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TORONTO, JULY, 1904.

NO. I.

Original Contributions.

PRESIDENT'S ADDRESS.*

BY J. F. W. ROSS, M.D., TORONTO.

Gentlemen,—There are pinnacles to which we reach, only to be hurled down from the dizzy height into the valley below, to be hidden from the rude storms of the world where peace and quiet and easy-going hum-drum pervades the spot, while the green grass grows under the feet. This is the well-known valley of the "Have-beens." Hills have only two sides, one going up and the other going down, and when one has reached such honor as you have conferred upon me, he has climbed the up-side and must begin to descend. One is elated with the honor, but grieved with a retrospect of all that led up to it; one is pleased with the evidence of the good-will of his fellows—and a better lot of fellows never lived in any profession—but subdued with that soul-shaking feeling that youth is fleeting and age approaching. Each man naturally looks forward to the day upon which he may occupy the presidential chair, but when the day comes he would give much to be able to postpone the honor for another ten years. And now it is time for the past-presidents to move up and make room for me; but I do not intend to be placed upon the shelf, if health and strength remain. We all like to mingle with youth, but unfortunately youth and age were never meant to mix. Charles Kingsley has aptly put it:

“When all the world is old, lad,
And all the trees are brown;
And all the sport is stale, lad,
And all the wheels run down;

* Delivered at meeting of Ontario Medical Association, June, 1904.

Creep home and take your place there
 The spent and maimed among ;
 God grant you find a face there
 You loved, when all was young."

It is a satisfaction, in dealing with the awful miseries of life, to know that others suffer, that suffering and death are the accompaniments of life, and from this springs much of the beautiful sympathy that is witnessed by our profession. We have a grand work to do. Charles Dickens has put it in the words of the doctor's wife, where she says, "We are not rich in the bank, but we have always prospered, and we have quite enough. I never walk with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises or see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain and soothed some fellow-creature in the time of need. I know that from the beds of those who were past recovery, thanks have often gone up in the last hour for his patient ministrations. Is not this to be rich?"

The young doctor must have as his main master faculty—sense—common-sense, and he must have a real turn for the profession. A great divine has said, "The grace of God can do much, but it cannot give a man common-sense." The danger of the present day is that the mind gets too much of too many things. A young medical student may have, as one author puts it, zeal, knowledge, ingenuity, attention, a good eye, a steady hand; he may be an accomplished anatomist, histologist, analyst, and yet with all the lectures and all the books and other helps of his teachers, he may be beaten in treating a whitlow or a colic by the nurse in the wards, or the old country doctor who was present at his birth. The prime qualifications for a doctor have been given by Dr. Brown in the words, *Capax, Perspicax, Sagax, Efficax*. *Capax*—room for the reception and proper arrangement of knowledge. *Perspicax*—a keen and accurate perception. *Sagax*—the power of judging, ability to choose and reject. *Efficax*—the will to do and a knowledge of the way to do it; the power to use the other three qualities.

The doctor must have a discerning spirit. There is a nick of time, or in other words, a presence of mind, and this he must have, or as Dr. Chalmers has said, "Power and promptitude." "Has he wecht, he has promptitude, has he power. He has power, has he promptitude, and moreover has he a discerning spirit." The doctor must be as a general in the field or the pilot in a storm. I often think he belongs to no one in particular, but is public property. His time is never his own. His children see little of him, and he leads a sort of Bohemian life—restless, active, thoughtful, worried, much beloved and occasionally cordially

hated. He should be Bohemian in his tastes if he wishes for refinement to soften his manners and make him less of a wild beast. Art and literature, however, help to make noble only what is already noble, but such hobbies elevate and improve the mind and lift it above the rut of every-day life. A good education is a first essential. It is not necessary that everybody should know everything, but it is more to the purpose that every man when his turn comes should be able to do some one thing. "The boy who teaches himself natural history by actual bird nesting is healthier and happier, better equipped in body and mind for the battle of life, than the nervous, interesting, feverish boy with the big head and thin legs—the wonder of his class." It is well to have a pursuit as well as a study.

The doctor should marry, but his wife should be kept out of his work. Goldsmith said, "I was ever of opinion that the honest man, who married and brought up a large family, did more service than he who continued single and only talked of population." By marriage a man's sympathies are extended and his views of life are broadened. A touching picture of the refining influence of sorrow has been given us by Dr. Brown, the author of "Rab and His Friends," in speaking of his father. He says: "A child, the image of himself, lovely, pensive, and yet ready for any fun, with a keenness of affection, that perilled everything on being loved, who must cling to some one, and be clasped, made for a garden, not for the rough world, the child of his old age. This peculiar meeting of opposites was very marked. She was stricken with sudden illness. Her mother was gone, and so she was to her father the flower he had the sole keeping of, and his joy in her wild mirth, watching her childish moods of sadness, as if a shadow came over her young heaven, were themselves something to watch. She sunk at once and without pain, her soul quick and unclouded, and her little forefinger playing to the last with her father's curls, her eyes trying in vain to brighten his. The anguish, the distress, was intense; in its essence, permanent. He went mourning and looking for her all his days." But the affection, we learn, softened and refined him and made him better fitted for his work. His son tells us further, that "his affectionate ways with his students were often very curious. He contrived to get at their hearts and find out all their family and local specialities in a sort of shorthand way, and he never forgot them in after life." And such attentions are valued throughout life, and the clay is moulded and figured, and ornamented, enriched and burned in the fire and fitted for the battle of life. And the defective articles must be rejected, and the broken articles may, perhaps, be mended, but they are never the same again, and perhaps we would be better without them. Our ranks must be kept clean. We must have a

good, healthy professional growth, and in Ontario, I am glad to say, that such exists. The regular who adopts the methods of the quack, is a much more dangerous individual than the quack himself. But we have others, who are by no means quacks, who unfortunately lack discernment, and who do not mean to do the harm that they certainly occasion. Our duty is to relieve and not to cause suffering. Some surgical procedures of the present day require severe criticism. Surgeons may be too conservative or not conservative enough. A few years ago we had an epidemic of the former, and now we are suffering from a plague of the latter. We are able to do so much that we are apt to do more than we should. I hope that the few dangerous individuals will soon be quarantined, so that the death rate and the cripple rate may diminish, and the epidemic be checked. The epidemic has been spreading and has assumed large proportions, and seems to affect chiefly young and middle-aged, nervous women. Men with exposed organs appear to be fairly free from its ravages.

But as a profession in general we have been making great strides. The State is being saved from the enormous losses incident to great epidemics, and the medical profession is out of pocket, as a consequence. It does not appear that proper efforts have been made to reimburse the doctors. We are asked to do what our friends the lawyers would take good care not to do, without a proper arrangement for the payment of a proper fee. We are asked to register births, to register deaths, to notify regarding infectious diseases, and to attend to the poor without remuneration. These are not charities. We are assisting and defending the commonwealth, and the commonwealth should pay us, and we should organize and agitate with this end in view. Unless such matters are attended to and a new method of payment of members of the profession is adopted, the numbers entering must be considerably reduced. In China the doctor is paid for keeping the family in good health. In Canada, we, as a profession, protect the people from dangerous diseases, but the services are not paid for, and are scarcely recognized. A few officials take all the fees. Our real charity is not among the really needy, but among the apparently well-to-do. A proper revision of the relations of medical and surgical fees to one another is much needed, and a ruling of the Association on the ethics of commissions is required. A special committee of this Association should be appointed to investigate these matters and submit a report at our next meeting.

It has been said that knowledge is no barren cold essence, but it is alive with the colors of the earth and sky and is radiant with light and stars. "If we endeavor to follow along the lines of experimental investigation of natural phenomena, we must obtain a fondness for the impartiality and truth which such a study in-

cites," says Draper. "We will thus dedicate our days to the good of the human race, so that in the fading light of life's evening we may not, on looking back, be forced to acknowledge how insignificant and useless are the objects that we have pursued."

A paragraph that has greatly interested me by way of retrospect, is the following: "In olden times the surface of the Continent of Europe was for the most part covered with pathless forests; here and there it was dotted with monasteries and towns. There were low-lying districts, sometimes hundreds of miles in extent, that spread agues far and wide. In Paris and in London, the two largest cities, the houses were built of wood and daubed with clay, and the roofs were thatched with straw or reeds. There were no windows, and very few had wooden floors until after the introduction of the saw-mill, and such a thing as a carpet was unknown. A little straw scattered here and there in the room was the covering used for the floor. As there were no windows, the smoke of the ill-fed, cheerless fire escaped, Indian wigwam-wise, through a hole in the roof. It is needless to say that in such habitations there was but little protection from the weather. No attempt was made at drainage, and the putrefying garbage and rubbish were thrown out of the doors. Men, women and children slept in the same apartment and not unfrequently with domestic animals as companions, and, as a consequence, neither modesty nor morality could be maintained. The bed was usually a bag of straw and a wooden log for a pillow. Personal cleanliness was unknown, and great officers of the State, even dignitaries so high as the Archbishop of Canterbury, swarmed with vermin. Perfumes were largely used to conceal personal impurity. Many of the citizens clothed themselves in leather, a garment that with its ever-accumulating impurity lasted for many years. If a man could procure fresh meat once a week for his dinner he was considered to be in easy circumstances. Not only was there no house drainage but there was no street sewerage. There were no pavements or street lamps. After nightfall the shutters were thrown open and the slops were unceremoniously emptied down, to the discomfiture of the wayfarer tracking his path through the narrow streets with his lantern in his hand." What a picture for us to criticise in the present day. And yet we scarcely realize all the hard work, ignorance, bigotry, persecution and glorious self-denial that have given us what we have to-day in our Western civilization. Much progress has been due to the work of societies, such as that grand old society, The Royal Society of London. As University men and as educationalists, knowing as we do that our present-day conditions are due to the dissemination of knowledge, we should organize and promote similar societies and see to it that they hold as prominent a place in the community as the

churches. It was by the Royal Society that Harvey's discovery of the circulation of the blood was first accepted. The same society gave so much encouragement to vaccination that Queen Caroline submitted her own children to the operation. All scientific observers are satisfied that Queen Caroline was right and the Royal Society was right. Then it was demonstrated that scurvy, the curse of long sea voyages, could be cured by the use of vegetable substances. We follow along and find jails and buildings ventilated and illuminated with gas. Cities were lit up and made much more habitable. If we expect to have progress, we must rally around our educational institutions and see to it that they are well provided with the means required to carry on, efficiently and well, the work of scientific investigation, and that they are untrammelled by the views of either Church or State, remembering always that the slogan of the twentieth century is "Knowledge is power." If this is done, man cannot lapse again into the dark days of the dismal centuries, when pestilences were looked upon as the visitations of God and not as we know them to be, the consequences of filth and wretchedness, easily prevented by personal and municipal cleanliness. In the twelfth century it was found necessary to pave the streets of Paris, as the stench from them was unbearable. Dysenteries and spotted fever, that had been prevalent, diminished, and a sanitary condition was soon established that approached to that of the Moorish cities of Spain that had been paved for centuries. But alas! for backsliding. Many of the Spanish cities have been allowed to lapse into an unsanitary condition, and the evidences of Spanish sanitation, as I saw it in Cuba, were not calculated to excite enthusiasm. Under the control of Western civilization and the proper application of knowledge, matters have been changed. When it was decided that plagues were not a visitation of God, quarantine was established. Nothing has protected the human race to greater extent than the establishment of proper quarantine. When anesthetics were first introduced, their use in labor was discouraged, as it was believed that women should not escape the curse denounced against them in Genesis. Now anesthetics are, I hope, very universally used to prevent the awful agonies of labor, by an enlightened, educated, scientific and humane profession. The very best evidence that can be brought forward to emphasize the benefits to mankind of improved methods of living has been obtained from the British Government reports of life insurance transactions, carried out in the seventeenth and again, a hundred years later, in the eighteenth century. "In 1693 the British Government borrowed money by selling annuities on lives from infancy upwards, on the basis of the average longevity. The contract was profitable. Ninety-seven years later, another tontine, or scale of annui-

ties on the basis of the same expectation of life as in the previous century, was issued. These latter annuitants, however, lived so much longer than their predecessors that it proved to be a very costly loan for the Government. It was found that while 10,000 of each sex in the first tontine died under the age of twenty-eight, 5,772 males and 6,416 females in the second tontine died at the same age one hundred years later;" or in other words, 20,000 died in the first period and only 12,188 in the second period of one hundred years later, a very greatly diminished mortality, all conditions being identical except the improvements wrought by improved sanitation.

Once fairly introduced, discovery and invention have unceasingly advanced at an accelerated pace. Each continually reacted on the other, continually they sapped supernaturalism. The diffusion of knowledge by the newspapers and reviews has immensely increased the power of the press. Where ignorance reigns, crime is prevalent. In such cities as Naples, where the education laws, such as we have in Ontario, either do not exist or are not enforced, the streets are filled with street arabs, who are a nuisance and a menace to society, growing up in squalor, ignorance and filth. In our Western civilization such a condition of affairs cannot exist, and I trust never will exist. The intellectual enlightenment, surrounding scientific activity, has imparted innumerable and invaluable blessings to the human race. Science is not confined to any one nation, but is cosmopolitan. We are living in an age of electric progress. The marvels of electric force have been studied and utilized for the great benefit of mankind. To-day the mummified remains of an Egyptian King, Amenophis II., who died 1436 B.C., are viewed in the original tomb with the aid of the rays of the electric light. The almost universal use of the electric light aids our work very materially. The telegraph and telephone are to be found in the very heart of Darkest Africa! The discovery of the achromatic microscope has rendered us great assistance in studying the nature of disease, and the X-ray has enabled us to pierce what was before impenetrable gloom. The harvest is ready, but not riper than it has been for centuries, but there are more enlightened and better educated and better equipped workers in the field. There is very much to be done, and we must be constantly up and doing. I say this particularly to the young and enthusiastic. The foundation of our knowledge as modern doctors is science, and the superstructure must be built upon scientific lines.

Hospitals are needed, not such as those that were first established, but modern, properly equipped and up-to-date institutions, with modern, up-to-date methods. Many hospitals have been erected through the munificence of individuals in the towns throughout

our country. Every town of any size should have its hospital. Such institutions are not intended to do the work of the larger ones in larger centres, but there is a certain amount of work that can never reach the larger centres that can be done very satisfactorily in small hospitals properly equipped and served by a properly educated profession. Assistance from the larger fields of observation can be obtained when required and under improved conditions such aid will be of greater service.

Our prisons have been improved. Our younger criminals have been cared for. Our insane have been kept off the streets. Our poor are being looked after, and now health and comfort go hand in hand. The true function of our study and deliberation is to prevent rather than to cure disease, and we are fulfilling our functions. But yet death reigns everywhere and at all times, and in all places, and we know it. But he is not the stalking giant that he was. He has been marvellously reduced in stature. Our medical press requires considerable regeneration. The articles published are not censored as rigidly as they should be. Much that is written and published is incomplete, speculative, and inaccurate, and hence misleading. Our journals should be purely scientific publications, and not the hot-beds for the propagation of unstable theories. Looking back is not always a pleasant pastime, but there is a definite certainty about it that does not belong to the future. All that has been printed is liable at any time to be reviewed.

And now in closing, let me say that during the year that has passed, a much desired amalgamation has been effected between two of our greatest educational institutions, Trinity and Toronto Universities. At first the task looked like a hopeless one, but owing to the good feeling existing between the rival faculties, it was finally achieved. Our province stands high in the banking world, in the musical world, and in the educational world. I was gratified to hear our Provincial University so well spoken of in the Motherland, and even in Egypt. The medical faculty of the University of Toronto, as now constituted, with its ever-increasing facilities, stands second to none, in Canada, at least; and the work accomplished, as evidenced by the standing obtained by our students abroad, is of a very high order.

