find Eisendrath has been "able to demonstrate the value of surgical interference in pulmonary lesions following pneumonia" in 93 cases. In detail, there were—25 cases of acute simple abscess, 24 recovered, one improved and no deaths; 28 cases of acute gangrene, 20 recovered, 2 improved, 6 died; 14 cases of chronic simple abscess

with bronchiectasis, 6 recovered, 3 improved and 5 died; 26 cases of chronic putrid abscess with bronchiectasis, 13 recovered, 4 improved and 9 died.

The results of surgical interference in acute cases have been so much better than in chronic that it suggests a very careful inquiry into the question of when to operate? Many cases of pulmonary abscess have healed spontaneously under medical treatment. How long one should wait for such a happy result without imperiling the future prospects of the patient or seriously lessening the chances of the surgeon to bring about a satisfactory result is a very important inquiry to be made.

In cases of long standing the thickened walls of the abscess cavity retard seriously the closing after evacuation and drainage. I have found in some cases I have operated on, that the bronchus opened into the very top of the abscess cavity. The erect position of the patient favours by gravity the development and accentuation of this relation of cavity to opening. Bronchiectasis is another very undesirable sequel.

Before opening an abscess of the lung it is most important to make sure that the visceral and parietal layers of the pleura are adherent at the point selected for the puncture. The presence or absence of these adhesions cannot be determined by the duration of the disease. Eisendrath, from statistics and personal observation, came to the conclusion that they are present in 90 per cent. of cases, but that all tests to determine the point in an individual case are fallacious. Several devices have been resorted to to develop these adhesions. In two cases I adopted the method first suggested by Roux in 1892, viz.: To remove a section of rib and then with a round curved needle to suture the two layers together. If pneumothorax should occur with collapse of the lung, it would probably disappear in a few weeks. If, however, the septic contents of a simple or gangrenous abscess cavity should gain entrance into the pleural cavity, the result might be disastrous.

Intra-cranial surgery gives promise of increased usefulness in the near future. Surgical technique is now such that the opening of the skull may be undertaken with confidence when conditions demand it. It is now not only justifiable but a duty to remove localised subdural clot from the middle meningeal fornix, also to elevate simple de-

pressed fracture, to remove spicules of bone from the brain and to empty cysts.

Page, in his Presidential Address before the Neurological Society, has given instance of great relief following each of these operations, in some instances restoring to a life of usefulness.

One cannot consider the closer relation of surgery to medicine without pointing to the increasingly good results attained in typhoid perforation.

There are many complications and sequelæ of enteric fever requiring the aid of surgery. I may mention the occasional widespread infections of bones, and joints, and infection of the bile passages, but it is in that dreaded and fatal perforation of the intestine that the physician and surgeon together have already accomplished much, and I think are likely to accomplish more.

We have had in the Montreal General Hospital during the past six years, 34 cases of typhoid perforation of the small intestine. Of these we have been able to save 18.18 per cent.

The diagnosis of this lesion presents only too often the greatest difficulty. We have not found the blood count to be a reliable guide as a diagnostic sign. It may be present to the extent of ten or more thousand leucocytes without the presence of perforation and it was absent in one case twelve hours after the occurrence of symptoms of perforation, although when the abdomen was opened a perforation was found.

One very important point to remember in dealing with these cases is that in the majority the occurrence of a typhoid perforation is not at all clearly indicated by any well marked group of symptoms. On the contrary, one must be on the alert to notice the first indication. The onset is so insidious that in some cases the House Physician has not thought it necessary to report to his chief, who has discovered the serious condition only when making his ordinary ward visit.

We place reliance upon the occurrence of pain, when persistent and accompanied by persistent local tenderness, change in the character of the respirations, from abdominal to thoracic, and abdominal rigidity. There may or may not be vomiting. The temperature may fall or rise or remain stationary, and the pulse may for some hours show wonderfully little alteration. The diagnosis is exceedingly difficult, and sometimes impossible in patients who are suffering from typhoid toxæmia, and distended tympanitic abdomen.

The experienced and observant physician and surgeon can generally, however, arrive at a pretty accurate diagnosis, but there are a group of cases which in spite of the greatest care and the use of every known test, may yet remain in doubt. It is in these cases that, I believe, proper facilities being available, the more truly conservative procedure is to make an exploratory incision. In some cases this may be done under local anæsthesia, a little ether being given later if found necessary.

Although the success so far obtained is encouraging and many lives have been saved, I believe a much larger percentage of recoveries will follow in the near future as the result of a greater experience in diagnosing. Surgeons are not all agreed as to the time to operate, some advocating delay until shock has passed away, and others, very early interference. In the Montreal General Hospital, of the cases operated on during the first 12 hours, 40 per cent. recovered, and of those operated on during the second 12 hours, only 10 per cent. recovered. It is therefore quite natural for me to advocate the early operation—operate before shock has time to develop—and while the infection is localised. Operations for general diffuse septic peritonitis are not likely to give better results here than elsewhere.

Surgery is coming to the aid of the physician in one field which is distinctly new, viz.: in the treatment of certain conditions of the kidney. Reginald Harrison and Edebohls are the pioneers of this new departure. The work of these two men must not, however, be confounded. Harrison has done service in two distinct conditions, first, in separating adhesions around the kidney he has relieved painful conditions, and secondly, by incising the capsule of the kidney he claims to have relieved a pressure amounting to almost strangulation in acute inflammatory conditions, and by so doing saved the life of the patients.

Edebohls' work is a totally different class and on an entirely new theory. In certain chronic conditions, by stripping off the capsule and anchoring the kidney, he claims to force the establishment of a new forced circulation with a resuming of the normal secreting and excreting functions of the kidneys.

It is too soon to pass judgment either on Harrison's incision of the capsule in acute congestive conditions of the kidney, or on Edebohls' decapsulation in chronic Bright's disease, but both suggestions are worthy of consideration and may bear good fruit in the future. They

at any rate established a new borderland subject for the mutual study of the physician and surgeon, and form a new link for the closer drawing together of these two great departments, medicine and surgery.

The relation of general surgery to gynæcology in Canada is still friendly and likely to remain so as long as the Canadian gynæcologists maintain their present high character and scientific excellence. In the great republic to the south of us it would almost seem as if gynæcology was being slowly but surely absorbed by the general surgeon.

Although it is 140 years since Lambert, of Newcastle, first sutured successfully a wound of the common carotid artery, the practice has only recently been brought prominently before the profession. A. E. Halstead, of Chicago, in a recent article of great interest, has put before us a record of the work done on arteries. It is clearly established that large arteries may be successfully sutured. After a wound, involving half the circumference of the vessel, the sutured vessel remains perfectly patent. If the wound involves the whole circumference, the vessel gradually contracts, as a result of endothelial proliferation, the lumen in most cases finally becomes obliterated, but so slowly that the collateral circulation has time to become established before the blood stream, through the main vessel, is stopped. It is not likely that the surgeon will often find it necessary to resort to suture, but such instances do arise, as in Halstead's case. In removing a recurrent malignant nodule, the axillary artery was wounded. At the previous operation the vessels which should carry on the collateral circulation had been divided. He therefore sutured the wound in the artery and two months afterwards "there was still a radial pulse on the left side of a volume equal to that on the right." Any increased power to control hæmorrhage and to conserve important vessels is welcome—and there may arise contingencies in which this last resource may prove of value.

Most interesting is the work on the pancreas accomplished recently. The surgical advances have been most clearly put before the profession by Mayo Robson, of Leeds.

I think one may say that progress has been made in the treatment of malignant disease. The mortality rate has been lowered year by year. Two important principles now unanimously conceded give us a grasp of the subject and courage as well. That cancer is primarily

a local disease, and that, in many cases at any rate, there is a precancerous stage, are now two well established facts, which it would seem at first sight should enable us to completely subjugate this terrible disease. We also know by what channels it spreads. Unfortunately the onset of carcinoma is often very insidious. It gives rise to so little pain or discomfort and increases so slowly that often, before the victim is aware, the conditions permitting complete eradication have passed. Not only is this true of the rectum, stomach and uterus, but it is astonishing how great advance may be made in the breast or even the tongue before suspicions of its existence are aroused. Nevertheless by a greater watchfulness on the part of the patient and of the family physician and our improved methods of diagnosis, we can say that in cancer of the breast over 50 per cent. are cured.