Fathered by this Association is an institution intended to be a guardian and repository of our archives. We must be prepared to preserve our records for the use and assistance of those who come after us. A calamity befell the world when the Alexandrian Library was burned, and a calamity would befall the profession of this province if the books, collected under the name of the Ontario Medical Library, should meet with a similar fate. We are about to occupy new premises, but we need more money to

carry on the good work. This is not a municipal matter but a provincial and professional need, and I hope that many of the out-of-town members of this Association will assist us. Such an institution to do the work well must be liberally endowed.

Three trustees have been appointed, and through the generosity of the members of the profession of Toronto, of our good friend, Prof. Wm. Osler, of Mr. George Gooderham, of Mr. E. B. Osler, Mr. Timothy Eaton and the executors of the estate of the late H. A. Massey, ten thousand dollars are already in sight.

I desire to thank this Association for the great honor it has conferred upon me, and to thank those who have organized and arranged this meeting.

I feel sure that the hope and desire of every member of this vigorous twenty-four-year-old Association is that it may long be spared to unite, to teach, and to guide the medical profession of this our great province.

ACUTE BRONCHITIS.

BY R. J. SMITH, M.D., CHICAGO, ILL.

WHILE this is one of the most common diseases at this time of the year, and often follows a mild course, receiving but little attention either from the patient or the physician, it very frequently becomes very serious and even threatens a fatal issue. Many cases of tuberculosis no doubt result from what was in the beginning thought to be but a mild "cold on the chest." Others, neglected or perfunctorily treated with little attention to hygiene, develop into pneumonia. Many of the so-called mild attacks are the forerunners of that *bete noir* of the family physician—chronic bronchitis.

In spite of the frequency of this disease, it is still treated empirically by the most advanced authors, and by the great majority of practitioners; in other words, there has been found no "specific." Each case must be treated individually, each case is a law "unto itself."

As it is often the expression of a constitutional state, especially in those recurring cases which arise on the least exposure to damp, cold weather, non-elimination is always an important factor in the causation. Autotoxemia is a predisposing cause. The rheumatic diathesis often shows itself by frequent attacks of acute bronchitis; and these frequently follow by extension from an antecedent coryza, pharyngitis or laryngitis.

As preventive treatment, the hygiene of the body should be especially attended to at the change in the seasons, and a course of free elimination should be given. Proper clothing should be worn and too early change from heavy to light restricted.

The medicinal treatment of the acute attack of a simple bronchitis is directed against the inflammatory element, and the nerve irritation producing cough, often digestive disturbances.

For this purpose, aconitine amorphous, 1-134 grain, should be given every fifteen minutes to every half-hour or hour, until the fever is reduced. This occurs when the congestion and inflammation are relieved. The dose should then be continued at longer intervals until the patient recovers.

For the cough, morphine hydrobromate 1-67 grain may be given, with aconitine in alternation, or together with it. If the pulse is weak, digitalin and strychnine arsenate may be given with aconitine, or as combined in the compound granule, dosimetric trinity, one of which, especially in asthenic conditions, may be given every fifteen minutes, every half-hour, or every

hour, as required by the severity of the case. In asthenic cases, the defervescent granule may be given in the same dosage, until the circulation is equalized, and then continued at intervals to keep up effect. This contains aconitine and digitalin, with veratrine.

This, with some protective covering to the chest-wall, and for this purpose absorbent cotton is as good as any, especially if the chest be first rubbed with hot oil, is all that is needed in the majority of cases. Sometimes our smaller patients and some of the larger ones derive great benefit from heat to the chest-wall. When the pain is acute, a mustard poultice helps as a counter-irritant. Poultices as usually applied, are an abomination, though the heat does certainly alleviate the discomfort; but not by "jumping spaces"—simply by the dilation of the superficial arterioles by contact of heat, and also through the vasomotor nerves. Heat relaxes spasm, and with congestion and consequent dilatation in the pulmonary vessels, there is a constriction of the capillaries in the skin. Derivate the blood to the skin, and you must necessarily lessen the congestion in the lung.

At this stage, the dry irritative stage, with dry, hard, tickling cough, burning beneath the sternum, fever and thirst, nothing is needed in excess of the above treatment but a thorough emptying of the bowel—most diseases have their origin in bowel derangement—and prevention of draughts.

To empty the bowel, a few fractional doses of calomel followed by a saline laxative are all-sufficient.

If the catarrhal stage is present, with hard cough and the raising after considerable effort of tough viscid sputa, some of the expectorants are necessary. That which acts the pleasantest and liquefies the secretion most readily, is emetine—given in doses of 1-67 grain to children, 1-6 grain to adults and older children, every fifteen minutes or every half-hour till secretion is raised more freely or slight nausea is produced. Then the dose is given at increasing intervals as needed. Scillitin, 1-67 grain, may be given if a stimulant expectorant is required.

If the expectoration is free and purulent, calcium sulphide is indicated, giving grain 1-6 every hour until the breath smells of the drug. Cubebin, ammonium benzoate, stimulants to mucous membranes, may be given.

If the spasmodic element is pronounced, camphor monobromate, grain 1-6, or atropine sulphate, 1-250 grain, may be given to relieve.

In children, aconitine amorphous, 1-134 grain, emetine, grain 1-67; or apomorphine, grain 1-67, or Infant's Anodyne (nickel bromide, codeine, ipecac, etc.), may be given together in sweetened solution—one of each for each year of the child's age,

and one additional granule, to twenty-four teaspoonfuls of water—a teaspoonful every fifteen minutes, every half-hour or hour, until the symptoms are relieved. Strychnine hypophosphite or brucine should be given daily.

This treatment will relieve rapidly, pleasantly, and safely. Given early, it will “jugulate” every case.

In diathetic cases the foregoing treatment may need some extension, by giving colchicine, grain 1-250, arbutin, grain 1-6, lithium benzoate, grain 1-6, one of each every hour or two, to increase elimination.

In asthenic or tuberculous subjects, a tonic form of treatment is indicated. Iodoform or calcium iodized (Calcidin), for the alterative effect of iodine, is very helpful. Give also iron phosphate, grain 1-6, strychnine arsenate, grain 1-134, or the triple arsenates of iron, quinine and strychnine, with nuclein, three tablets every three hours, to increase metabolism and nutrition, and to “take up the slack.”

The diet at first should be restricted, and later very nutritious and easily assimilated. Alcohol in any form is unnecessary and positively injurious. The coal-tar derivatives are not indicated or particularly useful. The usual cough mixtures do more harm than good, very often containing antagonistic drugs, and upsetting the stomach digestion by the syrup they contain.

The indications should be met by single remedies, directed against the underlying conditions present. In this regard, the use of active, reliable preparations given dosimetrically, that is, in “small dosage mathematically divided,” is essential to rapid, definite, uniform results. With the active principles given in this manner, there is no possibility of uncertain results, provided that the indications for the chosen remedy are present, and the remedy given in sufficient dosage to produce results, stopping short of overaction.

Chicago, Illinois.

Public Health and Hygiene.

... IN CHARGE OF ...

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

REPORT NO. 1 OF THE COMMITTEE ON EPIDEMICS TO THE ONTARIO PROVINCIAL BOARD OF HEALTH.

Mr. Chairman and Gentlemen,—Your Committee on Epidemics wish to draw your attention to the fact, which is being more emphasized each month, that there exists an almost entire disregard for those sections of the Public Health Act which require that each and every case of typhoid fever (enteric) should be notified.

The sections of the Act relating to the notification of this disease are as follows:

“86. Whenever any householder knows that any person within his family or household has the smallpox, diphtheria, scarlet fever, cholera or typhoid fever, he shall (subject in case of refusal or neglect to the penalties provided by subsection 2 of section 115), within twenty-four hours, give notice thereof to the local Board of Health, or the medical health officer, or by a communication addressed to him and duly mailed within the above time specified, and in case there is no M. H. O., then to the Secretary of the local Board of Health, either at his office or by communication as aforesaid. R.S.O. 1887, c. 205, s. 77.”

“89. Whenever any physician knows that any person whom he is called on to visit is infected with smallpox, scarlet fever, diphtheria, typhoid or cholera, such physician shall (subject in case of refusal or neglect to the penalties provided by sub-section 2 of section 115) within twenty-four hours give notice thereof to the local Board of Health or medical health officer of the municipality in which such diseased person is and in such manner as is directed by rules 2 and 3 of section 17 of schedule B, R.S.O. 1887, c. 205, s. 80.”

It is, therefore, quite evident that the Public Health Act requires both the householder and physician, in charge of a case of typhoid fever, to notify the local health authorities of each case within twenty-four hours, and for this purpose it is the duty of each local Board of Health, either through its health officer or

secretary, to provide each medical practitioner in its municipality with blank forms, upon which to report any case. (Rule 1, sec. 17, schedule B, R.S.O.)

To remove misapprehension respecting the outcome of the notification of typhoid fever, should any such exist in the minds of members of local boards of health or medical practitioners, your Committee deem it advisable to state that while the Ontario Health Act requires the householder and attending physician to report a case of typhoid fever, the local Board of Health is not required to placard the house in which a person sick with this disease is lying. According to rule 4, section 17, schedule B, R.S.O., placarding is required for scarlet fever, diphtheria, smallpox, cholera, or whooping cough, but is not considered necessary for typhoid fever. Primary notification of typhoid fever by the householder and attending physician to the local Board of Health, and secondary notification by the latter to the Provincial Board of Health are required for the following reasons:

First. That inquiries may be instituted at an early date to discover the cause of the disease, such inquiries relating chiefly to the character of the water and milk supplies used by the infected person.

Second. That preventive measures may be adopted.

Third. That trustworthy statistical facts giving information as to the prevalence of the disease, its type, mortality, etc., may be recorded.

In the Bulletin of the Provincial Board of Health of Ontario for February, 1904, the following question is asked: Are typhoid fever cases reported? Replying to this question the Bulletin states that the returns of typhoid fever by householders and physicians received during 1903 by the Provincial Board of Health amounted to only 1,012 cases. An extract is also taken from the statistics of typhoid fever given in the Annual Report of Dr. Chamberlain upon the hospitals of Ontario, for 1903, which shows that 1,231 males and 687 females were treated for typhoid fever in the Ontario hospitals during the year.

Do the hospitals notify their cases of typhoid fever?

The figures just quoted show conclusively that they do not notify them. Now admitting that an hospital is an excellent place in which to treat typhoid fever, a place which will not easily become a centre for the diffusion of that disease, the following facts also remain to be considered:

From the standpoint of hygiene, the medical health officer of a municipality should learn the nature of the local conditions which occasioned an attack of typhoid fever in a person living in his municipality, in order to exercise his preventive powers as promptly as possible.

A patient with typhoid fever is treated in some private house or in an hospital, either of which may be situated in the municipality in which the patient contracted the disease, or in another municipality of this Province. Should the patient be treated in a private house of the municipality in which the disease was contracted a report from the householder and one from the attending physician will answer. If in an hospital of the municipality, one from the medical superintendent would answer. If the patient is being treated in another municipality, similar reports would be called for; and in addition the medical health officer of the municipality in which the patient is domiciled, who should be advised in the notification that the patient was not residing in his municipality at the time when he contracted typhoid fever, would also report to the medical health officer of the municipality in which the patient was residing when he contracted typhoid fever. Notification of this nature would draw expert attention to the local conditions or circumstances which had occasioned the disease in question, and the medical health officer of the municipality where the disease had occurred being informed of the possible source of the trouble would be placed in a position to exercise proper measures of prevention. There can be little doubt, therefore, that public health would benefit very much if such a system of notification were made obligatory, as the majority, if not all, of the cases of typhoid fever which occur in Ontario would be known, not only to the physicians or hospital superintendents who may have medical charge of them, but also to the medical health officers of the municipalities to which they respectively belong.

It is reasonable to think that if superintendents of hospitals who have charge every year of a large number, perhaps the majority, of the typhoid fever cases in Ontario, were bound by law to notify these cases, in the way mentioned above, private medical practitioners would not be so likely to neglect their duty in this particular, but would learn to imitate so excellent an example.

Such a system of notification would inevitably lead to the extinguishment of unsuspected local conditions which regularly produce typhoid fever, and the irrelevancies which now exist between morbidity and mortality statistics of typhoid fever in Ontario would soon disappear.

Your Committee would therefore advise that the facts and figures embodied in this report should receive your careful consideration, and that any conclusions you may form relating to this matter should be drafted in the form of a circular and mailed as soon as possible to the Medical Health Officers, Local Boards of Health, Medical Superintendents of Hospitals, Asylums, etc., and to all the medical practitioners of this Province.

Your Committee would also advise that in the circular here referred to attention should be drawn to the fact that samples of drinking water are examined free at the Provincial Laboratory, and that persons desirous of having such examinations made should apply to Dr. J. A. Amyot, bacteriologist of the Board, for properly sterilized bottles, in which the samples of water should be placed. Emphasis might also be given to the fact that physicians may forward samples of suspected blood to the laboratory in order to have the Widal test made.

It may be feared that the reporting of cases by medical superintendents of hospitals may cause re-duplication, it being possible that physicians, who have seen cases before they were admitted to the hospitals, may already have reported. The attention of medical health officers would need to be drawn to this possibility, with the request that they look over the names and addresses of the persons reported to them to avoid re-duplication.

Your Committee also desire to draw your attention to a leaflet prepared by them and containing personal and general precautions suitable to prevent the spread of consumption. Your Committee ask your endorsement of this leaflet, and if it is satisfactory, request your permission to print copies for distribution throughout this Province. The following is the text of the leaflet:

Personal Precautions Against Consumption.

1. Consumption is contracted by taking into the system, chiefly through inhalation, the germ or microbe of the disease.
2. This germ is contained in the sputum or spit of the consumptive, and the minute droplets which he sprays into the air in coughing or sneezing. The germ may be inhaled directly through the air. When the sputum and droplets become dry they mingle with the dust, and being inhaled with it, introduce the germ into the body; or the germ may be inhaled directly through the air.
3. The consumptive person, therefore, must not expectorate about the house or on the floor of any public building, cab, street car, railway carriage, or other conveyance, nor on the street or other public place.
4. The consumptive must not expectorate anywhere except in a spittoon kept for the purpose, which spittoon should contain water to which a disinfectant has been added—preferably a 5 per cent. solution of carbolic acid, which is prepared by dissolving one ounce of carbolic acid in one imperial pint of hot water.
5. When absent from his own room the consumptive should use a small wide-mouthed bottle with a carefully fitting cap (pocket spittoon), the contents of which when emptied should be

destroyed, and the receptacle carefully cleansed, being kept in boiling water for at least ten minutes.

6. A consumptive should not spit into a handkerchief but, if not provided with a spittoon, should use a piece of cloth or paper, which should be burned at the first opportunity.

7. Handkerchiefs which may have been used should be boiled one half-hour before being washed.

8. Consumptives should not swallow their phlegm, as by so doing the disease may be conveyed to parts of the body not already affected.

9. Kissing by consumptives should be prohibited. When coughing a consumptive patient should always hold a handkerchief in front of the mouth, and should avoid coughing in the direction of another person.

10. The greatest care should be taken to prevent the smearing of hands, face, clothing and bed clothes with the sputa. Should any accident of the kind happen, the parts should be immediately cleansed, and for this reason the clothing and wearing apparel of consumptives should be thoroughly disinfected before being used by others.

11. A consumptive should not hold a situation in which he is required to handle the food or wearing apparel of others.

12. A room occupied by a consumptive should not be swept or dusted. Such few floor rugs as are used should be frequently taken up and exposed to the sunlight and also disinfected at intervals. They should on no account be shaken, beaten or swept. In cleaning such rooms wet cloths must be used to wipe the floor, woodwork, windows, furniture, etc., and these cloths should be frequently boiled. These rooms should be thoroughly cleansed at least once a month, in addition to the daily cleaning.

13. On a room being vacated by a consumptive, it should be thoroughly and completely disinfected. The wall paper (if any) should be removed, and the walls, ceiling and floor well washed with a disinfectant solution and well aired.

14. Special sets of spoons, forks, knives, plates, cups, etc., should be kept for the exclusive use of each person affected, and these articles should be placed for a few minutes in boiling water, before being washed.

15. Milk and other articles of diet should not be permitted to stand in the bedroom of a consumptive; they should be brought to him in only such quantities as are required for immediate use.

General Precautions Against Consumption.

1. The special measures required for producing conditions destructive to the virulence of tubercle bacilli which may have

found lodgment in a house are fortunately those best calculated to preserve and improve the health of the inmates.

2. These are air, light, sunshine and dryness, which, while they aid in rendering individuals able to resist the establishment of the germ of disease, at the same time are most destructive to its vitality.

3. Ventilation by means of fresh air is most important for the preservation of the health of children, as well as adults, fresh air preventing the development and spread of consumption. Ventilation is essential in factories, workshops, offices and houses, particularly when the air of such places is associated with gaseous fumes and fine dust.

4. The breath from the lungs contains foul organic matter, which becomes poisonous if rebreathed. Hence the air of living and sleeping rooms, work-rooms, schools, churches and public vehicles should be quickly changed, otherwise persons breathing it become weakened, and thus may become pre-disposed to consumption.

5. Overcrowding is both dangerous and injurious to health, and should be avoided.

6. Windows should be made to open to the external air; they should be kept open day and night sufficiently to provide for a continuous supply of fresh air, but injurious draughts should be avoided.

7. Open spaces around buildings are necessary for the access of fresh air.

8. Rooms, staircases and passages should be frequently flushed with fresh air by opening windows and doors. This rule applies equally to churches, schoolrooms, factories, hotels, public halls, as well as to the homes of consumptives.

9. All rooms should be kept clean, otherwise the air can never be pure. Cleanliness and good sanitary surroundings are essential for the prevention as well as the cure of consumption.

10. To protect against the germs of tuberculosis, as found in both meat and milk, these articles of diet should be subjected to a temperature of at least 140 F. (60 C.) Meat should be well cooked through, and milk should be heated to at least 140 deg. F.

11. All bed linen and body linen should be disinfected before being sent to the wash.

12. The clothing, wearing apparel and other effects of a consumptive should either be destroyed or disinfected by superheated steam, before being used by another.

13. Never put coins, articles of the toilet, or other small objects in your mouth. Do not use a pipe, wind instrument or implement which goes to the mouth, that has been in use by any other person.

14. The extent to which outdoor exercise and fresh air should be indulged in should be regulated by the physician in charge, as also the character of clothing to be worn, and the daily dietary. All of which is respectfully submitted.

J. J. CASSIDY.

W. OLDRIGHT.

CHAS. A. HODGETTS.

Toronto, May 4th, 1904.

THE DEGENERATION OF THE NATIONAL PHYSIQUE.

This subject is at present occupying a great share of public attention in Great Britain. Questions are asked about it even in the House of Lords. The *Philadelphia Press* comes to the rescue as follows:

Physical Decline in England.—From statistics presented to the House of Commons by the Home Secretary there has been a steady annual increase in the last ten years in the police court cases of drunkenness in England and Wales. Between 1892 and 1896 the cases numbered 583.47 per 100,000 population; between 1897 and 1901, 642.87; in 1901, 644.84; and in 1902, 666.16. The actual number of cases has grown from 175,627 in 1892 to 219,908 in 1902. This is a very unfortunate showing, and is all the more significant when taken in connection with the returns of recruiting officers. An army officer quoted in the *London Express* says: 'In the last twenty years stature and chest have so dwindled that if we attempted to enlist on the standard of the 80's we should reject 70 per cent. of the men offering.' Since April, 1899, the number of men rejected as unfit was 113,000 out of 365,000 candidates, and in addition 10,000 recruits were 'invalided' within two years of enlistment. Every third man is thus a 'defective.' This is a bad showing for the United Kingdom, and a royal commission is at work to investigate the cause of this condition of the national physique."

Still, we must not get too much excited. We seem to have heard this before, and yet we live. But we like the way some people talk about it better, *e.g.*, Professor William Wright, of the University of Birmingham, who, in a popular lecture recently, on "The Degeneration of the National Physique," advocated the formation of boys' brigades and cadet corps, and suggested that the German plan of allowing ten minutes' or a quarter of an hour's play to every hour's work in school was a good one.

Selected Articles.

AN ORATION DELIVERED BY DR. W. P. C. BARTON IN 1821.
WITH EXPLANATORY NOTE.

BY WILLIAM PEPPER, M.D.,
Instructor in Medicine in the University of Pennsylvania.

In an old volume of bound manuscript lectures, addresses, etc., by Dr. William Paul Crillon Barton, at one time Professor of Botany in the University of Pennsylvania, I found the following oration, which he had delivered before the Philadelphia Medical Society as their annual orator for the year 1821. This I believe was never published, probably on account of the rather personal, and at times derogatory, remarks it contains, in reference to his fellow-professors, although it was usually the custom for the speakers, at the request of the society, to publish their addresses. The oration, however, contains such vivid descriptions of the appearances, dress, manners, and speech of such University of Pennsylvania worthies as Rush, Physick, Woodhouse, Barton, and Wistar, that I have thought it well worth publication. The manuscript is in Dr. Barton's own handwriting, and on the last page is a note which reads:

“ This dream was entirely composed and written between the hours of 7 o'clock a.m. and 3 p.m. of Sunday, the 18th of Feb., 1821, and delivered as an oration before the Phila. Medical Society, without any material revision, on Tuesday afternoon, the 20th Feb., following. W. P. C. B.”

It will perhaps be best to give here a short account of the author of this strange conceit, called by him a dream, written and composed in such a very short space of time.

William Paul Crillon Barton was born in Philadelphia in 1786. While a student at Princeton he assumed the name of *Count Paul Crillon*, and retained the name for the rest of his life, unlike the rest of his classmates, who merely used the names of the celebrated men they had chosen during their undergraduate days. He graduated in 1805, and then entered the University of Pennsylvania, and studied medicine under the direction of his uncle, Dr. Benjamin Smith Barton, of whom he speaks in the dream. He received the degree of M.D. in 1808. He was resident physician to the Pennsylvania Hospital in 1809, serving for

four months, and was not on the surgical staff, as has been stated in some biographies. Shortly afterward he became a surgeon in the U. S. Navy. In 1816 he was elected Professor of Botany in the then newly established Faculty of Natural Science in the University of Pennsylvania. The fact that this chair which he held was not part of the medical faculty seems to have preyed on his mind a great deal. He even printed a memorial to the trustees requesting them to transfer the professorship of botany to the medical faculty. Finally he resigned, probably disgruntled, in 1825; but having previously become, in 1826, Professor of Materia Medica and Botany in Jefferson Medical College. He was a Fellow of the College of Physicians, a member of the American Philosophical Society, and President of the Linnaean Society. He wrote a number of books on medical and botanical subjects. He died in Philadelphia, in 1856, at the age of sixty years.

A DREAM.

Alas! the age of chivalry is gone—that of sophisters and self-aggrandizing calculators has succeeded, and the glory of Europe is extinguished forever!

Such as this was the pithy ejaculation of the prince of philosophic politicians, after presenting a rapid sketch of the crimes and enormities of the French revolution. It was midnight when I lately read it—a midnight of restless excitement which caused me to leave my couch, and court, in the prosing periods of some author, that sleep, or disposition to it, which intense study had driven from my pillow. I chanced to light on a book marked at the passage containing the expression of these sentiments; and, seduced by the strain of melancholy regret from a high-minded philosopher, at detailing scenes of anarchy and vice which they breathe, I rapidly ran my eye over the humiliating picture of irrational licentiousness, dissoluteness and perfidy, that the author has so ably portrayed.

The mind, in nocturnal excitement, is prone to reverie, and however willing or desirous we may be to shun the fatigue it causes, we indulge, in despite of the faint degree of reason which a semi-consciousness leaves at our disposal, its fantasies and its freaks. The sentiments of the author struck me as strangely applicable to the disturbances, irrationalities and follies, which a history of medicine, and some of the institutions by which its doctrines are extended in the United States, is, at this epoch, unhappily characterized and racked. I know not at this time whether a full degree of consciousness or reflection attended the forcible associations in my mind, of the ruinous effect following the causes to which the author attributed the downfall of Gallic greatness, and those rapidly undermining the dignity and usefulness of the empire of medicine; but this I know, that a train of

revery calculated to strengthen the idea of their identity seized irresistibly upon my mind. It was painful. I strove to shake it off. Still the idea haunted me; and gained still stronger and stronger force; till at length, wearied by excitement, and unaided by my book, in courting sleep, I threw myself into bed. Tired nature claimed her boon. Sleep soon overcame my corporeal functions, but not sufficiently profound to allay or subdue the mental excitement. Visions quickly flitted before me, each partaking of the nature of the remarkable words which had been indelibly imprinted on my memory. And, after repeated wandering of the fancy through unconnected flights, it finally presented to my weakened mind a *long connected dream*.

As allegory has always been profitably enlisted in the cause of reason and virtue and harmony, both in society and in science, it occurred to me, as soon as I awoke, to record my dream, believing that the thoughts which it occasioned were worth noticing, and under the impression, too, that there existed ample room for the animadversion they convey, in the feuds and jealousies of our profession. I further believed these causes were rapidly exhibiting such ravages as would end in the disjointed skeleton of medicine there is just reason to fear will take the place of the full and comely system of physic which the unbiased genius and the well-directed talents of our country have taught us a right to look for.

Permit me, then, gentlemen of the medical society, the privilege of a novel, but, I trust, not an unconstructive mode of addressing you on this our yearly meeting for the purpose of receiving from one of your members whom you have honored with the appointment, an annual oration. And if aught in the relation which I shall give you of my dream shall appear incongruous or censorious or sarcastic, pray recollect that it is *but a dream*; and attribute these faults, if such they appear, to a disturbed fancy, rather than a deliberate intention of being too keenly satirical or indulging in wanton sarcasm or animadversion. But if, on the contrary, you should incline to the opinion that, though only a dream, it yet bespeaks the truth—as sometimes dreams come true—unite, I beseech you, with me, heart and soul, to prevent or retard so dangerous, so ruinous a reality.

Methought I had been shipwrecked on wild and rugged shores.* My mess and ship-mates, together with the bilged vessel which had carried us, had been swallowed up in the vasty deep. Though I alone of all the crew had reached the shore, the ocean seemed thirsting for me too; for billow chased billow at my trembling feet, until I was forced to run with speed to avoid

*Barton graduated in 1803, and it is the account of medical affairs in that year that he is now about to discuss. The Faculty at that time consisted of Physick, B. S. Barton, Woodhouse, Rush, and Wistar. Morgan had died in 1789; Kuhn had left the Faculty in 1797; Shippen died in 1808; Hutchinson had died in 1793.

being submerged by their greedy haste. This caused me to become so faint and weary that when once assured I was beyond their foaming reach nature began to yield, and, my strength by this time completely exhausted, I tumbled over a ledge of rocks and fell, wounded and bleeding, insensible among them.

Recovered reason discovered me to be in a new but lovely country, and at that moment attended by a surgeon who had kindly dressed my wounds and informed me I had been brought to him by some fishermen who had found me, apparently dead, among the rocks. The language of this disciple of Aesculapius* was soothing and full of wisdom, brief and pithy. His stature was of the graceful height, his carriage erect, his nose rather straight than aquiline; his eyes steady, thoughtful, but not sad, and, when synchronously acting with the pleasant smile into which his lips, by some transitions from the straight of meeting, changed, it was peculiarly expressive, and lightened up his pale and interesting visage to serene cheerfulness. He was apparently on the shady side of fifty years,† with a general physiognomy strongly indicative of invincible probity, and a behavior expressive of close and retired application to business. He interrogated me respecting my country, the cause of my shipwreck, and my profession. On hearing that I had been the surgeon of the ill-fated ship, he seemed to take a new interest in conversing with me; spoke of the improvements of the art which in his country had been made; their benefit and importance, and the reasons which induced them, the chief of which was to alleviate pain and lessen the necessity of frequent operations. In a word, his whole heart and soul seemed engrossed with the principles, practice and improvements of his profession. He had mixed much in the world, in a professional way, which gave him a self-possessed and easy carriage, rendered interesting by the zest of agreeable manners; but he was still a recluse, ignorant of the deceitfulness, the duplicities and artifices of men. Innocent himself of such vices, his honesty did not appear to have put him sufficiently on his guard against the turpitude of others. On expressing my surprise at meeting with such a man as himself in a rude and desolate land, he modestly bowed and informed me that I was mistaken in supposing the country I had entered was wild, uncultivated, or destitute of physical and moral resources. He said there were institutions of a literary nature and rising character, springing up in different parts of it, and ended by telling me that one for medical instruction was in existence in the city in which he dwelt, and that he was himself

* Philip Syng Physick, Professor of Surgery in 1808, was born in 1768. The so-called "Father of American Surgery."

† Physick was but forty in 1808.

connected with it.* At this information I was all astonishment, and my happiness was without bound, to find that instead of being thrown on a desolate land of savages, I had been cast on the shores of a country blessed by a lovely and fertile soil, and inhabited by a race of people of native and original intellect, who were imitating all the polish and refinement of older countries, divested of the pollution which their age imparts to the general population, and of the vicious taint which superannuated political, moral and religious establishments inevitably imbibe. Eager to view this school, in one of the teachers of which I had seen so much to admire, I craved an introduction to its walls and the benefits of its instruction. "Come, young man," said this professional mentor, "accompany me. It is but a pleasant walk down yonder slope, and we are there—but mark the termination of that vista. It was an expanded lawn bordered with shrubbery and interspersed with coppices of flowering forest trees, for which this new country seemed remarkable. Thither let us hie, and there let me call your attention to him who courts its charms." Arrived at the spot, my guide pointed to a tall and plain-looking man† breaking branches from the clumps of dogwood which decorated the edge of the vista. He was loaded with twigs of the tulip tree, which appeared also an abundant production of this luxuriant spot, and a little tin box which was slung from his side was filled with gorgeous and fragrant flowers. When we approached the spot where he stood he turned suddenly towards us, and with a cordial but somewhat awkward address, accosted us by a general salutation and a particular inquiry as to who I was. He had a full, keen and brilliant black eye, which beamed intelligence and intellect in every movement. He was habited in a plain and becoming suit of drab-colored clothes, with a large white hat. His visage was small, chiefly characterized by a fine, expressive forehead, and the remarkable eyes just noticed; and his nose was, what Lavater would have pronounced, that of a sage's face. His voice was peculiar, attenuated, delicate, yet penetrating; his enunciation clear, distinct, emphatic. He was communicative, and seemed pleased with the interest I took in the objects of his pursuit. In fine, he was evidently an enthusiast in nature's charms; and became eloquent and animated when he informed me of the names of the plants and twigs of trees with which he was loaded, and dilated on their properties and uses.