Butlin in a carefully worded paragraph says, "If patients suffering from cancer of the breast and their medical men can be educated to hope for good results from early operations, and if the latter can be trained to detect cancer of the breast before it is adherent to the skin and associated with enlargement of the lymphatic glands, there is every reason to believe that a higher percentage than fifty would be reached by the routine employment of extensive operations properly adapted to the conditions and course of the disease."

With our present knowledge we may say that no one should die of cancer of the breast, or tongue, or stomach, or rectum. But this Utopian condition can only be approached by a careful study of this process in its very earliest manifestations and thorough extirpation the moment it is recognized, or seriously suspected. This idea of a precancerous stage should enter more largely into the thoughts of the family medical adviser. Advice regarding the care of the mouth and teeth, the insistence upon absence from smoking during the secondary manifestations of syphilis—the care of the breast during gestation and lactation, may sometimes prevent the development of a *locus minoris resistentiæ*, and later on the pathological process called cancer. While we wait for the discovery of the cause of cancer and dream of an antitoxin that will prove curative, let us make the most of present knowledge, and by removing as far as possible all suspicious influences, by zeal in trying to recognize the earliest indication of malignant growth, and by thorough removal as early as possible, to lessen the death rate from malignant disease.

There has developed recently a disposition on the part of both the

physician and the surgeon to resort more frequently to surgery in dealing with non-malignant conditions of the stomach. There are cases of persistent ulcer of the stomach, persistent from deficient reparative power on the part of the patient and often, I suspect, persistent because of the unfaithfulness of the patient in carrying out conscientiously the directions of the physician, that are best treated by surgical methods. Here again we are greatly indebted to Mayo Robson. He has shown clearly the satisfactory results to be obtained by open incision, curetting of the base, followed by pyloroplasty, or better still by gastro-enterostomy. I can personally speak highly of the results of gastro-enterostomy, performed in suitable cases of persistent chronic gastric ulcer. These people are quickly transformed from a life of chronic invalidism to comparatively good health, and of usefulness. In the presence of an ulcerative perforation of the stomach wall or of uncontrollable hæmorrhage, surgery is doing splendid work in the saving of life. Death should but rarely result to-day from either gastric perforation or gastric hæmorrhage.

The reader of an address in surgery can hardly pass over without mentioning some of the more recent suggestions which, while as yet more or less visionary, may bear fruit in the near future.

It is suggested, for example, that internal hydrocephalus may be successfully treated surgically by establishing a communication between the ventricle and the subarachnoid space. This communication is to be brought about by placing a horse hair drain between these spaces. It is also proposed by the same means to drain a meningocele into the peritoneal cavity. You probably also have read the bold suggestion of Lauder Brunton, to incise a narrowed mitral orifice. These ideas seem wild and impracticable, but in this age one cannot afford to put aside these proposals without careful thought. One may, however, probably with a saving of any little reputation he may have, adopt Oliver Wendell Holmes' advice when he said, "And with new notions—let me change the rule—don't strike the iron till it's slightly cool."

Electricity is becoming more and more useful. In the diagnosis and treatment of fracture the X-ray machine is certainly most helpful. It shows us the relation of the fragments to each other and later on it shows us whether or not we have been successful in getting them into correct apposition. This is so far so good. It serves in addition a most useful purpose in enabling us to decide

what fractures may be properly treated by the open method. My plan is to take a radiograph of all simple fractures before any attempt is made at reduction. A second picture shows how far we have been successful in effecting reduction. If this second radiograph shows the fragments to be in satisfactory apposition, well and good. If they are not, the radiograph is shown to the patient and he is told that we cannot do better unless he permits us to make an incision and bring them together. The dangers of incision are fully explained as well as the deformity and limitation of movement likely to result if the fragments are left as they are. The patient may then elect to remain as he is, to submit to treatment by the open method, or to go elsewhere he thinks someone else can do better for him. This plan I have found most satisfactory in preventing the development of strained relations between himself and his surgeon. It also prevents what otherwise might occur—one of those worrying and unseemly suits for malpractice, which fortunately are rare in our Dominion.

My experience in reducing fractures by the open method has taught me that in many instances it is impossible to reduce them otherwise satisfactorily. I have often after exposing the fragments asked students to make extension, using as much force as seemed justifiable and yet the overlapping or riding was not altogether overcome, the ends only being brought accurately together by the use of levers or by bending the limb and then straightening it, and all this time the patients were under the influence of a general anæsthetic. I have the most profound sympathy for the man who fails to perfectly reduce a simple fracture. In many instances he simply fails to accomplish the impossible under the circumstances and with the means at his command.

But electricity in the form of the X-ray machine or in the form of high tension currents is, I believe, destined to become of great therapeutic value, particularly in lupus, cutaneous epitheliomas and probably in many other pathological conditions. It may also prove serviceable in relieving pain in intractable neuralgias.

The use of cocaine as a local anæsthetic is becoming more frequent and safer. The introduction of cocaine into the spinal cord has been tried in most countries. In its present form it does not seem destined to come into very general use. I have used it in twelve cases. By its use I have in one case resected six inches of small intestine, in two cases removed the appendix vermiformis, in one case performed a

radical cure for inguinal hernia, in one case removed hæmorrhoids, in one case extracted a vesical calculus, in one case circumcision, and the other cases were amputation of the foot, amputation of toe, circumcision and osteotomy for hallux valgus. In all the above cases the analgesia was perfect and extended as high as the margin of the ribs in some instances, and in others as high as the forehead. In another case, that of a young dentist suffering from acute appendicitis, it was a complete failure and I was obliged to administer ether. This was the only failure in twelve cases.

In these twelve cases vomiting occurred soon after the injection in six or 50 per cent.; profuse sweating in nine; in all of them the pulse became rapid and of poor quality during the first ten minutes, and the expression of the patient was such as to cause a feeling of uneasiness in the minds of the onlookers; the face became pale and the features drawn. These unpleasant symptoms generally passed off before the operation was completed and the patients became talkative, were quite pleased with themselves and their surroundings and returned to the ward enthusiastic advocates of the new pain reliever. In none of these cases were there any unpleasant after effects; none of them suffered from more than a very slight headache, and no vomiting occurred in any case after returning to the wards. The after care gave the nurses no trouble and many patients asked that when they were operated upon it should be under spinal cocainization.

Notwithstanding these favorable results I have not used it for several months. Although I have had no accident with it others have, and I confess I am afraid of it. I find that mine is not an unusual experience. A few days ago during a short visit to some of the great surgical centres to the south of us, I made it a point to enquire from surgeons what their experience had been, and they generally made answer that they had used it, had had no accident, had found the analgesia satisfactory, but had not used it lately. They seemed afraid of it. One and all, however, agreed that there was something in it, and that probably in the future some modification would be found to render it safer than at present. The kidneys did not in any of my cases appear to have been at all affected by its use.

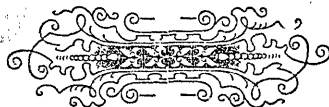
Important advances are being made on the pathology of the blood. Although the value of the leucocyte count as a diagnostic sign has possibly been overestimated, yet that it has a distinct value none can deny. The estimation of the percentage of hæmoglobin I have found

to be of distinct value in deciding that question sometimes of paramount importance—is the patient in a fit condition for operation? Operations should be undertaken only after serious consideration if the percentage of hæmoglobin present is under 50 per cent., and if less than 25 per cent, one should hesitate unless the conditions are most urgent.

The value of a knowledge of the freezing point of blood and urine is perhaps not yet correctly estimated. It is a time-consuming process. I have had the freezing point of urine determined in about fifty cases at the Montreal General Hospital, but am not yet fully convinced that great dependence can be placed upon it. Ogsten has found it of value.

Gentlemen, I have taken up so much of your time in retrospect that no room is left for prophecy. It must be evident, however, to you all that we are living in a time of great activity. There are no indications of a halt. The future never seemed to hold in hand greater promise of reward to the earnest worker. Bacteriology, Embryological Pathology, Physiological Chemistry and Serum Therapy are terms representing a few of the fields of richest promise.

I thank you, gentlemen, for your kind attention.