A rustling among the leaves of a deep thicket near us attracted his attention from us, and with quickness and vivacity he cried out to know what new plant had been found. To whom this ques-

* The University of Pennsylvania.

† Benjamin Smith Barton, Professor of Materia Medica and Botany in 1808, was born in 1766. Uncle of Dr. W. P. C. Barton.

tion was addressed I could not at first understand, but anon a crowd of youths burst from behind the cornice which had screened them from our view, leaped the rill which bordered it, and crowded around him with eager and enthusiastic curiosity, each presenting some plant and interrogating him as to its name, its class and uses. I took this opportunity, while all but myself and guide were thus enwrapped, of inquiring into the meaning of this concourse of youths, loaded, like the older gentleman, with roots and flowers, and carrying books and pencils in their hands. "That plain and intelligent-looking man," said he, "is a botanist. He is also a teacher in the school to which I belong, and to which I am conducting you. Those are his pupils in whom he inspires the enthusiasm so conspicuous in himself. But he is more. He is an acute, penetrating, and reflecting physician, and by exploring these lovely lawns and searching those fragrant woods encircling them, he has presented us with medicinal plants of such peculiar power and merited reputation, thus rendering us no longer dependent for our *materia medica* on foreign countries, but actually makes them tributary to us for the products of our abundant medicinally resources. To him our school is indebted for a large share of its high and still increasing reputation; and to the fascinating and useful science of botany his invaluable medical lectures owe much of their force and utility. He has taught those pupils to depend on the produce of their native soil for active medicines; and so valuable have their preceptors (many of whom have also been his pupils) found this lesson that the class now following his perambulatory instruction contains many members actively and usefully employed in investigating the obscure and detecting the hidden properties of other plants, as the subjects of their inaugural theses. Thus, he has been instrumental in elevating the character and genius of our country, by commanding respect for its resources, and praise of its native talents, industry and learning."*

At this moment the sky lowered, and a sudden squall of wind, accompanied by a shower, caused the group to disperse and seek shelter where it might be found. The fields were soon enveloped in a mist from the torrents of rain which sheeted the air. My guide and myself sought refuge from the storm in the excavated recess of a vicinal rock, where we had no sooner arrived before

* During B. S. Barton's occupancy of the Chair of *Materia Medica* and Botany the interest he stimulated in these subjects was truly remarkable. To quote from Carson's *History of the Medical Department of the University of Pennsylvania*: "If the subjects of the theses enumerated in the Catalogue of Graduates during the connection of Dr. Barton with the Medical School be examined, one cannot but be forcibly impressed with the number which treat of the Vegetable *Materia Medica* of the United States. It was a department which he fostered, writing not only upon it himself, but instigating his pupils to its cultivation. Nor are these essays jejune, for under the conducting hand of the master they took the form of experimental and practical utility, and the present generation is under obligation for valuable researches, in the field of home productions, to many aspirants for medical honors."

claps of loud and alarming thunder rent the heavens. The firmament was overcast with deep-blue, angry-looking clouds, loaded with rain and fraught with thunder, and finally the scene was cloaked by dismal darkness, rendered visible by vehement momentary shafts of lightning. The most vivid of these was followed by a sudden and tremendous clap of thunder, which shook the rock above our heads and rent asunder the shelving barricade it formed behind us. The fragments separated, and in the breach appeared a portly man, apparently in the prime of life and the zenith of good cheer.* He bore a retort in his left hand, from the mouth of which issued a flame of ignited gas, and his right was extended toward my guide. He was dressed in full black, and inclined to corpulency. He was bald, and had his hair, of which, indeed, little was visible, whitened by art. His carriage was bold, frank, and courteous. He immediately invited us into his subterranean abode, not as to a place of pleasurable sojourn, but as a safe asylum at least, as he termed it, from the terrific storm. His conversation was sententious, his manners abrupt and eccentric; but his physiognomy, together with the deep intonations of his manly voice, bespoke a probity of character, a generosity of heart, and a cordial welcome, that softened those fears at entering his lonely cavern, which the gloomy aspect of its entrance inspired. My guide had on his first appearance shook him by the hand, with marks of recognition, a circumstance in which, though I could not help pondering, added strength to my feelings of safety, and I no longer hesitated to grope my way, over pots, pans, crucibles, retorts, and all the paraphernalia of an alchemist's abode, toward the spot whither he led and invited us to be seated. I now found myself, by the aid of the sudden glare of light which was produced by a removal of the tin covers from the lantern, in a chemist's laboratory, and, after some hours' tarry, during which I learned more of this elegant but eccentric teacher's character, was startled by an ingress of great numbers of young men to the laboratory, and making their way to the numerous vacant seats in front of the teacher. Among these persons I recognized some of those I had seen before the storm in the fields. They had the same roots with them, and, with a confidence, evidently inspired by the proprietor of the laboratory himself, advanced

* James Woodhouse was professor of Chemistry in 1808. He filled with great distinction that Chair from 1795 until his death in 1809. In 1808 he was thirty-eight years old. To again quote Carson's History: "Dr. Caldwell, who was an attendant upon his [Woodhouse's] lectures, informs us that he became in a short time so expert and successful an experimenter as to receive from Dr. Priestly, who had just arrived in the United States, and had declined the appointment, very flattering compliments upon his dexterity and skill. That distinguished gentleman, on seeing him engaged in the business of his laboratory, did not hesitate to pronounce him equal, as an experimenter, to any one he had seen either in England or France. His enthusiasm was unbounded, and his style of speaking of his subject sentimentally impressive. He introduced to his juvenile auditors the science by the term 'Miss Chemistry,' and strenuously urged fidelity and devotion to her as a chaste and eminently attractive mistress."

toward him, and inquired into the means of making a chemical analysis and investigation of their various medical and economical properties. A frank, encouraging, and didactic courtesy was paid to each pupil, and by an original, but abrupt, and peculiarly forcible and impressive kind of instruction each, in his turn, was furnished with the information he asked.

As I was informed this was the hour of lecture, I took a proffered seat, and determined to avail myself of the opportunity of ascertaining whether this professor (for such I now ascertained he was) of the medical school was as eminent in his branch of knowledge as the other two decidedly were in their province. I was not long kept in suspense, for he commenced punctually at his hour, in a clear, concise, and lucid manner, a discourse on the method of making some of the mineral preparations of physic, and, by a strain of didactic precision, sustained and enforced by adroit experiments, arrested the attention of his hearers to a lecture on medical chemistry. He seemed particularly to feel the necessity of, and ably insisted on, the medical application of the subject, enforcing it with so much energy that I could at once realize the importance of chemistry to a physician. I was pleased to learn that he succeeded in rendering his numerous classes enamored of his charming science; and many of them, I was told by my guide, became adepts in it. He finished his discourse by a few interesting experiments on fulminating mercury; but so tremendous was the crash succeeding one of the explosions of this substance that we were stunned with its effects and the clamor of the terrified students, and the whole laboratory being by this time enveloped in the smoke and vapor of the various experiments, everything was concealed from our view but the passage of exit through which we endeavored to force our way. The scene suddenly changed, and I found myself at the entrance of an extended pile of buildings of striking appearance, though mixed and faulty architecture.* A colossal statue of bronzed lead was conspicuously planted in its front, which represented, I understood from my guide, the great founder of the province in which the medical institution existed. Rows of lofty sycamore trees surrounded the walls and reared their stately heads even as high as the spires of the building; and when once we had passed the portal a showy and enticing garden, separated by a low portcullis on either side from smaller and less decorated enclosures, invited my attention. The balustrades were entwined with odorous vines and relieved by hedges of terebinthinate shrubs, rather too formally planted, but adding, nevertheless, to the beauty of the spot. Choirs of

* The Pennsylvania Hospital. The statue, of course, is the one, still standing, of William Penn, presented in 1804 to the hospital by John Penn.

feathered songsters carolled their peals of grateful music from the highest branches of the sycamores, and the flowers, with foliage, threw around a fragrant and salubrious exhalation. Groups of young men habited in various costumes, indicating their congregation from different and distant lands, or sections of the same extended territory, were strolling in careless watchfulness of the portal; crowds thronged the vestibule of the great hall, through which a large garden in the rear of the building was discovered in perspective. All were busily sauntering to and fro with careless attention to the charms around them, and in evident expectation of some approaching event of importance.

I could no longer restrain my curiosity, and though I much feared my importuning interrogatories had fatigued my dignified and taciturn companion, I ventured to be again inquisitive as to the use and appropriation of this huge structure, and the cause of such a concourse of youths, among whom I could not help noticing many of those I had seen in the fields and the laboratory. "Can they be students?" said I; "and is this a place of recreation, a theatre, in which some favorite comedy is to be acted? or is it a lounging athenæum which allures, by the richness and variety of its light reading, these youths to its rooms?" "You are right in your conjecture as to the young men," rejoined my pioneer, "but this is not, as you suppose, a place of amusement or diversion. It is a hospital, the receptacle of every kind of disease interesting to students of medicine and surgery. But to them it is quite as alluring as any place of amusement, owing to the felicity they enjoy of hearing clinical lectures from the most learned and eloquent physician of our new country. I also perform a part in this scene; for in this building all my capital operations are executed, in a splendid theatre, constructed to accommodate many hundreds of these diligent and inquiring youths. Thus they learn practical surgery, without an opportunity of seeing which all didactic closet instruction loses half its weight. But be patient; anon I will conduct you thither, for this very day I have two operations of great importance to perform, and those pupils whom you there see (for we had now entered the hall) will attend." Some were loading themselves with books from the library of this fine institution, others examining surgical instruments and dressings, and a few scrutinizing the aspect of medicines arranged in the druggery of the establishment. "They are all," said he, "the common pupils of the great clinical teacher I have mentioned, the botanist, the chemist, and myself. But mark the movement of the students who throng the lobbies of the hall leading to the wards! This indicates that our Sydenham has arrived at the seat of his willing and instructive labors; and they

are impatiently crowding around the sick bedside to insure a hearing of his sage and invaluable practical remarks.”*

At this moment my attention was arrested by a tall and very slender but venerable old gentleman, habited in drab-colored clothes, who walked toward the sick wards with a quick step, his hands folded before him, among flocks of pupils eager to catch his words. A slight passing introduction to him by my guide gave me an opportunity of seeing in his physiognomy the wise, the watchful, the thoughtful physician; and his conversation evinced the same degree of earnestness or even enthusiasm which had been so remarkable in the other professors in their respective departments. His aquiline, large, and rounded nose, insensibly gliding into his upper lip, gave a peculiar degree of penetrating expression to his face. His silvered locks indicated that his words of instruction had been the product of experience; indeed, I learned that he had for more than thirty years gratuitously served that establishment by his counsel, his attendance, and his skill. His eye was small, quickly moving, and full of genius; his voice full-toned, flexible, and soothing, and his manners possessed an irresistible charm equally felt by his patients, his companions, his pupils, and his friends. I followed for an hour the train which hung on his practical remarks, and could easily discern how *all-important* a branch was this clinical instruction, when I found him at one moment jesting with the hypochondriac, soothing the melancholy, and recurring the morbid apprehensions and associations of the crazed with equal ability and success, and practically applying his principles to the cure of their diseases. Courteous as a cavalier, after waiting until the operations of my guide were completed, which, owing to his adroitness and skill, was indeed but a few minutes, he placed me in his carriage and drove us both to the same building in which I had heard the chemical lecture. It was, he said, his day of clinical remarks, for by such modest title did he call a long, connected, lucid lecture on the causes, seats and cure of the different cases I had just witnessed in the hospital. He enlarged upon his treatment of those cases, explaining by them his peculiar principles; and such was the enthusiasm of this teacher, and his love of medical science, that when his hour was elapsed by a few minutes he craved, with his watch in his hand, the *favor of "only one minute more"*—a boon with how much cheerfulness granted was evidenced by the silence and decorum, the fixed attention of his hearers. When at length he had completed his subject he took leave with these remarkable words

* Benjamin Rush, who in 1808 was Professor of the Theory and Practice of Medicine and of the Institutes of Medicine and Clinical Medicine. Born in 1745, he was therefore in 1808 sixty-three years old. He was on the staff of the Pennsylvania Hospital from May 26, 1783, until his death on April 19, 1813. He was celebrated for his punctuality, and it is said that during the whole of this period he never missed his daily visit, and was never more than ten minutes late. As everyone of course knows, he was called the American Sydenham.

addressed to his pupils: "Think, young men, read, reflect and judge for yourself!"*—a lesson which might safely and profitably be given to minds disciplined, like those of his pupils, in the legitimate school of practice, nature and observation.

In the rush of students which came from this sage's room I lost my guide, and became entangled in a labyrinth of corridors and lobbies, each of which seemed to lead me still farther from the object of my search, and each becoming more obscure until I was finally lost in utter darkness. Faint and weary and overcome with disappointment and fear, together with the pain produced by too much exertion after the wound I had received on the shelving rocks when I was shipwrecked, I sank insensible on the floor, and when I awakened to a sense of my situation, so dismal and painful was it that I called peevishly on Death to come and carry me from a world of misery. Too readily did he obey; for, before the words had well escaped me, his skeleton figure, hideously grinning in my face, stood before me. Seeing the panic his presence produced, "Wretch," he cried, "why hast thou called me?" Terrified as I was, in vain did I urge that an hallucination of the fancy had caused me to pronounce his name and invoke his relief. In fact it was, I assured him, his desperate enemy I sought, having lost him in a crowd of young men, among whom I had taken a seat to listen to the precepts of an Aesculapian chief, who had strenuously instilled the lesson of resisting and contending with him whenever unhappily he should seem to be near, and never yield to him so long as medicinally arms and ammunition remained unexhausted. "Leave me, therefore," continued I, "for you must be convinced that, as I never could have learned respect for your power, nor been taught to call in your aid to procure relief in such company, a distempered imagination alone caused me to call on you." "Hypocrite," rejoined Death, seizing me, "hie thee with me to the haunts of these my cruel and implacable enemies, and I will show you by what means they contend against my power. It is by midnight robberies of my plunder that they fill their charnel houses; and, by examining with their wily arts the devastations I have made on the mortal frame, learn and teach their pupils—in whom they instil the same degree of hatred which they themselves possess—how to oppose efficient force to my work, and to contend against my power. Among the deadliest of my foes is that guide of yours; and so implacable is he, and so interminable the warfare he has waged against me, that in my contest with him he will sever limbs asunder, and pluck the eyes from their orbits, ere he will surrender the body to my power. You will find him at his work; and as you are not ready for me, and as I know he is at hand to aid you, I must relinquish all claims to your

* An oft-quoted remark of Rush.

body for the present. I will conduct you to your guide, and a coadjutor of his whom you have not yet seen; but, as I cannot remain an inhabitant of the same spot with either of those things, and do not like even to peep where they are, for fear of a blow on my poor, emaciated body, I shall leave you." So saying, he thrust me, terrified, into a dissecting-room and clapped the door upon my back.

As promised by Death, here I was greeted by my lost guide, who was instructing his pupils in the mode of removing limbs from the living body, by severing them from the dead. He immediately introduced me to a fat, florid, powdered, gay-looking gentleman of low stature and clumsy form,* who appeared busy in directing other pupils in the arts of injecting the blood-vessels and in guiding their hands into the adroit method of examination of the body *post-mortem*.

(To be continued.)

LOCAL ANESTHESIA.

BY HORATIO C. WOOD, M.D., LL.D.

UNDER any circumstances the use of an anesthetic is accompanied by a very small but distinctly appreciable danger to life; a danger which, in the happenings of practical medicine and surgery, is often increased until it becomes very positive. A perfect anesthetic would be a substance which should act upon the peripheral sensory nerves and have no other influence upon the human organism. Such a substance has not as yet been discovered and it may be, does not exist in nature. The subject of local anesthesia is therefore one of great practical importance.

According to our present knowledge all attempts at the production of local anesthesia may be divided into two sets: those in which the loss of sensation is produced by paralysis of conducting nerve-fibres at a greater or less distance from the seat of pain, or proposed surgical operation; those in which the seat of pain is attacked immediately. For brevity's sake, we shall speak of the first of these subdivisions as neuritic anesthesia, the second as local anesthesia.

Neuritic anesthesia may be produced by injections of the local anesthetic into the vertebral column in such position as shall

* Caspar Wistar was elected Professor of Anatomy after Dr. William Shippen's death, which occurred July 11, 1808. The exact date of Wistar's election was December 6, 1808; previous to that time he had been Adjunct Professor of Anatomy since 1792. He was a distinguished citizen of Philadelphia, best known to us now from his having been the founder of the museum that bears his name. He succeeded Thomas Jefferson as President of the Philosophical Society, and was also President of the Society for the Abolition of Slavery. The genial, hospitable character of Dr. Wistar is evidenced by the custom of still holding the so-called "Wistar Parties."

paralyze the cauda equina and lower sensory nerve-roots, as they emerge from the cord. It is not proposed to discuss here this method of producing anesthesia in any detail. Introduced and exploited by Bier, Seldowitsch, and Tuffier, followed by other surgeons, it has been practiced in a large number of major operations upon the legs and even upon the lower trunk. The loss of sensation usually sets in about ten minutes after the injection and begins to pass off in about an hour. In most cases the anesthesia has been complete, but occasionally has been more or less imperfect.

Intra-spinal anesthesia has been practiced sufficiently to warrant judgment as to its usefulness, and this judgment must be that the dangers which surround its employment are greater than those of ether or even chloroform anesthesia. One surgeon reported five deaths in one hundred intra-spinal injections of cocaine, and according to H. Mohr-Bielefeld, all available statistics taken together show that one death is to be expected in every two hundred intra-spinal anesthetics. Moreover, the cases must be rare in which spinal anesthesia is available and can not be advantageously replaced by that form of neuritic anesthesia to which the form of neural anesthesia may be given.

As long ago as 1884, Hall and Halsted suggested the injection of cocaine into the nerve-trunk for the purpose of destroying sensation in the region supplied by the nerve, and this method has in the last few years been somewhat freely employed with general satisfaction, and when properly carried out is free from danger to life. When the nerve to be attacked is a small one, the drug selected may be injected simply in contact with the nerve within the sheath, but if the sciatic or other large nerve is to be paralyzed the local anesthetic should be thrown into the nerve itself. So injected, cocaine, and probably eucaïne, produces a complete break in the afferent conducting power of the nerve; not only the fibres which are connected with the pain centres but all afferent fibres have been cut off, so that when the incision is made into the peripheral distribution of the nerve not only is there no pain, but little or no surgical shock, the nerve centre not being, as it were, cognizant of the happening in the affected regions.

Cocaine has usually been injected by surgeons and as the dose used does not have to be large, it is entirely safe, although it is probable that beta-eucaïne might be satisfactorily employed. When the nerve is small and easily reached, a two per cent. solution of cocaine may be injected into its sheath without previous incision, but when an amputation or other large operation is to be performed it is essential to expose, under infiltration anesthesia, the one or more nerves involved and inject two to five minims of a solution of cocaine, which should not be stronger

than one per cent., directly into the nerve. Of course absolute antiseptic precautions must always be taken, and although, *a priori*, it might be expected that the process would involve the danger of the production of neuritis so far the clinical reports do not indicate that such danger exists.

In the production of local anesthesia by a direct action upon the part, several substances are in use, so that the general discussion may well be preceded by a few words concerning them. The oldest of these local anesthetics is cocaine, a substance whose action is so well known that it is only necessary to point out that its employment in over-dose is not unattended with danger, and that half a grain of the ordinary cocaine salt is as much as the surgeon is justified in using at one time.

Nirvanin (Di-Ethyl-Glycoeyl-Para-Amido-Ortho-Oxy-Benzoic-Acid-Methyl-Ester-Hydrochloride) which has been very recently introduced into practical medicine by Einhorn and Heinz, is a pronounced local anesthetic, which seems not to be quite equal in activity to cocaine, but which according to the results reached in the experimental research of Luxenberger is so little poisonous that its two per cent. solution may be freely used for the production of infiltration anesthesia up to a maximum amount of eight grains. At present writing there is not sufficient experience to make it possible to assign the exact value of this substance.

Anesthesin, the *ethyl-ester of P-amido-benzoic acid*, is according to the experiments of Binz almost free from general physiological action, he having found that when given in colossal doses to rabbits it produced only a transient methaemoglobinemia, with renal irritation or methaemoglobinuria.

Subcutin, a compound of anesthesin and paraphenol-sulphuric acid, introduced by Ritsert, has been recommended for the production of infiltration anesthesia. Concerning it, also, practical judgment must as yet be suspended.

The one substance which at present seems to share popular favor with cocaine, is beta-eucaine. The eucaine of the present markets is not the eucaine of the market five or six years ago; originally the manufacturing chemists brought forward as the result of the scientific work of Vinci, two allied chemical substances, alpha-eucaine and beta-eucaine. At first it was believed that alpha-eucaine was the better of the two for use in practical surgery, and so it was sold under the simple name of eucaine. Experience, however, demonstrated that this alpha-eucaine was irritating, producing local soreness, hardness, and even sloughing; whilst beta-eucaine was from a local point of view not objectionable; so the manufacturers, retaining the name of eucaine, simply substituted beta-eucaine for alpha-eucaine, and thereby retained the results of their early advertising. As a poison our present

beta-eucaine is very feeble, though it is not without physiological action; it is a paralyzant of both motor and sensory nerve-fibres, appears to have a direct action upon the heart muscles, and also to be a paralyzant of the vasomotor centres; before, however, its exact general influence can be considered settled further research is necessary.

PRODUCTION OF LOCAL ANESTHESIA.

If, as is the case with an ordinary felon, the part to be operated upon can be tightly surrounded by a constricting bandage so as to almost entirely shut off circulation, it is very easy to produce a sufficiently lasting anesthesia by injecting cocaine or eucaine directly into the part. Ordinarily, however, in surgery this cannot be done, hence the importance of the so-called infiltration anesthesia. In this process, as originally devised by Schleich, the point of the hypodermic needle is thrust first into the papillary layer of the skin and a small mass of fluid injected. Then the hypodermic needle is thrust forward, another small injection made and so on until the whole region is filled up, or in cases of tumor the base is completely encompassed with a zone of artificial edema. The fluid used by Schleich contained about one-fourth as much morphia as it did of cocaine. There is no reason for believing that morphine has a distinct local anesthetic power and, therefore, no reason for believing that the addition of morphia to the fluid, as suggested by Schleich, was a useful procedure. On the other hand it is very clear that the results obtained by his so-called infiltration anesthesia were entirely out of proportion to the amount of cocaine employed, and also were much more lasting than when the ordinary solutions of cocaine were used. Their results were undoubtedly due to the extreme dilution of the solution which required large quantities of water to be injected into the tissue that was to be operated upon; the water under these circumstances acts in several ways. In the first place by pressure and dilution, it lessened the sensibility of the peripheral nerve filaments and endings, and in the second place by pressure and dilution it interfered greatly with the circulation in the part, this interference having a distinct tendency to lessen the sensibility of the nervous apparatus and especially delaying the absorption of the cocaine. Schleich's method was undoubtedly a great advance on the previous processes, but it has been greatly improved by Braun. This investigator, in experiments made upon the lower animals, found that if by local cooling the vitality and circulation of a part were interfered with, absorption of the injected cocaine was so long delayed that the symptoms of poisoning were put off almost indefinitely, or perchance, failed to develop at all; in the latter case, elimination went on as rapidly as absorption,

so that at no time was a toxic amount of cocaine in the general circulation. These facts suggested to Prof. Braun the conjoint use of adrenalin and cocaine. He found that the adrenalin produced so much contraction of the blood vessels as to not only very sensibly increase the benumbing action of the local anesthetic by shutting off blood supply, but also greatly to increase the duration of its local activity by lessening the rate of absorption of the drug. By employing from 1 to 5 per cent. solution of cocaine to which had been added from 1 in 10,000 to 1 in 100,000 of adrenalin, Braun was enabled to do trunkal operations without causing suffering. Braun's method has been reported upon by a number of surgeons with high commendation. The further suggestion of Barker that eucaine should be substituted for cocaine seems to have brought infiltration anesthesia almost to the high water mark and has been followed out in Philadelphia by various surgeons with great satisfaction. The plan is readily carried out as follows: Powders are kept in stock in the operating room containing 0.02 gm. (3 grains) of B-eucaine or the eucaine of the shops and 0.8 gm. (12 grains) of pure sodium chloride. At the time of the operation one such powder is dissolved in 100 cc. of boiling distilled water, and when it is cooled sufficiently 1 cc. of adrenalin chloride solution (1 to 1,000) is added; 100 cc. of the resulting liquid containing 12 grs. of B-eucaine and 0.015 grs. of adrenalin chloride. The whole 100 cc. may be used at one infiltration anesthesia, but according to Barker from 50 to 60 cc. usually suffices, even in such considerable operations as for the cure of hernia, castration. It is of course essential that the syringe used be aseptic and the surgeon should always employ the platinum needle with an iridium point which can, without injury, be disinfected in the flame of an alcohol lamp immediately before use.

If the surgeon should wish to try anesthesin for infiltration anesthesia the formula of Dunbar may be employed. The original solution of Dunbar was:

Anesthesin hydrochloride.....	0.25 gm.
Sodium chloride.....	0.15 gm.
Morphine hydrochloride.....	0.005 to 0.015 gm.
Water.....	100 cc.

The solution should be sterilized by heat. It should also be modified by omitting the morphine solution and adding 1 cc. adrenalin solution (1-1000).

As previously stated, much of the effect of infiltration anesthesia is due to the water injected. Schleich recognized this, and stated also that by the employment of unmedicated water a transitory anesthesia could be produced. Very recently, January 23rd, 1904 (*N.Y.M.J.*), Dr. Samuel G. Gant has asserted as the result

of much experience, that for very many surgical purposes it is sufficient to distend the tissues with pure sterilized water. Most of his experience has been in rectal surgery, but he affirms that he has used the method in explanatory laparotomy. He describes the technique as follows:

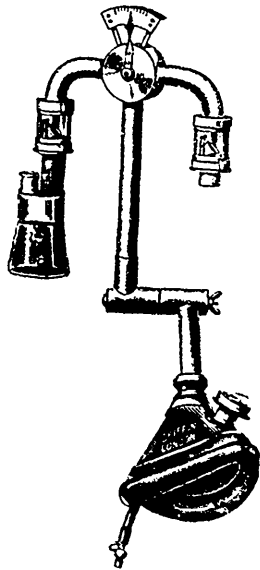
"A fold of the skin at one extremity of the line of incision is caught up between the thumb and forefinger and compressed for a few seconds, which diminishes, and often prevents, the momentary pain caused by the first injections. The needle is then quickly introduced between the layers of the skin, and a few drops of water are slowly injected. They should produce a small, localized distention not unlike a blister, and as soon as it appears, anesthesia of the skin should instantly occur at this point. The needle is then inserted slowly further and further along the line of the cut to be made, and the water is gradually injected as before, care being taken not to go entirely through the skin. When the syringe is emptied it is refilled, the needle is introduced within the anesthetized area, and the injections are repeated as before, until the distention extends the entire length of the line of incision. The needle is then plunged through this distended line and subcutaneous injections are rapidly made until a firm, whitish, ridge-like swelling, about as wide and thick as the index finger is produced. These deep injections may cause a temporary discomfort due to the rapid distention of the subcutaneous tissues. If the procedure has been properly carried out, the skin and underlying tissues can now be incised without pain in almost every instance."

In cases of extreme thrombotic hemorrhoids, Dr. Gant injects the sterile water only between the layers of the skin overlying the clot to be removed; when the hemorrhoid is cutaneous, both the skin and the tumor should be distended tightly; when the hemorrhoid is internal, sufficient water should be injected directly into the centre of the tumor to distend it tightly and cause it to turn white, when it will be found absolutely insensitive. In various surgical diseases about the anus, the skin, subcutaneous structure up to the anal margin, the mucosa and sub-mucosa, the external and the internal muscle must be successively distended until the pressure is sufficient to overcome sensation. The injections should be given slowly. In opening abscesses the layers of the skin immediately over the abscesses must be distended, but in deep rectal abscesses requiring extensive cutting and curetting, Dr. Gant does commend the method.

Apparently water, used in the way suggested by Dr. Gant, is a sufficient anesthetizing agent when the lesion is superficial, or when it is so situated that the fluid will be confined in a limited space for the time being.

A NEW CHLOROFORM INHALER.

THE Vernon Harcourt Chloroform Regulator was first introduced to a special chloroform committee appointed by the British Medical Association to investigate the subject of anesthesia in certain directions. One of the committee, Dr. Dudley Buxton, at the instance of the other members of the committee, tested the Inhaler clinically and reported in favorable terms of it. (*Supplement to the British Medical Journal*, July 18, 1903.) Mr. Walter Tyrrell also employed the Inhaler, and his cases, which further demonstrated its value, appeared as an appendix to the committee's report. Since this pronouncement the Regulator has been in con-



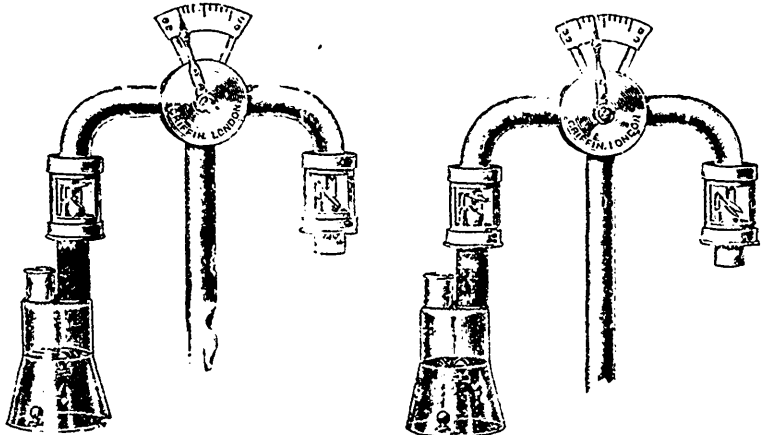
stant use at University College Hospital, and in the hands of several anesthetists, and has earned for itself the warmest approval.

From a clinical standpoint it is not too much to say that Mr. Vernon Harcourt's patient and truly scientific endeavor to produce an exact apparatus has been successful. It was somewhat doubtful, until extended use proved such to be the fact, whether a 2 per cent. vapor of chloroform was adequate for all cases. The common objection urged is that such a low tension vapor could only be applicable to subjects who were easily anesthetised; but when the apparatus is intelligently used it is found to be capable of the widest employment.