THE RELATION OF THE GENERAL PRACTITIONER TO THE PHYSICAL LIFE AND DEVELOPEMENT OF OUR YOUTH.*

By J. A. SPONAGLE, M. D. Middleton, N. S.

In attempting to write a paper for the Medical Society of Nova Scotia, I think it would be wise for me to premise any few remarks I may offer with an apology. I believe that is the usual thing to do—especially as this is my “maiden effort,” a partial promise to write the same having been made in a “moment of weakness.” My apologies are capable of a two-fold interpretation, on the one hand for being so remiss in my interest and attendance at your meetings, and on the other for attempting to deal with a subject of such great importance and which I feel myself manifestly inadequate to handle properly or to add any new light thereon, or to materially benefit. There is one thing however that any paper, no matter how inferior, may accomplish, and that is to invite discussion. Indeed a very perfect exhaustive dealing with a subject is not so likely to produce this desirable result as one that is weak in argument or faulty in its conclusions. Consequently the outlook for a profitable and interesting discussion this evening is bright.

The general practitioner is or should be a specialist in this matter. In these days of specialism (and some of a very doubtful quality) the laity seem to be inclined to think that to be a general practitioner, and not to have the name “specialist” in some way connected with one’s name, is to be very much of a back number. There is not a man amongst us, who, if so disposed, might not go away for two or three months, buy a few instruments, and poise as a *specialist*. But I am very glad to think the great majority of the members of our profession in this province refuse to yield to that sort of quackery for mercenary purposes or any other reason. Would that I could say this of all. Such as these, and those who send out medicine teams, I am glad are very few indeed.

It was my great privilege to listen to and afterwards carefully peruse the noble and manly address of our late lamented confrere,

* Read at meeting of Medical Society of Nova Scotia, New Glasgow, July, 1902.

Dr. W. S. Muir, in his Presidential Address to the Maritime Medical Association last year in Halifax. You know how he viewed these matters and how he expressed himself.

Years of experience in dealing with people under all sorts of conditions, and especially with the youth of a community, should give general practitioners a true and solid basis to base a claim as experts on the subject we are discussing. But are they so regarded?

If a person has hardened wax in the ear causing deafness or enlarged tonsils requiring removal, you know it is the so-called specialist who is usually called, but in the case of a proposed marriage in the family, is the old family physician, the true specialist, ever consulted? There may be reasons, and mighty ones, why the proposed nuptials are not desirable from a physiological standpoint. Still the public usually regards these matters as of such minor importance that what may be termed *expert advice* is usually never sought. Indeed such a suggestion would likely be regarded as both ridiculous and dreadfully improper; and such is the present state of public feeling in the matter, that he would be a brave man indeed who would hazard a professional opinion in a case of this kind. Consequently many children arrive in this world seriously handicapped, and, like "the absent minded beggar," we have to take them as we find them.

Being thus handicapped, it is the object of this paper to enquire how that handicap may as far as possible be overcome, and at the same time how our youth, who *do* start out in life well dowered physically and mentally, may be taught how to retain this precious heritage and not have it in anyway impaired under our modern conditions of life, especially in the developing period. We will pass over that of infancy and come to the school period.

The present school training is one sided. Hence the body suffers and the children of future generations are liable to become, like the tad-pole, all head and no body. Now our bright neurotic youngster has to change his or her free open air life for, as is usual, five or six hours daily on a hard seat, breathing in air more or less vitiated and hampered in his or her natural activity. Here I believe is where the duties of the health inspector, physical instructor and especially the expert general practitioner should begin. I am aware that the curriculum provides for a certain amount of physical instruction and exercise, but, I stand corrected if I am not right in the assertion, that teachers as a rule do not give this part of their duty the attention it

should have, and what is done is done in a rather perfunctory manner.

As the child grows in years and as the mental training advances, so should the physical, and by the time he is ready to leave school he should be equally as proficient in drill as in geometry, have as good a seat in the saddle as he has knowledge of history, and be as well able to give an exhibition in dumb-bell or rifle exercise as in oratory. Does such a state of affairs exist now?

Take our average youth of say sixteen or seventeen who has just graduated from one of our High Schools and has obtained a scholarship certificate. This has a sarule been obtained after the expenditure of much nervous energy incident to the system now in vogue, and which I need not discuss. Partly as a result of this, but due more to the almost total neglect of what should be the other side of his training, what do we usually find? The height and weight not proportional, the chest narrow and contracted and expansion limited, the shoulders stooping, muscles poorly developed, a slouching gait, and generally, especially among girls, more or less anæmia, a high strung sensitive nervous organism, and what may be termed a mincing appetite. Is this possessor of the goverment certificate our ideal of what our schools should produce? No! And the question arises—

How can the general practitioner come in as the special adviser not only of individuals but of communities, to produce a more desirable result? It would be well to this end for him to make a study of calisthenics and physical culture, (and here I may say that lectures and instruction in his regular M. D. course on these subjects might not be amiss), he should be asked to see that school houses and homes are properly ventilated, and in good sanitary condition generally; he should be able to participate in, or at least have a general interest in athletics of all kinds, to understand and be an advocate of systematic drill, ceremonial, manual, and especially physical. Further than this if he is an expert horse back rider he will not only benefit himself personally but be an example to the young people in his district to adopt this most excellent, but, I am sorry to say, sadly neglected health producing form of exercise. In thus endeavoring to bless others he will be thrice blest himself. Owing to lack of judgment shown by teachers of calisthenics at public institutions in a few places coming under my notice, the judgment of a physician on the spot, familiar with gymnastics, could very well be taken. No doubt all this may appear more or less impracticable and visionary. Possibly to a

certain extent it is, but is it not desirable? Having thus put themselves in a position to advise as special advocates on these lines, general practitioners would be performing a truly patriotic duty. The future fathers and mothers would be more likely to start out in life with not only trained minds, but with sound bodies and steady nerves. At the same time the youth of our country would have more or less military training which in the event of a national emergency would be of incalculable value. The problem of national defence is one that may go very well hand in hand with the question of physical development. The government of the country is recognizing this in the encouragement of Cadet Corps and the formation of Civilian Rifle Clubs. The former are by no means general, however, but why could not such an organization be part and parcel of any school of any pretensions?

The great difficulty lies probably in the fact that very few of our teachers know anything of drill or seem to be at all interested in such matters. If they can only furnish a good supply of material for the yearly July mill they feel that they have fulfilled their duty. In this, however, they are not so much to blame, as parents are apt unthinkingly to urge them to this. Especially is this the case with young teachers (and the great majority are young), who wish to make for themselves a good reputation. This training of the young and developing life under their care should be at least under the regulation of the family physician, who should be backed up by public opinion in this very important, I would almost say, humane duty. In schools able to provide a gymnasium there is less danger in this direction than is, say, in a graded village school in this province. Here, often, ambitious boys and girls of the surrounding section congregate, attracted probably by the fame of some teacher in the line I have mentioned. As is usual, no means for systematic exercise or for physical development exists. This, with the nature of the struggle ahead, sometimes at once tells its tale, or, very often starts or hastens that general deterioration which becomes painfully manifest in future years. In view of all this, I would suggest as one remedy that all teachers be required to obtain certificates requiring them to teach calisthenics, and especially to know what is termed physical drill, the ceremonial and manual being also very desirable.

This may appear a hardship, as they very likely consider the requirements are now only too exacting. Even if a portion of the

present curriculum were lopped off, I should strongly urge this. The teachers themselves, by being forced to qualify themselves, would then be the first to benefit physically, and in that case we would hope for fewer breakdowns after a few years' teaching, especially among ladies. Of course an official inspection of this part of the work would be necessary, and excellence in this department should count for as much as any other. I think Cecil Rhodes, in his will, must have had something of this sort in view, and his idea of what a good all round training should be may well be emulated by all patriotic citizens, and by none more than the general practitioner.

In closing, and in this connection, permit me to suggest that general practitioners and also teachers would do well to encourage and materially to assist in the organization of Civilian Rifle Clubs. These dove-tail very nicely on the lines already suggested, and while affording a most fascinating form of recreation, at the same time train the eye, put into practice the youths' knowledge of the laws of refraction, and strengthen the nerves. Likewise a training is received that may be only too useful in a national or any other emergency when the skilful use of firearms comes in.