The features most noticeable about the narcosis are that as the

patient at first inspires a 2 per cent. vapor he is soothed and not excited; if the increase in vapor strength be graduated with precision, the onset of narcosis is gradual, and what is more important, is even. There is no sudden variation. The onset travels as it were along an inclined plane; there are no irregular elevations and depressions, and as a result struggling, whether voluntary or the result of overstrong vapor, seldom occurs. The nerve storms and convulsive respiratory phenomena, at times met with among the alcoholic or muscular during the inhalation of chloroform, seldom if ever occur when the low tension vapor is used, and hence the risks of the period of induction are lessened, if not wholly removed.

After effects are certainly less when the Regulator is used, and most patients express themselves as having found the method less



— Pointer adjusted to give 2 per cent.

— Pointer adjusted to give 1.4 per cent.

painful than former experiences, in which other methods of giving chloroform had been adopted.

There can, we think, be no doubt that Mr. Vernon Harcourt's Inhaler is the best apparatus we possess, and marks an enormous advance in our available methods. It would be premature to say more, but we confidently await the criticism of the next few years; we believe it will more than justify what has been said, and will show that a low percentage vapor of chloroform from an accurate scientific apparatus such as Mr. Vernon Harcourt's, administered by an experienced anesthetist, will give most satisfactory results.

When this method is universally adopted chloroform will once again take the premier place as the anesthetic among anesthetics, and its accidents will, if they arise at all, result from an unwise departure from known physiological principles.

DESCRIPTION OF THE APPARATUS.

Mr. Harcourt's Inhaler provides, in sufficient quantity for full and free respiration, a mixture of air and chloroform, which is automatically limited to a maximum strength of 2 per cent., and can be diluted at will with additional air down to any smaller proportion.

The two-necked bottle is filled with chloroform to near the top of the conical part, and two colored glass beads are dropped into the liquid to indicate when the temperature is within the range, 13 to 15 deg. C. If the temperature of the chloroform is below 13 deg. both the colored beads will float; if it is above 15 deg., both will sink; in the former case the proportion of chloroform inhaled will be less than the pointer of the stopcock indicates; in the latter case it will be greater. During inhalation the chloroform is cooled by evaporation; its temperature may be kept between 13 and 15 deg. by now and then holding the bottle in the hand till the red bead has floated up and the blue bead is beginning to rise.

The stopcock is so made that when the pointer is at the end of the arc nearest the bottle of chloroform the maximum quantity is being administered—namely, 2 per cent. When the pointer is at the opposite end only air will be inhaled; and when it is midway dilution of the 2 per cent. mixture with an equal volume of air will make the proportion 1 per cent. The shorter lines on either side indicate intermediate quantities—namely, 0.8, 0.6, 0.4, 0.2; and towards the chloroform bottle, 1.2, 1.4, 1.6, 1.8.

The valves on the two branches prevent the entrance into the apparatus of expired air, and also serve to show whether the stopcock is working rightly. Only one valve opens when the pointer is at either end of the scale, both equally when the pointer is midway, and for all other positions one valve opens more and the other less, in the degree indicated by the position of the pointer on the scale. The movement of these valves shows also how full and regular the breathing is, and the slight click which they make conveys this information to the ears when the eyes are otherwise occupied.

It is generally found that beginning with the pointer at 0.2 and moving it on towards the chloroform bottle at the rate of one division about every half-minute up to 1.6 or 1.8 produces narcosis as quickly as is desirable.

For the maintenance of narcosis it is believed that 1 per cent. or even less will be found sufficient. The stopcock can be moved by a touch of the finger so as at once to increase or diminish the dose.

The face-piece, which is provided with an expiratory valve and can be fixed in any position, is either attached directly to the inhaler, which in this case is held in the hand, and should be kept

as nearly vertical and as steady as possible, or can be connected by about 20 inches of half-inch rubber tubing; the inhaler in this case being supported on a stand or hung on to the back of the bed.

The mask is made of solid toughened rubber, fitted with a rubber air-cushion. It can be washed, or boiled, and as it becomes plastic in hot water the shape can easily be modified, if required, so as better to fit the patient's face.

No chloroform evaporates excepting that which is inhaled by the patient; and only that which is exhaled passes into the air of the room. A great economy of chloroform is thus effected, which should in a short time repay the cost of the apparatus to institutions or medical men in large practice by whom it may be used.

ON THE USE OF THE VERNON HARCOURT INHALER.

The apparatus must be carefully examined to see the parts are adjusted, and the administrator should inhale to see that the valves are working properly. About 1 1-2 oz. of chloroform should be poured into the conical bottle and the beads seen to be floating. The face mask should then be carefully applied. This is best done when the head is turned to one side. Breathing taking place freely and the air inlet valve and expiratory valve flapping properly, the inhaler should be grasped at the horizontal cross-piece with the right-hand, while the lower jaw is pressed forward by the left hand placed behind the angle of the mandible. Firm pressure is necessary, as absolute co-adaptation of the mask to the patient's face is essential. If the pressure used is equal over the whole area of the face the patient will not complain. It is a common fault to allow air to enter by the sides of the bridge of the nose. Absolute fitting of the face-piece having been secured, the strength of the vapor may be gradually increased by turning the pointer. This is done slowly, but unless the patient is restless and struggles, not too slowly. Struggling is an indication for the lessening of the strength of the vapor but not for removal of the face-piece unless duskieness supervenes. When narcosis is attained, the usual signs being relied upon, in most cases the maintaining of anesthesia can be effected with 1.5 or even .5 per cent. according to the physique of the patient and the requirements of the operation. After prolonged administration slight duskieness may appear, and in this case the apparatus may be lifted for a few breaths and then replaced.

The Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month. London, Eng. Represented by W. Hamilton Mill, 8 Boulevard Street, E. C. Agents for Germania Starbuck's News Exchange, Mainz, Germany.

VOL. XVI.

TORONTO, JULY, 1904.

NO. 1.

Editorials.

OUR REPORT OF THE ONTARIO MEDICAL ASSOCIATION.

We have decided, rather than hold our July issue too late, to publish our special report of the proceedings of the Ontario Medical Association, which closed the other day, in the August number, and feel that, in doing so, we have acted wisely, our readers preferring, we think, to receive the JOURNAL promptly on the first of each month.

A GLANCE AT THE ATLANTIC CITY MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

WHERE duty called, pleasure abounded, the magic of the sea entranced, the song of its waves lulled to rest, and over all the Queen of Day shone, and pleasant faces reflected her light as they smiled a welcome and uttered the greeting, "Doctor, I am so glad to meet you again." On the great board walk, in the numerous hotels, in every nook and corner the physicians were to be found; but perhaps a glimpse of them as a unit was best obtained at the opening ceremonies in the auditorium on the pier, where standing room even was at a premium. The hall was destitute of floral or other decorations, so that the faces of the vast crowd of men and women stood out clearly, and many a well-known Luminary was easily recognized among the attentive audience as they composed their features and said "prunes and prism" as the camera fiend took the inevitable snap-shot. If we had been fortunate enough to have had a lightning artist with us, and had allotted to him the task of sketching a composite face of the physician representing the leading features of the three thousand followers of Esculapius there assembled, we think the sketch would have shown a young face, firm in expression, with settled convictions, bright eyes looking at life cheerfully and steadily; in a word, the face of a man not laboriously studious, perhaps, but strong in purpose and masterful enough to say to that greedy old reaper, Death himself, "Not yet." From a glance at the audience we instinctively turned "eyes front" to the platform, or rather stage, on which, forming a background, some garish scenery was arranged, which contrasted strangely with the dignified appearance of those seated solemnly in front of it, among whom were the retiring President, Dr. Billings, of Chicago; the President-elect, Dr. Musser; the Secretary; the clergyman who read the invocation; the Mayor of Atlantic City, and as many past and ex-presidents as George Washington has "former residences" in America! Dr. Musser's address was very interesting, especially dealing with that burning question, the proper equipment of the medical student and the high standard of preparatory university education that should be required to fit the young man to become an intelligent student ere he knocks at the door of the medical college for admission. We

heartily congratulate the President upon his finished and interesting paper, and only regret that many of the vast audience, owing to the imperfect acoustic properties of the auditorium, were unable to hear it all, and the doctor's voice seemed to strike a musical cadence and dwell continuously upon the one note, till between the lines we seemed to hear the key of an old Gregorian chant as the sound crept out through the bars of a monastery chapel off in New Orleans. With all due respect to Dr. Musser, his splendid "song" deserved a "singer" with a better range.

The appeal made to the audience by a number of leading physicians for funds to erect the Reed Memorial met with a magnificent response, we understand, of over seven thousand dollars, a tribute to the memory of the man who courted death by his investigation of and success in dealing with that awful scourge, yellow fever. Though he sacrificed his life, he left the legacy of an honored name to his profession and a record in the great book of science.

The large body of the Association, after the opening ceremonies, split up into sections, meeting in the various hotels, thereby combining convenience, comfort, and focusing interest, and then each day when "meetin' was out," perhaps the gravest debater or most skilled clinician was just the very funniest thing on the beach, for Dr. Jack knows full well the value of play after work.

Night at Atlantic City is a revelation. Everything in earth and air flashes forth an electric light, and

"A spirit of delight, scatters roses in her flight,
And there's magic in the night
When the heart is young."

Sufficient to say, a young heart of ninety-two years rushed away from a smoker at eleven o'clock to take "a look in at the dance on the pier," and in our hearts we all said, "Bless the dear old Spartan, who in his professional career has caused so many hearts to dance for joy as he attuned their faltering footsteps, almost slipping o'er the brink, and set them to keep time to the quickstep of perfect health."

To begin to thank the Entertainment Committee for their kind hospitality would occupy a volume, a sequel, and a post script. Musicales, dances, dinners, yachts to sail in, and the three large

receptions—one at the Marlborough Hotel to the ladies, given by Mrs. Musser; another given by the ladies of Atlantic City in the ball-room on the pier, and the last by Dr. Musser, also in the ball-room at the end of the long pier. All were very largely attended and greatly enjoyed. Unfortunately, Old Ocean was in a strange mood the night of the President's reception. A storm was raging—

“A strange spirit moved the waters;
The wild spirit of the Air
It lashed, and shook, and tore them
Till they thundered, groaned and boomed”—

and nearly blew the frolicsome doctors off the pier into the sea as they were making their way, freighted by their “femininity,” to the entertainment. Several were merrily advocating the bare-headed treatment as healthful and delightful, as the ocean said to them imperatively, “Gentlemen, hats off!” The mermaids now are surely wondering, as they try them on, if they are becoming, and Neptune, sly old fellow, is perhaps claiming the kisses!

Many of the physicians accepted the cordial welcome extended to them to visit the new Laboratories at the University of Pennsylvania upon their opening day, and a charming afternoon and evening were enjoyed by all. Many went on next day also to Washington, to be present at the unveiling of the Rush Monument, but Old Ocean called insistently, so we lingered, watching the unending procession of holiday makers, as restless as the sea itself, as they strutted by all glistening with jewels, and somehow Pope seemed ever to whisper—

“Worth makes the man, and want of it, the fellow;
The rest is all but leather or prunella.”

W. A. Y.

MEDICAL EDITORS AT ATLANTIC CITY.

PARTICIPATING again in the proceedings of the annual meeting of the American Medical Editors' Association in Hotel Dennis, Atlantic City, and looking at the hale, hearty and alert men assembled to talk together with voice instead of pen, we felt that no one could say, these are they who have come up out of the great tribulations of an editorial sanctum—they all looked as if their chosen vocation agreed with them. After enjoying the privilege

of attending the yearly sessions of this Association, one always returns strengthened and impressed more than ever by the place the medical journal has made for itself in the library of the universal physician, and at the high standard of journalism demanded by the profession. The pace set by the foremost magazines that are in the hands of the public makes the task to supply every month an up-to-date and strictly ethical and scientific medical journal an increasingly difficult one.

The 1904 meeting was quite a success, and we had the privilege of again shaking hands with Dr. Sajous, the retiring President; Dr. Harold N. Moyer, the incoming President; Dr. W. C. Abbott, Dr. T. D. Crothers, Dr. Macdonald, Jr., the energetic Secretary; the Drs. Taylor, of Philadelphia, and many of the foremost medical editors of the United States, and from them received many useful pointers as to how to conduct a successful, and yet scientific, medical journal. The papers read were of a high order, the discussions quite lively, and the number of new members proposed greater than any year since the inception of the Association. The banquet held the same night was most enjoyable, the speeches showing the added quality of the ready tongue of the ready speaker to the powerful pen of the forceful writer. Ere many moons may we have the pleasure of again meeting with so pleasant a company, who, as the years roll by, become the "auld acquaintance"—who add the flavor to the annual cup of kindness.

W. A. Y.

DISEASES AFFECTING WOMEN ON THE FARM IN ONTARIO.

ACTING on the suggestion of the National Council of Women circulars were recently sent to a number of farmers' wives and daughters throughout Ontario containing questions concerning the life of women on the farm. These circulars were distributed through the officers of the women's institutes, and the answers are now being received. The circulars were sent to twenty women in each district. Catarrh and rheumatism are given as the chief complaints from which the women suffer. One woman, however, characterizes the prevailing trouble as "that tired feeling."

Chronic pharyngitis is not a rare disease in Canada. It is commonly known as "the catarrh." It is generally a subacute

affection at the beginning, and is developed imperceptibly, so that in most cases, when patients first come under observation, it has existed for a considerable period. The mucous membrane of the pharynx is more or less reddened and thickened; the surface in some cases is smooth, but often presents a granulated appearance, especially marked on the posterior wall of the pharynx. This inflammation often extends to the posterior nares. It may extend around the top of the larynx, but it has no tendency to pass into the larynx. The mucous membrane around the openings of the Eustachian tubes may be swollen and the inflammation, in certain cases, extends into these tubes. As a consequence, deafness is not uncommon from obstruction of the Eustachian tubes, requiring their catheterization.

Writing of the causation of chronic pharyngitis Dr. Price-Brown states ("Diseases of the Nose and Throat") that, "Persons whose occupations keep them exposed to constant respiration of foul or irritating gases are subject to it. Exposure to cold and wet has been thought to have an influence in the causation of chronic pharyngitis." It has also been thought to be rheumatic in its origin.

As the women on the farm are not remarkable for leading lazy lives, and as most of them must, of necessity, spend some portion of their time in pure country air, the breathing of such impure air as they suffer from would arise from a residence in small, unventilated dwellings. Their lives are passed in a sort of workshop, and the work is continued for many years, giving little or no time for recreation. It would be interesting to learn if the men on the farm suffer as much from "the catarrh" as the women. We do not think they do. "It (catarrh) seldom occurs among the so-called laboring classes, and it is much more frequent in cities than in the country. It is accompanied by symptoms denoting impairment of the general health. Patients complain of debility and a want of their accustomed energy; they are generally depressed in spirits and have forebodings of loss of health, they are very apt to fancy the existence of some serious disease, especially pulmonary consumption, and it is sometimes difficult to convince them that the latter disease does not exist. Dyspeptic ailments frequently coexist. Palpitation of the heart is not uncommon." (Flint's "Practice of Medicine.")

Of follicular pharyngitis Dr. Price-Brown says: "In adult life it frequently occurs as a result or complication of previously existing nasal disease. It is said to occur more frequently among women than men, probably owing to the more sedentary occupations of the former, and the consequent greater tendency to disease of the mucous membranes. We should remember, also, how much the pharyngeal mucosa is influenced by the gynecological condition of the sex."

The remedy for "the catarrh," to be effective, must have reference to the system. Alteration of the habits of life is of the first importance. Relaxation and recreation in the open air should be sought for, and exercises, especially those which call into action the muscles of the arms, shoulders and neck should be regularly taken in the open air. Topical applications are useful and tonic remedies may often be advantageously conjoined with proper hygienic management. The diet should be nutritious. The main object of treatment is to restore the general health.

By rheumatism is probably meant chronic articular rheumatism in some cases, and in others, muscular rheumatism. The former usually begins as a chronic affection. Heredity, advanced years, and habitual exposure to cold and wet are the predisposing factors. It rarely results from an acute attack. In the treatment attention to hygiene, especially as regards diet, bathing, clothing, exercise and occupation, should be thought of. The site on which the farmer's dwelling is built is often damp and undrained. There is a close connection between dampness of the soil upon which we live and rheumatism. Most rheumatics are also benefited by a change of residence to a dry, warm and equable climate. The tone of the system is often reduced, hence tonics like iron, quinine, strychnine and arsenic are of considerable value. The special remedies are iodide of potassium, guaiacum, salicylic acid and alkalies like the salts of potassium and lithium.

In muscular rheumatism, an affection of the voluntary muscles characterized by pain, tenderness and rigidity, presenting types such as lumbago and pleurodynia, the gouty or rheumatic diathesis is a predisposing cause, and exposure to cold and wet or muscular strain usually excites it. It may also be remembered that pharyngitis, tonsillitis, laryngitis and bronchitis are sometimes

dependent on the rheumatic diathesis. Purpura, erythema nodosum and urticaria are also associated with it.

Some of the women on the farm work hard, perhaps too hard, and this may account for "the tired feeling" mentioned by one of those who replied to the circular. There is much monotony of scene, environment and occupation in their lives, with but little physical or mental recreation. The older women give no time to relaxation, and spend too much time indoors. They should ventilate their small dwellings more frequently and fully, and should partake less freely than they do of fried pork, and hot bread, washed down with libations of very strong tea. They should imitate, also, the example of their American cousins, who go forth in search of recreation, and "visit" regularly.

The habit of building a farm dwelling on undrained soil should be reprobated. A sufferer from chronic rheumatism will have better health by living in a house on a dry, well-drained site. Neither should she forget to keep the alvine secretions in an active condition.

J. J. C.

SOMETHING ABOUT MATERNAL MILK IN ENGLAND AND FRANCE.

STATEMENTS about the milk-giving habits of the English mother are appearing in the English medical journals, which would have astonished our mothers and grandmothers. Thus, in *The British Medical Journal*, April 9th, 1904, Mr. William Hall, whose experience has been principally obtained in the London slums, makes comparison between Jewish and Christian mothers in the matter of suckling children, and gives the preference to the former. He says, "Jewish mothers suckle their children for twelve months, and feed them on fresh and suitable food when they are weaned. Most English mothers are unwilling or unable to suckle their children, or they cease to do so, before they are many weeks old."

To show the outcome of this evil habit he writes: "I have weighed, measured and examined upwards of 4,000 school children, most of them living in the slum district of our city. Not only are the majority of British slum children rickety, but they are also tainted with scurvy. They are stale, they live on stale food;

chick fly garbage." Of the Jewish children he writes: "During the same period I have weighed, measured and examined upwards of 1,000 Jewish children born and bred in the same slum district. They are free from the taint of scurvy, and are superior in physical development."

Another correspondent, "W. H. C. S.," writes to *The British Medical Journal*, April 16th, 1904: "Well-to-do women, when asked why they have not suckled their children, even for a time, answer, 'I really don't know. Nobody told me that I ought to, and I thought they did just as well on the bottle. My husband did not wish me to.' 'The monthly nurse advised me not to.'" He goes on to say that many of these women are perfectly willing to nurse in future, when they know the reasons why they ought to. He thinks that a medical man should give the question of abandoning suckling as much consideration as he does the question of inducing premature labor, seeing that the risk to the child's future welfare is about equal in the two cases.

Neglect or refusal to suckle her baby may not depend on the whim or ignorance of a mother, but on her physical incapacity for the function of giving good breast-milk. At the French National Congress of Obstetrics, Gynecology and Pediatrics, held at Rouen, last April (*La Presse Medicale*, April 13th, 1904), the good or evil done by the Gouttes de lait was very warmly debated. Dr. Pinard said: "The Gouttes de lait gave nursing women the chance of weaning their babies, and giving them artificial milk instead of breast milk. The managers of the Gouttes de lait pretend that they save the lives of sick babies. I want to see babies prevented from being sick, and to accomplish that end nothing is better than nursing at the breast. I think the Gouttes de lait are dangerous, as they offer mothers too many facilities for procuring milk and weaning their babies." Other physicians, Drs. Ausset and Peyron, took the same ground, contending that the Gouttes de lait were an encouragement to artificial nursing, and that wherever a Gouttes de lait was established nursing at the breast was less and less practiced by mothers.

Evidence on the opposite side was given by Dr. Variot, who said that when the babies were brought to the Gouttes de lait their mothers had long before ceased to suckle them, because they had no breast milk to give. Dr. Brunon, director of the Rouen School of Medicine, said: "We are not trying to find out if two per

cent. of mothers are unable to nurse their babies. Such a low percentage would not surprise me at all. We are trying to find out, however, how many women of the poorer class get enough to eat to enable them to have breast milk. That is the important question. The question of suckling children is a social one. Stop women from working at trades, from taking situations in post-offices, telegraph offices, and especially in telephone offices; suppress female slavery in school teaching; let woman do the work she is fit for; pay her for her work; protect her from the ferocious selfishness of man. When that much has been done women will suckle their children, and we shall close the *Gouttes de lait*. But, as nothing of the kind will be done, we shall keep the *Gouttes de lait* open, because they fill a long-felt social want. We are told that we encourage the artificial nursing of infants and discourage suckling by mothers. When a child, which has tried breast-milk, concentrated milk, farina, etc., and is so wasted as to be at the point of death, is brought to the *Gouttes de lait*, do you think I "should make a speech to its mother on the immortal principle of a mother suckling her child?"

Very graphically put indeed. All the same, we agree with Drs. Pinard and Ausset that too great facilities should not be extended to women who are quite willing to renounce the natural duty of nursing a baby at the breast for the chance of earning a little money at a trade, or in some situation. That instances do occur in which an infant, whose mother cannot suckle it, is happily raised on the bottle all will admit. That the work of dispensing bottled milk is admirably done at the French *Gouttes de lait* is equally true. When these facts are admitted the truth remains—the old way of raising babies by suckling them at the breast is the proper one. It speaks well, indeed, for the influences of creed and family life, that the Jewish mothers, living in the slums of London, could and would suckle their babies, and they and their husbands deserve credit for their labor and care, in striving to raise healthy children under deplorable conditions, instead of seeing them turned over to the undertaker, or growing up the victims of scurvy and rickets. It is to be hoped that the influence of Christian charity, co-operating with and assisting the natural feeling of Christian mothers, will assist them to vie with the Hebrew mothers in this respect.

J. J. C.

EDITORIAL NOTES.

Adulterations Discovered in Cider and Ground Spices.—

The chief analyst of the Inland Revenue Department states, February 6th, 1904, that of forty-one specimens of Canadian cider examined by him fifteen (36.58 per cent.) were found to contain small quantities of salicylic acid, the addition of which to alcoholic, fermented, or other potable liquors renders them, according to the Adulteration Act, liable to be considered as adulterated in a manner injurious to health. Of ground spices 188 specimens collected in various districts of Canada during the months of August and September, 1903, were examined. Based on the opinions of the analysts, the following recapitulation shows the extent to which adulteration prevailed among these 188 samples:

	Genuine	Doubtful	Adulterated	Total
Black pepper.....	33	1	42	76
White pepper.....	23	1	30	54
Red pepper.....	0	1	2	3
Allspice.....	13	2	1	16
Mixed spices.....	3	0	2	5
Cassia or Cinnamon....	1	0	10	11
Cloves.....	9	2	2	13
Ginger.....	6	0	4	10
	88	7	93	188

Microscopical examination showed in different samples of adulterated black pepper: (1) Wheat flour and charcoal or roasted shells; (2) wheat and rice starch, cayenne pepper, many stone cells, probably cocoanut shell; (3) some buckwheat and wheat starch; (4) little pepper, but much fibrous tissue, hairs, dirt, etc., also rice, starch, mustard, husk and turmeric. Microscopic examination of adulterated white pepper showed: (1) Corn starch and much foreign tissue—fermenting matter; (2) wheat flour and buckwheat; (3) some wheat starch, and turmeric; (4) wheat starch and a little charcoal. The inspection of cassia and ground cinnamon showed that cassia is chiefly used instead of cinnamon. The analyst, A. McGill, says in a note: "Since cassia and cinnamon are the barks of allied species of cinnamomi, they necessarily have many features in common. Cinnamon is distinguished by having been more carefully freed

from valueless portions of cortex and wood; and is characterized by a greater preponderance of bast cells and other structural peculiarities. Hence the microscope is the chief and only reliable means of differentiating these species, and even its indications must be accepted with caution, since some samples of each species closely approximate to those of the other." Referring to the inspection of ground cloves, A. McGill says: "The adulteration in some of the samples consists in the addition of foreign matter of a more starchy character, containing stone cells and other vegetable tissues not largely present in genuine cloves. Part of this tissue may come from admixture of clove stems, but this cannot be certainly determined. The effect of this adulteration is shown in the considerable lowering of the total volatile matter, and the very marked lowering of the volatile oil. Of course these features might come from addition of exhausted cloves." In ground ginger microscopic examination showed: (1) Adulteration with foreign starchy matter; (2) exhausted ginger, or is of lower than average quality.

The Genesis of Epilepsy.—In the genesis of epilepsy Dr. Rabinovitch, of Paris, attaches great importance to alcoholism in the parents: "Alcoholism in the parent causes epileptiform attacks, and the descendant of such a parent is apt to be epileptic in a vast number of cases. It is of interest to note in this connection, and the fact has already been referred to, that alcoholic parents who have given birth to epileptic, idiotic or imbecile children, with or without other pathological stigma, can give birth to normal children if the parents abstain from alcoholic drink during a long period of time before conception takes place. The reverse side of this biological phenomenon is also true, as every physician knows perfectly normal parents, with no pathological family record, have been known to give birth to epileptic and other degenerate offspring, if one or both parents have indulged in drink at the period synchronous with the conception of the child." Writing on the same subject, Bevan Lewis ("Text-Book on Mental Diseases," chapter on the pathology of epilepsy) brings to light the important fact that the microscopic appearances of the brains of epileptics are similar to those found in subjects suffering from chronic alcoholism. He says that the change in the cell of the epileptic is not peculiar

to epilepsy: "It is found in other diseases and especially alcoholic brain disease. The nucleus of the cell is the earliest portion affected. The cell protoplasm being apparently secondarily involved (p. 522). With the atrophy and disappearance of the nucleus, we find associated declining functional activity and ultimate degeneration of the cell itself. Displacements, distortion, degeneration, enfeebled vitality, and the absence of the nucleus are constant accompaniments of cerebral disturbances characterized by loss of inhibitory control. This idea is not in contradiction to the fact observed in acute anemia, where the suddenly induced absence of nutrition causes—on the mental side loss of consciousness and on the physical side general convulsions (p. 526). A nutritive irritability underlies the morbid activity. Where mental disturbance predominates and actual insanity co-exists with epilepsy, there is a notable affection of a special series of cells, not exclusively seen, however, in this disease, for it likewise prevails in other convulsive affections, such as chronic alcoholism, wherein spasmodic discharges of nerve energy are frequent (p. 525). With epilepsy is associated ancestral intemperance. Is it probable that the nuclear and cellular changes bear the imprints of ancestral vice (p. 527)? Disparity between nucleus and protoplasm and the displacement or degeneration of the former seem to bespeak a convulsive constitution" (p. 528).

Duty of Sanitarians Regarding Venereal Diseases.—At the eighteenth annual meeting of the Conference of State and Provincial Boards of Health an excellent paper, entitled "The Duty of Sanitarians Regarding Venereal Diseases," was read by Dr. Holton. A good deal of discussion followed, and the following resolution was put and carried: Moved by Dr. Probst, seconded by Dr. Wingate: "Whereas, the great prevalence of venereal diseases, which is indirectly the cause of many deaths, is a matter of much concern to the public health, and Whereas, the communication of these diseases to innocent persons must be largely due to ignorance, Be it resolved, That a committee of three be appointed by the President to prepare a leaflet that would be acceptable to physicians to give to their patients, setting forth the precautions to be taken by one suffering from a venereal disease to prevent its communication to others, and to make such other suggestions as it may deem proper; such instructions, when

adopted by this conference, to be recommended to State and Provincial Boards of Health for dissemination among the medical profession, and said committee shall report at the next meeting." The proposition which Dr. Probst has advanced is in line with what was done at the Congress on venereal diseases, held at Frankfort this year. It was there determined to send to every physician a leaflet or slip in reference to this matter. Dr. Probst's resolution is likely to start the ball rolling in America, and it is not a bit too soon. The matter is not tabooed as it used to be among laymen and laywomen. We think that women, who are the principal sufferers from venereal diseases, should agitate this reform, so as to hearten the sanitarians in any preventive measures which they may wish to introduce. J. J. C.

The More Extensive Use of Diphtheria Antitoxin.—The opinion is growing in Ontario that the time has arrived when to neglect to give antitoxin in each and every case of diphtheria is gross neglect. Several physicians who have obstinately held out against the general conviction have capitulated at last. That the free administration of diphtheria antitoxin is the correct thing was exemplified by the local Board of Health of Brockville (Ont.) during 1903. When a Brockville physician is called to see a case of diphtheria he uses antitoxin, and the bill for the same is sent to the municipality. Not only is this done in the case of the necessitous person, but in all cases, rich and poor alike. This free dispensing of diphtheria antitoxin commends itself as an excellent method of employing municipal funds; the attending physician in a case of diphtheria being left free to follow the best instincts of his profession without being obliged to consider in any degree the financial status of the patient. Another important consideration is that the free use of diphtheria antitoxin exercises a great influence in shortening the period of quarantine on those who have contracted diphtheria. Besides, its immunizing power protects those who have been exposed to the infection of diphtheria, thus preventing, in a timely and efficient way, the formation of fresh centres of the disease. Antitoxin lessens the expense of treating a case of diphtheria. In fact, if a competent nurse be placed in charge of a case of diphtheria, the membranous exudation, which is the source of the disease, being local and con-

trollable, there is no reason why the patient cannot be treated in an isolated room in a private house instead of being compelled to go to an isolation hospital.

Exposure to Flame Does not Disinfect Surgical Instruments.

—A report recently presented to the Société de Chirurgie de Lyon (*La Presse Medicale*, April 2nd, 1904) shows that the exposure of surgical instruments to burning alcohol, a much-vaunted method of obtaining the antiseptic of cutting instruments, is a failure. The experimenters placed in an enamelled basin virulent cultures (staphylococci, bacteria of charbon, bacilli of tetanus), and covered them with alcohol. The alcohol was lighted, and the microbes exposed to the flame, but they were not destroyed, because when they were afterwards sown, fine cultures were obtained. A similar result was obtained by Drs. Berard and Lumiere, who, instead of exposing the cultures to burning alcohol, placed them in direct contact with a Bunsen burner. Another circumstance, which particularly shows the inefficaciousness of sterilization by flame, is that the micro-organisms resist the action of fire, not only when they are protected by a layer of dried blood or pus, but also in cases in which they are directly exposed to flame without being protected by an organic coagulum. Hence, one can readily understand that in exposing to burning alcohol a hypodermic needle, which may contain saline or organic concretions, the resulting asepsis may be of a very imperfect character.