As a last word I would say that this matter was forced on my attention by circumstances with which some of you are familiar, and it will always be a source of regret that in my school days a different idea of what constituted school training did not then exist.



AN ANOMALOUS CASE IN OBSTETRICS.*

By P. C. MURPHY, M. D., Tignish, P. E. I.

In acceding to the request of our energetic Local Secretary to prepare a paper for this meeting of the Maritime Medical Association, I was at a loss which way to turn for matter worthy of presentation before your distinguished body. Remembering, however, the *raison d'être* of our meetings—the interchange of ideas based on the experience of everyday practice—I concluded that an anomalous case from my records might invite discussion and, perhaps, do its modicum of good, even in juxtaposition to a scientific thesis from one of our eminent colleagues. I report this case, too, because it represents one of my failures, from which we often learn most, and, while we all take a natural pride in our triumphs, we are only too glad that our failures should be forgotten.

Mrs. N., married, aged 29, when she came under my care in 1896 pregnant for the seventh time. Wife of farmer in comfortable circumstances. Family history good. Personal history from childhood to marriage of the best. Never had serious illness before marriage. Every day life from the hygienic standpoint good. Husband's family history, life and reputation irreproachable. She gave a post-marital history of a first child born at full term, who is now a healthy young girl of 15, followed by a succession of miscarriages to the number of five, under the professional care of my predecessors, without any ostensible reason that they could discover.

In general appearance she was rather anæmic looking, but of good general conformation and expressed herself as feeling strong and healthy. A physical examination revealed no evidence of organic disease. I decided that her miscarriages were due to a simple habit which, we know, the organs involved are peculiarly liable to develop, and putting her on simple tonic and chalybeate treatment, with instructions regarding exercise and diet, I hoped for better luck than those who had preceded me and awaited developments. The pregnancy had proceeded by this time to the end of third month, and

*Read at meeting of Maritime Medical Association, Charlottetown, July 1902.

her miscarriages usually came on about the end of the fifth. The present case was no exception. There was no sign of quickening and about the twenty-first week pain came on. After the discharge of an excessive amount of amniotic fluid I delivered her of a macerated fetus which had apparently been dead a month. The placenta showed signs of fatty degeneration, but I could find no other untoward condition. I continued the plan of treatment already outlined and her post-partum state was in every way satisfactory. There was full uterine involution and menstruation came on at the regular time, the quantity and duration being normal, until she again became pregnant in about seven months, with repetition of the record just given, with the exception that the placenta was slightly adherent and showed naked eye evidence of fibroid degeneration. During the next two years she had two other miscarriages under the same conditions. As you would suppose I had by this time tried the whole round of drugs, tried rest in bed during the pregnant state, in fact, I think almost everything but the action of our old friend the enurette—for the use of which I could see no good reason.

Shortly after the fourth accident under my care, which was the ninth of the kind she had been through, I read the description of two cases, the history of which was very much like mine, and where the use of bichloride of mercury and iodide of potash had generally worked wonders. These cases were reported and the treatment recommended by a prominent New York obstetrician and he advised the administration of small doses of these drugs during pregnancy where there was no evidence of specific trouble, which I absolutely exclude in my case. My patient was put under this medication on again becoming pregnant with the result that she expressed herself as having perfect health during the first eight and one-half months. Quickening came on at the usual time and continued to within about two weeks of the expected time of labor when the movements became exaggerated for a day and ceased, and labor pains came on a week later. The first part of labor was uneventful. There was an excess of amniotic fluid which, by the way, was present every time. The presentation was cephalic with L. O. A. position and everything proceeded satisfactorily until delivery of the head after which the strongest uterine contractions were ineffective.

I found that try as I might with traction on head and shoulders—

the child of course being dead—I could not improve matters. The shoulders would come down a certain distance, but would recede as if a spring were attached to buttocks. On passing my hand along body of foetus I found at what corresponded to its abdomen an enormously distended fluid sac, which could not be engaged in pelvic brim, and was the obstacle to further progress. With my hand in a position to protect maternal structures, I punctured the obstruction with a pair of ordinary sharp-pointed scissors, when, by estimation, from one to two gallons of fluid came away and delivery was completed without further trouble. The placenta was adherent over its entire surface and had to be picked off inch by inch, after which I curetted and instituted ordinary treatment. The mother did well up to the morning of the fourth day, her temperature never going above 100° , nor her pulse above 90. On that day she awoke in the morning and expressed herself as feeling well, ate a light breakfast and shortly afterwards complaining of a sensation of smothering, asked to be helped up, gave a gasp and died, I think from pulmonary embolism, the result of escaped uterine clot.

The child presented an abdomen that had been very much distended; but as no autopsy was permitted I could see nothing else apparently abnormal.

This is a rather unsatisfactory ending to a somewhat unique case I think it is plain that the trouble from the first was due to placental degeneration. What the inherent basic cause might be I leave to the speculation of somebody of more extended experience. While I feel that my data are somewhat incomplete and there is a consequent impossibility of making accurate scientific deductions, it would seem to me that a general discussion of those comparatively common cases of abortion without discernable cause, of which this one may be taken as an exaggerated type, would be time well spent. I would like also to hear the opinion of some of the therapists present as to whether the administration of the bichloride and iodide had any effect in carrying the labor almost to term, or was it merely a coincidence. It would appear that I failed altogether in my object in administering these drugs. If they were to be at all effective it must be largely through their alterative action on fibroid degeneration through their influence on general connective tissue formation, and we find this form of placental degeneration so exaggerated in the last pregnancy

as to be the cause of obstructed foetal circulation and consequent foetal hydrops. The dosage of these drugs was gr. 1/30 and gr. v, respectively. Whether or not larger dosage would have been more effective must remain an open question. In conclusion I beg to draw attention to the unusual condition of hydrops abdominis in the foetus as an impediment to delivery. It is a condition worth remembering as I think it is not mentioned in some of our standard textbooks. I may add, too, that during the four years this patient was under my professional care she had perfect health during the interpregnant state and early months of gestation.



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—*The Medical Times and Hospital Gazette.*

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Beef, Milk and Wine Peptonised with Creosote,

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COMPLETE PLACENTA PRÆVIA.

By N. S. FRASER, M. B., (Edin.), M. R. C. S. (Eng.), St. John's, Nfld.

I was called at 4 a.m., March 23rd of this year, to a Mrs. C., aged 37 years, the mother of four children. The messenger informed me that it was a case of labour and that she was bleeding freely. On arrival I found the bed saturated with blood, which was still running from the vagina. There were some uterine pains and with each pain the flow of blood increased. The patient was very white, with small quick pulse, and was evidently suffering from what she had lost; and consequently could not afford any further loss. She was within a fortnight of full time, and gave a history of occasional small hæmorrhages for the past six weeks.

On examination I found a soft cervix, not taken up, and the os uteri about one and one-half inches in diameter; above this the placenta itself, with the foetal head bobbing against it in the uterine cavity. The urgency of the case called for immediate delivery, but she could not be touched without chloroform and I was alone—no help, but what might be obtained from an ignorant woman who acted as “granny” to the case. There was no time to send for skilled assistance, so I decided to act promptly and take the risks. Accordingly giving chloroform with a liberal hand she was anæsthetized in about five minutes, and then having previously disinfected my hands, I passed my whole hand into the vagina and gradually tore my way through the placenta, until, entering the uterine cavity, I was enabled to grasp a foot and bring it down into the vagina. On drawing the latter well down, bleeding diminished considerably, but on completing the delivery another gush of blood followed and continued until I had passed my hand into the uterus again and extracted the placenta. As soon as the second stage of labour was completed, I began compression on the abdominal aorta and continued the compression, though somewhat imperfectly, until the end of the third stage. Gradually the pulsation became quicker and feebler until finally the patient collapsed altogether. She became ghastly white with cold perspiration standing out on the face, the breathing almost imperceptible, and

the glazed eyes turned upwards, while there was no pulse to be felt at the wrist. I had a kettle of boiling water—but no cold sterile water—some household salt, almost dirty from usage, instruments and gauze that had been sterilized but were handled since and consequently contaminated. The choice then lay between immediate death from hæmorrhage or the remote dangers of septic infection by using impure salt solution, with perhaps failure in any case. I decided upon the latter and without special preparation opened the median basilic vein of the right arm and introduced the tube of the transfusion apparatus, while the old "granny" poured in the salt solution (one dram to the pint) into the glass funnel. I could not say what temperature the solution was, but it was a long way above 100° F. By the time we had used a pint of fluid the patient shewed signs of reviving and in a few minutes more began talking deliriously. In all we used about three pints and then closed the wound with a catgut ligature. The pulse could now be easily felt although still too rapid to count. At the end of another half hour the delirium had passed off, but she complained very greatly of her head being giddy, with noises in the ears and pain in the heart. The improvement in her general condition continued and I was able to leave her, in fairly good condition, by 9 a.m.—five hours after I was called. Subsequently I watched the case very closely and anxiously, expecting infection somewhere, but in this I was agreeably disappointed. For the first twenty-four hours her temperature remained at 99° F. and her pulse and respirations were accelerated, but from the second day she went through a normal puerperium. The anæmia required treatment and she was slow in making up the blood lost, but eventually the return to health was perfect.

There is nothing new in the treatment of this case that calls for comment, but the urgency of the case was extreme, help scant, and the means at my disposal not ideal. The requirements of aseptic surgery were not at all fulfilled in the operation of transfusion, but the result proves that I was justified in ignoring these conditions and taking the more remote risks while treating the immediate urgency. Nothing is of so much value in cases of hæmorrhage, whether from placenta prævia or from other causes, as immediate, prompt and intelligent action on our part, but we must sometimes be ready to shoulder considerable risk and responsibility and not waste valuable time sending for further assistance and appliances.

REMOVAL OF A SCIRRHUS MAMMÆ BY THE USE OF CAUSTICS.

By JOHN J. REID, M. D., New York.

The rarity of cases of removal of the mamma by the use of caustics may render the report of the following not without interest. In some cases the patient persistently declines any cutting operation and in such the only remaining hope is the use of caustics. The following was of such a character.

A woman 68 years of age came under observation suffering from an enlarged and ulcerated scirrhus tumor of the left mamma of two years duration. The axillary glands were not appreciably enlarged. Whilst she declined any cutting operation, she consented to have an application made to the sore. The case was treated by the method of Bougard—with the result of complete removal of the growth followed by a linear cicatrix.

Bougard's method practically consists in the use of chloride of zinc paste, in such a way that after an eschar has formed it is in part removed and a subsequent application made on the remains of the previous eschar.

The special advantage of this is that the caustic does not directly meet the sensitive tissue, thus lessening the pain to an endurable extent. Again the chances of bleeding are much reduced by the presence of a protective eschar.

The method of procedure was as follows: The Bougard paste was applied to the ulcerated surface and allowed to remain six hours, at the end of that time the paste was removed and a poultice applied. On the next visit the upper layer of the eschar was cut away by bistoury and scissors and a fresh application made. In regard to the depth of the eschar and the amount removed it is difficult to speak positively, as the resistance of different parts of the growth varies; it may be said however that one-third of an inch is a fair average.

Experience will decide how much should be removed. When the patient feels that you are reaching the quick, or if there should be an

indication of blood it is well to desist. In commencing the treatment in the present case, the paste was applied to the ulcerated surfaces and the routine of application and removal and use of poultices continued till it seemed probable that the growth was destroyed. Treatment was then discontinued, and in about a week the eschar sloughed out leaving a cavity sufficiently large to enclose a goose egg.

The patient was then lost sight of for two months. At the end of that time it was found not only that the ulcerated surface still existed, but that there was evidence of extension of the disease, which was accompanied by pain at the upper border of the growth. It was now evident that the only hope of cure was to carry on the treatment energetically. This was done till all evidences of the growth were removed. An interesting point was here noticed. Just as soon as the caustic reached that part of the tumor where the pain was, the pain ceased, showing that it was probably due to pressure on a nerve-branch.

When it seemed that all traces of the growth were destroyed, treatment was discontinued and the eschar allowed to slough out. This occurred in about a week, and on the separation of the slough the appearance was that of a yawning chasm of granulation tissue. The sides were then approximated by means of adhesive plaster and appropriate external dressings employed till the whole of the wound closed up. There resulted a linear cicatrix about an eighth of an inch in width and extending over the præcordial region for five or six inches.

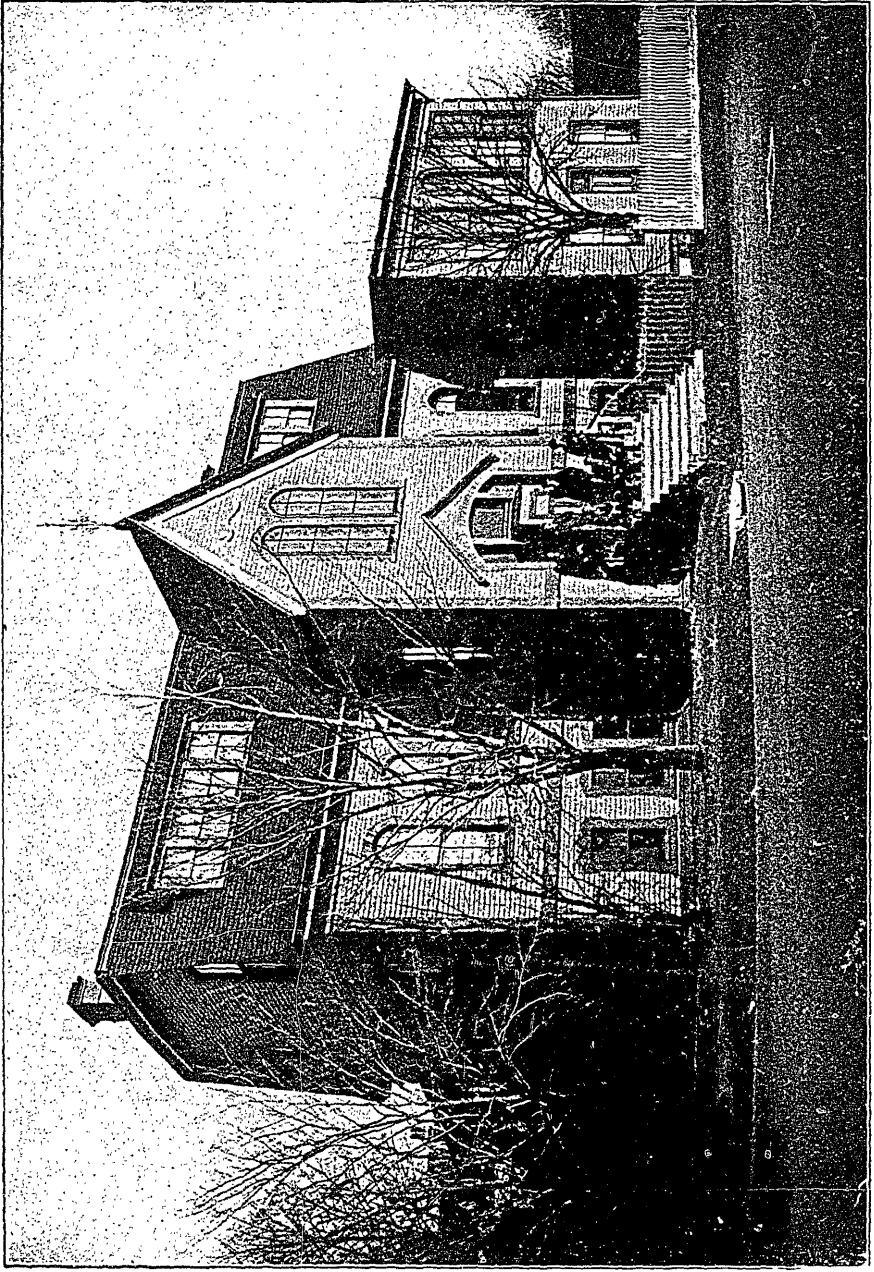
It is advisable to give an injection of morphine before applying the caustic, as the comfort of the patient will be much promoted.

If bleeding should unexpectedly occur in the manipulation of the tissues, the use of the solid stick of nitrate of silver will be found serviceable in checking it.

FORMULA OF THE CAUSTIC.

Flour.....	60	parts
Starch.....	60	“
Cor. sublimate.....	$\frac{1}{2}$	“
Arsenic.....	1	“
Am. muriat.....	5	“
Chloride zinc.....	165	“
Water.....	80	“

Mix.



HALIFAX MEDICAL COLLEGE.

THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIV. HALIFAX, N. S., SEPTEMBER, 1902. No. 9.

Editorial.

THE HALIFAX MEDICAL COLLEGE.

On September 2nd this institution opened its thirty-fourth session. Established in 1867—after a somewhat chequered though always progressive career—it has now firmly established itself as one of the most important educational institutions in the maritime provinces, and as a very considerable factor in medical education in Canada.

From 1867 to 1902 it has prepared for graduation about 150 students, while many have taken partial courses, completing their medical education elsewhere. One-fifth of the practitioners to-day registered in Nova Scotia have been educated within its walls, and between eighty and ninety students are now enrolled, of whom about twenty will graduate next spring.

The College sends its alumni over the whole of Canada, to the United States, and as far afield as India, China and Corea; while it draws its students principally from the three maritime provinces, Newfoundland and the West Indies. A staff of thirty professors and teachers would indicate that the capacity for instructing has not failed to keep pace with the growth of the College and the increasing demands of medical education. During the last few years a large amount of money has been spent in improving the building and increasing and modernizing the equipment of the school; and to provide the funds for this purpose the entire staff worked for several years for practically no remuneration.

The College gets an annual grant of \$1000 from the Provincial Government—otherwise it receives no public aid. This \$1000 is amply repaid by the improved service to the Victoria General Hospital which a medical college insures, and by the ample supply of house surgeons and clinical clerks which it provides at nominal salaries; while the access, which the senior students have to the wards and operating rooms of an up-to-date and liberally supported hospital with about one hundred and fifty beds, places the medical school in a very enviable position, and makes it possible for students to acquire an intimate acquaintance with disease, which is often difficult and sometimes impossible where a disproportion exists between the number of students and the number of available hospital beds.

An unfortunate feature of the work is that the Halifax Medical College does not stamp its students with the hall-mark of its own degrees, but hands them over to Dalhousie University; which, while eagerly accepting the students for examining and graduating purposes, consistently ignores their teachers—save those who happen to be likewise connected with the Dalhousie faculty. A few days ago a rather ridiculous advertisement in the public press stated that the lectures of the *Dalhousie Medical Faculty* would begin on Sept. 2nd. Possibly this presages an era of more considerate behavior!

Since, however, the Halifax Medical College acts in a broad minded and liberal spirit, which might well be emulated elsewhere, it might well insist upon Dalhousie permitting Halifax Medical College teachers to be present, if they wish, when their students are undergoing examination; and further that one of the two examiners on any subject should be a Halifax Medical College teacher of that subject. Unless these reasonable requirements can be fulfilled, it would be well for the Halifax Medical College to look in another direction and graduate its students under the ægis of the new Medical Board which will soon be in process of construction under the terms of Dr. Roddick's bill.

Again, if the Halifax Medical College is to keep up with the advance of medical education it will soon be necessary to provide for a summer session, and later for a five year curriculum, though the latter may be reasonably deferred for a few years yet. To-day we find Halifax Medical College men occupying foremost positions in the profession throughout the province, and passing creditably before the British and American examining bodies; but they cannot long, even by stren-

nous effort, achieve in four sessions of eight months results equal to those achieved by others studying during five years of nine months.

The citizens and professor of Halifax and of Nova Scotia have good reason to congratulate themselves on the College which has grown to such efficiency in their midst. Not only does it stimulate a higher degree of professional attainment in those who teach, but for the taught it brings medical education almost to their doors.

MEDICAL ETHICS.

During the past few months the profession in the maritime provinces has been considerably exercised over abstract propositions of medical ethics. At various meetings—at Charlottetown, St. John, Halifax and elsewhere—papers have been read, and discussions have taken place; and the majority of those taking part in the deliberations have shown a healthy and laudable willingness to correct the more or less unethical acts of *their colleagues*.

This desire to do missionary work is no doubt deeply altruistic and like devout and oft repeated prayer, it may be expected in time to produce an almost miraculous result in the devotee. We say this in no scoffing mood. We delight to note the deep interest which a large number of the profession is taking in medical ethics. The subject is one which will stand much prayerful study; and the beneficent results which may accrue from it are not to be estimated by our feeble and finite understandings.

We have, however, often thought that if the enthusiasm which is now, in public and private, spent in pointing out and correcting the errors of misguided fellow practitioners, were spent in moulding the embryonic ideas of students, during the pliant and formative period of professional life, the results would be more adequate to the effort involved.

By preaching much ethics one will never correct the faults of an erring and doubtless hardened brother practitioner; though for a man it may do much toward developing the feeble seed germinating in his own breast, towards laying down firmly his own line of conduct, and strengthening his own weak resolves. Here is where the altruism of

this missionary work lies; and while subjective in its immediate result, it later becomes most widely objective, and so truly benevolent.

In all seriousness, we would advocate that a short course of lectures on medical ethics should be given to all students in their final year of study. The Golden Rule is a sure guide, but like the Sermon on the Mount and the Ten Commandments it requires expounding and commenting, and its application to matters medical may be profitably developed in all the trivial detail of an up-to-date sermon.

It is at the beginning of a man's career that he makes or mars an ethical reputation. His sins may be sins of ignorance, sins of omission, or sins of commission, but they are rarely forgiven and never forgotten; and many a man with a potentiality for good, becomes a Pariah and Ishmaelite through the indirect consequence of small faults committed at the beginning of his career, through ignorance of the proper application of the Golden Rule in unfamiliar surroundings.

With this we commend our suggestions to those who guard the portals of the profession, who dominate medical politics and expound medical ethics. Let them train the sapling aright and the tree will be a credit to their forestry.

A STURDY VETERAN.

Last month Dr. Wm. Bayard of St. John, celebrated his eighty-eighth birthday and we most heartily congratulate the aged veteran in his vigorous health and continuous energy. We are pleased to quote from St. John papers of August 22nd, references to our "Grand Old Man:"

"Congratulations are due to Dr. Bayard, who at the age of eighty-eight, and in the sixty-sixth year of his active practice, is still alert and vigorous, and disposed to take his share in attending to the well-being of the community. The career of Dr. Bayard may be considered by those who say that Mr. Schwab has broken down at forty because of his strenuousness. The president of the Steel Trust has probably been no more strenuous in any five years than Dr. Bayard has for ten times that long.

Yet Dr. Bayard is not the oldest physician in St. John. Dr. William Harding, now well advanced in his eighty-ninth year, who, we believe began his medical practice the year before Dr. Bayard, may be met on the street any day. He too had his share in public service, and took his part in fighting ancient epidemics. Dr. Harding, however, retired from active practice some years ago. His less combative disposition and greater serenity would perhaps permit the advocates of moderation to predict for him a long life, with a peaceful and honored old age.

On the other hand, Dr. Bayard has been an agitator and a campaigner, given to strong speech and to forceful action. He has carried on a large practice, without sparing himself, and at the same time has been more or less of a storm centre and disturbing influence, cherishing always a noble discontent with all unhealthy influences and surroundings. Notwithstanding all this he is today about the youngest and most cheerful man of fourscore and eight that can be found in this end of Canada.

The St. John public hospital, established nearly half a century ago, through Dr. Bayard's persistent energy and aggressiveness, was in its early days quite up to the standard of such institutions elsewhere. But the building is now behind the times, and the situation is not one which would be chosen under existing circumstances. It is suggested that a very large sum of money shall be expended for the improvement and equipment of this old building, though the place will certainly have to be abandoned before a great many years. Is Dr. Bayard not young enough to start a new campaign and to lead an agitation in favor of spending this \$25,000 or \$30,000 on a new building which will give permanent value for the outlay?"

"Dr. Wm. Bayard celebrated yesterday (August 22nd) the 88th anniversary of his birth, and last evening the commissioners of the General Public Hospital seized upon the occasion to make a call upon him at his residence on Germain street. There was in the party M. W. Maher, Henry Hilyard, Ald. McGoldrick, Mayor White, Dr Daniel, W. C. R. Allan, Dr. Addy and Dr. Walker.

On behalf of the commission, M. W. Maher, the vice-president presented to the venerable president a handsome cut glass dish. Mr. Maher spoke at considerable length in making the presentation. He

alluded to the valuable services rendered by Dr. Bayard in the long years that he had presided over the commission. He expressed the hope that the president would be spared to assist in the conduct of the institution for years to come.

Dr. Bayard replied briefly, thanking his fellow commissioners for thus remembering him.

The visitors were entertained by Dr. Bayard and a round of speeches followed, in which Ald. McGoldrick and several other gentlemen took part."

EDITORIAL NOTES.

CANADIAN MEDICAL ASSOCIATION.—The programme of the annual meeting at Montreal on September 16th, 17th and 18th, has already been published and cannot fail to be a very successful gathering in every particular. Next issue we hope to give an interesting account of the proceedings.

MONUMENT TO DR. ENGLISH.—The widespread appreciation and esteem of the people of the United States for the author of "Ben Bolt," make most appropriate an appeal to the entire country for contributions for the purpose of properly marking his grave. Free-handed and generous to a fault, Dr. English died a poor man. While no appeal is made on behalf of his family, a generous surplus might not be unacceptable to them. This movement was originated by the Society of American Authors, 32 Broadway, New York, to which intending subscribers can forward their contributions.

I have employed Pepto-Mangan (Gude) in a series of cases of anaemia and chlorosis, and have found this preparation a most excellent one in many cases in which other ferruginous preparations were not tolerated.

SANDNES, NORWAY, July 24, 1901.

DR. C. MYHRE.

Obituary.

PROFESSOR RUDOLF VIRCHOW. The following outline of the life of the greatest scientist of the nineteenth century is culled from the *New York Medical Record*:

Professor Rudolf Virchow died at his home in Berlin on Friday, September 5th, as a result of a fracture of the neck of the femur received in a fall from a street car in January of this year. The fracture never healed and sometime ago it became evident to his sorrowing friends that the career of this great scientist, statesman, philanthropist, and lovable old man was nearing its end. * * * Virchow was an honorary citizen of Berlin, and the municipality accorded to his remains a public funeral, which took place on Tuesday of this week, the procession starting from the Rathshaus. The eulogies were pronounced by the Burgomeister of Berlin, Herr Kirschner, and Prof. Waldeyer of the University. * * *

Young Virchow first came prominently before the public in 1848. At that time he was appointed junior member of a government commission to investigate the epidemic of typhus fever among the starving inhabitants of the Silesian Highlands. His report, embodying the result of his studies, was regarded as brilliant and profound. * * *

The investigation thus introduced him to politics, and laid the foundation for the brilliant parliamentary career in which he always championed the cause of the people. But the radical views which he held and freely expressed during those revolutionary times caused his expulsion, in 1849, from his chair at the Berlin University. He immediately received an offer of a Professorship in the University of Würzburg, which he accepted, and it was there that he did some of his most remarkable work. He remained for seven years in Würzburg, during which he began his most celebrated work, "Cellular Pathology," published in 1858, which has made his name immortal in the annals of science and medicine. There he began the "Handbook of Special Pathology and Therapeutics," which helped to insure his renown, and he instituted his "Annual Reports of Advances in Medicine throughout the World." Before Virchow went there the University of Würzburg was held in slight esteem, but through his

work, and that of brilliant young men inspired by his example, it was raised to the front rank of medical schools.

But Virchow was too great a man to be kept in the comparative obscurity of a small university town. The Prussian Government established the Pathological Institute in 1856, and could do nothing else than place this already famous man at its head. He was accordingly recalled to Berlin, being made at the same time full or ordinary professor of pathology at the University. * * *

In all this time, however, there was no rest from his labors in the advancement of medical science, and scarcely a year passed during nearly half a century that some important contribution from him was not published. He had the open mind of the true scientist and never rejected any theory that seemed to conflict with his own until he had satisfied himself by actual proof and weighing of facts that it was unworthy of acceptance. He was slow to accept the doctrine of the microparasitic theory of disease, not because it endangered the doctrine of cellular pathology, of which he was the father, but because he was not satisfied of its truth. When he was finally convinced that bacteria play a large part in the production of morbid action, he accepted the new doctrine, and modified his own teachings to accord with it.

A catalogue of the scientific bodies which have from time to time honored themselves by electing Professor Virchow to honorary membership cannot be given, for it includes practically every society of prominence in the civilized world. The celebration of his eightieth birthday, not quite a year ago, is fresh in the minds of all.

Book Reviews.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Surgery, Therapeutics, etc., etc., and other topics of interest to students and practitioners. Volume II, Twelfth Series, 1902. Published by J. B. Lippincott Company, Philadelphia; Canadian representative, Charles A. Roberts, Montreal.

Reference to a few articles in the latest volume of the CLINICS will serve as samples of the excellent material contained therein. Take for example: "Treatment of Acute Urethritis," by Professor Ernest Finger; "Treatment

of Simple Ulcer of the Stomach," by Dr Albert Robin; "Passive Movement and Massage for the Treatment of Fractures," by Professor Lucas-Championniere; "Gastro-Intestinal Auto-intoxication," by Dr. John C. Hemmeter. One of the most valuable articles is "Resection of the Cervical Sympathetic," by Professor Thomas Jonesco, of Bucharest. Professor Jonesco gives his own experience in treating such troublesome cases as epilepsy, exophthalmic goitre, and glaucoma by resection of the cervical sympathetic, with a number of splendid illustrations showing the conditions present before and following the operation mentioned, in a series of cases of exophthalmic goitre. This eminent surgeon has operated on over one hundred cases of epilepsy, fifteen of exophthalmic goitre and twelve of glaucoma. Besides he gives results of the same operation obtained by other surgeons throughout the world.

"Some Notes upon the Management of a Modern Private Hospital," by Dr. H. A. Kelly of Baltimore, gives many practical ideas on this subject with some excellent illustrations. The subject of the Biographical Sketch in this volume is Dr. J. B. Murphy the well-known Chicago surgeon; two fine plates are shown, one of himself and the other of his clinic. A chapter on "Selected Prescriptions" contains many points of information for every day cases.

The editors and publishers are to be commended for the continued high standard of the latest volumes.

HOME NURSING.—By a trained nurse. Published by Davis & Lawrence Company, Montreal.

This publication contains practical instructions for the performance of all offices pertaining to the sick. It tells what to do in case of accidents, treats with nearly all the diseases, as well as containing many receipts for preparing solid and liquid foods for the sick. It is an attractive book of about fifty pages, and can be obtained upon application to the publishers, Davis & Lawrence Co., Ltd., Montreal, enclosing to them 5 cents in stamps to cover the expense of mailing, etc.

THE INTERNATIONAL TEXT-BOOK OF SURGERY.—By American and British Authors. Edited by J. Collins Warren, M. D., L. L. D., Professor of Surgery in Harvard Medical School, Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital, Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. Vol. I. General and Operative Surgery, with 458 illustrations in the text and 9 full page plates in colors. W. B. Saunders & Co., Philadelphia. 1900. Price \$5.00 cloth, half leather \$6.50. Canadian agents, J. A. Carveth & Co., Toronto.

We have perused this book with great interest and much pleasure. The names of the editors are a guarantee of thoroughness, and the list of contributors, embracing some of the best known names in the surgical world of England and America, such names as Watson Cheyne, Bland Sutton and

Rushton Parker, McBurney, Pilcher and Maurice Richardson inspires the reader with confidence.

The volume opens with a well arranged article on "Surgical Bacteriology," by Harold C. Ernst, of the Harvard Medical School. The American editor, Dr. J. Collins Warren, also of the Harvard School, follows in chapters dealing with "Inflammation and Suppuration and their Consequences." He divides inflammation into simple and infective, defining the former as a lesion in the mechanism of nutrition, the infective being due to germs of various kinds.

The fourth chapter is a short, but very interesting and readable account of our present knowledge of the "Surgical Pathology of the Blood," by Richard C. Cabot, of Harvard, who has greatly distinguished himself by his work in this field.

Chapter VI dealing with "Wound Infections and Septic Processes," by Weller Van Hook, of Chicago, is one of the most interesting in the book.

The article on "Gangrene" by Walter Spencer, of the Westminster Hospital, is very clearly written and the classification is excellent.

We turn with interest to the chapter on "Surgical Tuberculosis," for this is the sole contribution by a Canadian surgeon, and we are not disappointed. Mr. Irving Cameron, of Toronto, in less than thirty pages has given as clear and definite an account of this great subject as any one can desire. He follows Watson Cheyne regarding the epithelioid cell as the essential feature of the tubercle nodule. Recent researches make it doubtful if this cell is diagnostic of tubercle. The notes on general treatment are excellent. On page 240, one of the few typographical errors in this exceptionally well printed book occurs, for *incision* is evidently meant in place of excision, which has already been spoken of. It is well to remember the statement, supported by experience, that local treatment is of little use in tuberculosis of the bladder and instrumentation positively harmful.

A striking chapter is that on the "Technic of Aseptic Surgery," by McBurney, perhaps the most complete, concise and thorough exposition of asepsis ever written. Reading these minute and elaborate directions one finds himself wondering how patients who have not the advantage of an up-to-date hospital survive operations at all.

The article on "Operative Surgery" contains ample directions for all the ordinary amputations, excisions, and ligatures of arteries in their continuity. We note that the directions for Syme's amputation at the ankle joint follow those ordinarily laid down in the text-books, but these are not Syme's directions. The first incision should be carried from the tip of the external malleolus to "a point exactly opposite," not to the tip of the internal malleolus.

In DaCosta's excellent chapter on "Minor Surgery" we note the simple and clear directions for the use of counter-irritants.

In the chapter on "Anæsthesia," written conjointly by two Boston authorities and a London anæsthetist, ground is taken in the most positive manner for the superiority of ether over chloroform. The reviewer is aware of the wide prevalence of this view at the present time, but considers that the last word has not yet been written on this subject. A really impartial study of these two agents, from the standpoint of clinical experience has not yet appeared.

When we find that the chapter on "Tumours" is contributed by Bland

Sutton, we are prepared for interesting reading, and are not disappointed. Text and illustrations make it one of the most interesting chapters of the book.

Tiffany, of Baltimore, one of the most successful operators on the cranium and brain in America, writes a valuable chapter on "Cranial Surgery."

In the article on "Spinal Surgery" we find no reference to the use of the actual cautery which finds one of its most useful applications in certain phases of spinal caries.

If the second volume of this work is to equal the present one the International Text-Book will take rank with the highest. One often hears enquiries made for the best text-book in surgery. The man who buys this book makes no mistake.

THE SERMON.—Are the "dead" really alive? Are they conscious and do they linger near us? Is there a wireless telegraphy between earth and Heaven? Is Spiritualism all fact or all delusion, or part fact and part delusion? Does the Bible favor or condemn Spiritualism? These and a hundred other interesting questions are discussed in an instructive *pro* and *con* way in *The Sermon* Monthly Magazine of Toronto. Any of our readers can get a free copy by writing to The Austin Publishing Co., Toronto, Can.

Matters Medical.

Mosquitoes are fond of anything blue. That is a scientific discovery that is furnishing an argument for changing the color of the United States Army shirt.—*Medical Times*.

A well-known Brooklyn physician of Spanish extraction has not yet mastered the intricacies of the pronunciation of the English language. Some time ago the doctor had occasion to send a specimen of urine for chemical examination to a druggist who attends to this work for the physician. A servant was dispatched with instructions that the druggist should "taste" it. The fluid was in an ordinary wine bottle, and the German druggist eagerly swallowed a good sized draught, and immediately declared it to be the worst wine he had ever had the misfortune to sample. When the doctor informed him that it was a specimen to "test" chemically, the druggist was enlightened but not satisfied.—*Medical Times*.

Indignant Physician—"Man, what have you done? You sent my patient the wrong prescription, and it killed him."

Druggist—"Vell, vat vas der matter mit you? Last week I send

your odder patient der right berscription, und dot killed him. How in Himmel vill someboty blease sooch a man?—*Cincinnati Medical Journal*.

A strange tale comes from New Haven, Conn., to the effect that with a round loaf of rye bread, three lighted candles stuck through the crust as points of an equilateral triangle, Noritz Kopperl, an Austrian, located a drowned body in West river after all other efforts had failed.

John Birmingham, 13 years old, was drowned there while bathing. Men dragged the river unsuccessfully. Kopperl, a fruit vendor, about 45 years old, happened along in his wagon and became interested. He told Sergeant McGuire of the police squad how the Hungarian peasants find a drowned body. The crowd laughed derisively. Kopperl soon returned with a big round loaf of bread and three candles. He enquired at what spot the boy went down, and, placing the loaf in the river at that point, lighted the candles already set into the loaf.

"This loaf will follow the course of the body. Put your hooks in where it stops," were his directions. The bread circled several times and floated down stream. It soon stopped as if held by some barrier. The searchers threw their hooks in and brought the body to the surface, scarcely a yard from the loaf.—*Medical Dial*.

MEDICINE MEN AS SCAPEGOATS.—Some Indian tribes in America have an uncomfortable custom, when they are visited by an epidemic, of offering up a medicine man as a propitiatory sacrifice for the expiation of the sins of his tribe which are held accountable for the outbreak. In accordance with this custom, "Padre," a "big medicine man," of the Yuma Indians, who live on a reservation near Yuma, Arizona, was recently offered as a sacrifice on the occasion of an epidemic of smallpox. The "medicine man," divining the Indians' intention, fled to the mountains, but wandered back to the Indian village in a half-starved condition, and pleaded for mercy. He was promptly bound and conveyed by a delegation of Indians to Mexico, where he was tied to a tree and tortured, death ensuing after several hours of suffering. We have among us fanatics whose views as to the etiology of smallpox are even more absurd than those of the untutored Indians of Arizona, and who, if we may judge from the truculence of their invectives against the medical profession, would not be sorry to

have the opportunity of treating the doctors as scapegoats in times of epidemic.—*British Medical Journal*.

TO KEEP CHILDREN HEALTHY: NO CODDLING.—Dr W. Freudenthal (*Medical Record*, August 9th) in a paper on the subject of nasopharyngeal catarrh, read before the Eastern Medical Society, says: In the general hygienic management of our cases fresh air is of vital importance, and patients should be as much out of doors as possible. Walking, riding on horseback, wheeling, rowing, golf, baseball, tennis, and similar games cannot be recommended too highly. If you want to keep your children healthy, do as I do with mine. Take them out when it snows and when it rains. Leave the rubber shoes and umbrellas with the other relics of times gone by. When your children play and run about in the snow and get warm they will be healthy. If you keep them home and make hot-house plants of them they will be sickly and you will be responsible for it. Why? The superstition about the necessity of wearing rubber shoes is so strong that I was sent for by the principal of a school. One of my children had gone to that school on a rainy day without rubbers and the lady thought that that was against the rules.—*Sapienti sat!*

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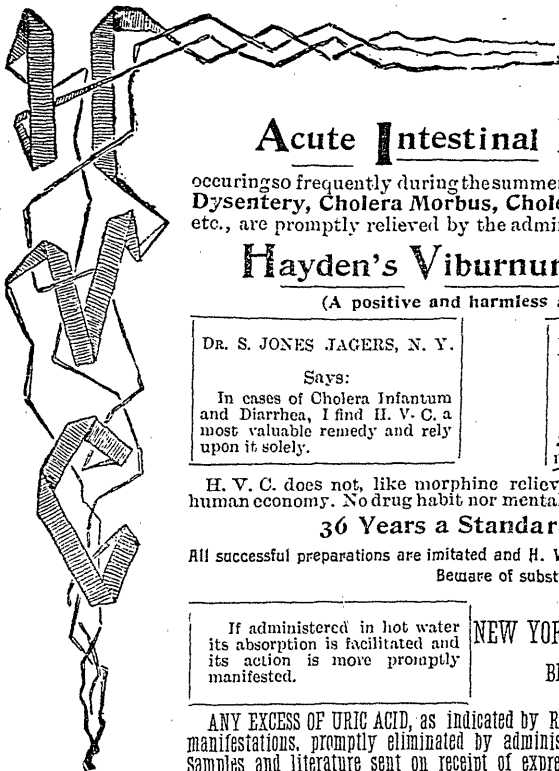
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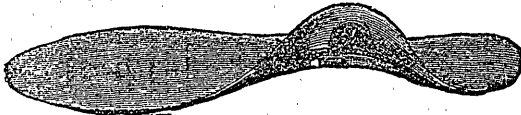
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