Notification of Tuberculosis.—A statute has been passed by the Legislature of the Province of Quebec, providing for notification in municipalities of all cases of consumption that have reached the stages of suppuration or expectoration. The principle of notification of tuberculosis is favored by the Provincial Board of Health of Ontario. As we said in April, the notification of pulmonary consumption is excellent in principle, and, if carried out, would aid the health department of a city in securing the destruction of tubercular sputa in dwellings, places in which by long odds, sputa are likely to do more injury to the well than when ejected on sidewalks, streets and public places.

PERSONALS.

DR. LELIA DAVIS has removed from 189 College Street to the Alexandra Apartments, University Avenue.

DR. LESTER KELLER, of Ironton, Ohio, has completely recovered from his very severe illness, and, with Mrs. Keller, was present at Atlantic City.

DR. INGERSOLL OLMSTED, 16 Bay Street South, Hamilton, announces to the profession that in future he will confine his practice to surgery and consultations.

DR. AND MRS. PRICE-BROWN sailed from Montreal, on the *Tunisian*, on the 1st inst. They expect to be away for a couple of months in England and on the Continent.

DR. B. F. TURNER, of Memphis, Tenn., was an interested participant at the Atlantic City meeting. He was accompanied by Mrs. Turner, who has the distinction of being the president of the largest woman's club in the South.

DR. GEORGE WILKINS, professor of medical jurisprudence at McGill University, at the termination of his course of lectures for the 1903-1904 session, was presented by his class students with a handsome illuminated address, inscribed in Chinese characters.

DR. L. HARWOOD, Montreal, has been appointed Professor of Gynecology in Laval University and chief of the Gynecologic Department of Notre Dame Hospital of that city, succeeding the late Dr. Brennan. He has also been chosen president of the section of gynecology of the Medical Congress of French-speaking Physicians of North America, which is to meet in Montreal this year.—*Jour. Am. Med. Association*.

Among the Canadians who attended the American Medical Association Convention, held at Atlantic City, N.J., last month, were: Dr. Alex. McPhedran, Dr. N. A. Powell, Dr. B. E. McKenzie, Dr. H. P. H. Galloway, Dr. C. J. O. Hastings, of Toronto; Dr. J. H. Elliott, of Gravenhurst; Dr. Bruce Smith, Mrs. Smith, and Miss Smith, of Brockville; and Dr. W. A. Young and Mrs. Young, of Toronto.

THE well-known firm, Wm. R. Warner & Co., Philadelphia, Pa., have a most complete exhibit of pharmaceuticals in the Palace of Liberal Arts, World's Fair, St. Louis, and all visiting medical men will be made heartily welcome there.

DR. J. H. WILSON, St. Thomas, who for many years sat in the Canadian House of Commons, has been appointed a Senator by the Dominion Government, succeeding Dr. Geo. Landerkin, deceased. The medical profession of the County of Elgin, Ontario, tendered Dr. Wilson a banquet, April 11.

FOUR out of the nine buildings belonging to The Norwich Pharmaceutical Co., Norwich, N.Y., were destroyed by fire a few weeks ago. This has not necessitated any stoppage in business, as the Company's new building, containing 24,000 feet of floor space, had stored in it the bulk of their manufactured products, which, of course, remained unharmed. Business goes on as usual.

THE Ontario Medical Association elected the following officers for the ensuing year: President, Dr. Wm. Burt, Paris; 1st Vice-President, Dr. J. L. Davison, Toronto; 2nd Vice-President, Dr. George Hodge, London; 3rd Vice-President, Dr. Edward Ryan, Kingston; 4th Vice-President, Dr. F. H. Middleboro', Owen Sound; General Secretary, Dr. C. P. Lusk, Toronto; Assistant Secretary, Dr. Samuel Johnston, Toronto; Treasurer, Dr. Frederick Fenton, Toronto.

DR. CHARLES A. OLIVER, of Philadelphia, Pa., has been chosen by the British Medical Association as its official guest from the United States for its seventy-second annual meeting, which is to take place in Oxford, England, in July. With him are associated Prof. Hirschberg, of Berlin, representing Germany, and Dr. Javal, of Paris, representing France. During his stay Dr. Oliver will reside at Keble College as the personal guest of Mr. Robert Walter Doyne, the President of the Ophthalmological Section of the Association and Lecturer on Ophthalmology at Oxford University.

News of the Month.

THE ROYAL AND IMPERIAL STATE INFIRMARY, VIENNA.

A HOSPITAL with 2,000 beds, with a death-rate of thirty a day and a birth-rate of 10,000 a year is what Vienna boasts in its great Royal and Imperial State Krankenhaus, or infirmary.

Dr. A. A. Dame, of Brunswick Avenue, who recently returned from Europe, thinks that the opportunities afforded by this immense institution, which is combined with the university, accounts for the eminence of Austrian medical men. "The great secret, the success of Austrian pathology, is the unlimited material they have there to work on."

Lorenz is known the world over, but Vienna has many other great specialists, such as Fuchs, the eye expert, and Politzer, who must retire in two years at the age of 70, according to the laws of the hospital, and whose superannuation will be a serious loss to the place, though every man there is a specialist.

Teaching in Vienna is very thorough, the anatomical laws being much less strict than in England. Dr. Dame found very few Canadians in Vienna and but fifteen or sixteen Americans in the classes he attended, and in the Anglo-American Society which the medical men maintain there.

Vienna had comparatively no winter this season. Six weeks ago the flowers and foliage in the parks were fully expanded, and Germany had a similar season. "The cold weather seemed to be confined to Canada this year," said the doctor.

"Except in education, Vienna is a century behind us. They are very crude," he continued. "A peculiar thing there is the hearses. They all gather about the hospital, and I have seen as many as thirty at a time. They are not all black, as with us, but some pink and some green and blue and all sorts of colors. Another thing that strikes one in Vienna is the dogs. They are a cross between a boar-hound and a mastiff, and are used very largely for draught animals. They draw most astonishing loads, and with very small wheels on the wagons which makes it all the harder work."

Dr. Dame was also in Berlin, Heidelberg, Leipsic, Prague, Halle and London. While the pathological work in Vienna is the

greatest in the world, London holds her own in most lines. Moorefield is the finest equipped special hospital in the world. It is devoted to the eye; and Golden Square, where the ear, nose and throat are treated, is another great institution.

"Colonials seem to get positions as house-surgeons in these hospitals. There were two Australians and one Canadian in Moorehouse, and a Toronto boy in Golden Square, and there will be another Canadian there shortly."

THE M. J. BREITENBACH COMPANY vs. SIEGEL, COOPER COMPANY AND THOMAS H. McINNERNEY.

THE following decision of the Supreme Court of New York State will be of interest to the medical profession: This action having been begun by the service of the summons and complaint on each of the defendants on December 22nd, 1903, and the defendants having duly appeared on January 8th, 1904, by Rose & Putzel, Esqs., their attorneys, and it appearing that no answer or other pleading has been interposed on behalf of said defendants, and that they are in default in pleading, and due notice of application for final judgment having been given to said defendants, and on reading and filing the summons and complaint and the notice of appearance for said defendants, and the affidavit of Harry Eckward, verified April 20th, 1904, and the copies of affidavits of Max J. Breitenbach and Edward G. Wells, verified December 17th, Henry P. Loomis, Charles O. Weisz, Mortimer Bartlett and Frank P. Ufford, verified December 22nd, all 1903, and after hearing proof on behalf of the plaintiff in support of the allegations of the complaint, and it appearing that the plaintiff's rights in the name "Pepto-Mangan" have been infringed by the defendants, now on motion of Philip Carpenter, attorney for the plaintiff, it is

Ordered, adjudged and decreed as follows:

1. That the plaintiff, The M. J. Breitenbach Company, is the owner of the sole and exclusive right to the use of the words "Pepto-Mangan" as a trade mark and trade name, as applied to medical preparations, throughout the United States and Canada, and has the sole and exclusive right in the same countries, of putting up and selling the preparation known as Gude's "Pepto-Mangan," according to the secret process and formula discovered by Dr. A. Gude, of Leipsic.

2. That the said defendants, the Siegel, Cooper Company and Thomas H. McInnerney, their agents, servants, employees and attorneys, be and they hereby are forever enjoined and restrained from making use of the words "Pepto-Manganate" in any man-

ner whatsoever, either alone or in combination with other words, or from using the words "Pepto-Mangan," or any word or words similar to the words "Pepto-Mangan" in sound or appearance, in connection with the advertisement or sale or otherwise, of any medical or other preparation—excepting only that of the plaintiff.

3. That the said defendants, the Siegel, Cooper Company and Thomas H. McInnerney forthwith deliver to the plaintiff, or its attorney, to be destroyed, all bottles, packages, wrappers, circulars, or other things in their possession or under their control, or that of either of them, bearing the words "Pepto-Manganate" or any similar words.

4. That the said plaintiff, the M. J. Breitenbach Company, recover of the said defendants, the Siegel, Cooper Company and Thomas H. McInnerney, the damages, to be assessed by the court, resulting from the use by said defendants of the name of "Pepto-Manganate," which is hereby adjudged to be a violation of the plaintiff's rights in the name "Pepto-Mangan."

5. That the plaintiff recover of the said defendants the costs of this action.

Enter,

THOS. L. HAMILTON,
No. 136. *Clerk.*
STATE OF NEW YORK,
COUNTY OF NEW YORK

HENRY BISCHOFF,
*Justice of the Supreme Court of
State of New York.*

I, Thomas L. Hamilton, Clerk of the said County and Clerk of the Supreme Court of said State for said County, do certify, that I have compared the preceding with the original decree on file in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

Indorsed filed, May 6th, 1904.

In witness whereof, I have hereunto subscribed my name and affixed my official seal, this 6th day of May, 1904.

(I. S.) THOS. L. HAMILTON,
Clerk.

ITEMS OF INTEREST.

King Edward VII. Hospital in Grosvenor Garden, London, has been opened for the treatment of sick officers of the British army. Thirty London practitioners of eminence are on the staff.

Queen's Recognized.—Dr. J. C. Connell, dean of the faculty of medicine of Queen's University, has received word that Cambridge University, England, has granted recognition to Queen's medical course. This means that Queen's medical students, after

spending a session or two here, will have the privilege, if they desire, of going to Cambridge and completing their course, full allowance being made for their attendance at Queen's.

Historical Medical Museum.—The formal opening of the department of medical history in the Germanic National Museum at Nuremberg occurred recently. All over Germany and Austria families have been delving among their heirlooms from medical ancestors and have found many articles of surpassing historical interest, which have been presented to the museum. The collection of books and MSS., instruments, and medals is being rapidly catalogued. Those in charge regard the work as a memorial to Dr. R. Landau, who gave the first impetus to the project.—*American Medical Journal*.

Exhibit of Mosquitoes at the St. Louis Fair.—Dr. Frederico Torralbas, a member of the Havana Supreme Board of Health, will exhibit a large number of mosquitoes, which he has brought from Cuba, for the purpose of illustrating the theory of the transmission of the yellow fever germs. Dr. Torralbas will also erect a series of tents at St. Louis, provided with wire screens, the same as were used when the American and Cuban surgeons made a series of experiments, to show that yellow fever germs can only be propagated by mosquitoes biting human beings. Men will be employed for a practical demonstration.—*Medical Record*.

A Protest.—The medical students of the Province of Quebec are protesting against the proposed action of the Legislature, which would throw open the doors of the profession in that Province to those who have not fulfilled the condition imposed by the present law. The bill now before the Legislature proposes to admit all who had begun the study of medicine before September last, thus avoiding their matriculation examinations. The profession in Montreal is aroused against the measure and is sending a deputation to Quebec to protest before the Legislature. The passage of the measure would benefit nearly 260 students in Quebec and Montreal.

M.D.C.M.'s. of Trinity.—The following are the results of the final M.D., C.M., examination at Trinity University: Certificates of honor—R. J. Manion, gold medal; J. A. Brown, silver medal; S. M. Lyon, J. A. Durmin, A. J. Fraleigh, R. A. McLurg, W. J. Chapman, H. A. Bray. Class I.—F. J. Rundle, W. A. Atkinson and W. E. McLaughlin (equal), H. E. Knock, F. H. Hughes, S. J. Hillis, J. F. Adamson. Class II.—W. H. Brown, W. J. Backus, G. R. Luton, D. G. Cameron, J. H. Dickett, W. A. Scanlon, N. G. Allin, B. C. M. Whyte, W. J. Barber, I. W.

Lynn, F. C. S. Wilson, Miss L. Morden, A. V. Brown, G. H. Boyce, J. Fettes, A. A. J. Simpson, L. Clarke, G. H. Richards, Miss Allyn. Class III.—B. M. Lancaster, J. H. Cascaden, R. J. Reade, J. H. C. Henderson, R. H. Taylor, D. Livingstone, H. A. S. Treadgold. Conditioned in pathology—E. A. Hammond, Miss D. J. Bower. Conditioned in gynecology—E. R. Frankish.

Dynamite for Butchers.—"A new use has been found for dynamite," said a butcher, "and perhaps before long we shall be eating dynamite-killed beef. At the weekly meeting of my society a member told of some experiments with dynamite that he had seen in a slaughter-house. These experiments had been successful, and had proved that a thimbleful of dynamite, exploded on a steer's or cow's forehead, would kill it more quickly than the usual 'knocking-in-the-head' method. It was said that three steers had been placed side by side and about two feet apart. On the forehead of each a charge of dynamite with an electric fuse had been fastened, and these charges had all been connected with a common battery. A touch of a stud on the battery had set off the dynamite, and the three steers, without a struggle, without a groan, without a violent movement, had fallen back, stone dead! It was a very impressive sight," the speaker said, "and he hoped to see the day when all the meat in the world would be dynamite-killed."

An Ambulance Service for London.—The committee of the Metropolitan Street Ambulance Association has made the following suggestions for supplying London with an efficient street ambulance service—a long-felt want: 1. A controlling authority responsible for a uniform well-organized ambulance service under the government of the London County Council. 2. The division of London into districts, or "accident areas," with a properly organized ambulance service in each, consisting of horse or motor as well as hand ambulances. 3. The conjoint carrying out of the fire brigade and the ambulance services. 4. The stationing of ambulances at or in connection with the principal hospitals. 5. Keeping the police efficient in first-aid training and making them available in rendering aid, summoning an ambulance, and taking charge of the patient until the ambulance and attendant arrive. 6. The 800 fire-alarm telephone posts now existing, and all other telephones to be made available for calling ambulances. 7. The experience gained in New York, Chicago, Paris and other cities is more than sufficient to justify work on a scale large enough to provide for the removal of 13,000 to 15,000 casualties yearly.—*London Letter, American Medical Journal.*

The German Medical Exhibit at the World's Fair.—The committee in charge of the exhibit decided to devote the comparatively small space allotted to Germany to a presentation of the German methods of instruction in medicine. Anatomy, surgery, internal medicine and bacteriology are thus presented in systematic order, as taught in Germany. One-fourth of the entire space is given up to bacteriology and experimental therapy, outlining a complete course, with each of the most important human and veterinary diseases treated separately. The etiology is shown by cultures and pictures of the germs, their pathogenic properties by mounted specimens and plates, and differentiation by production of agglutination and the specific chemical changes in the micro-organisms. The various procedures in bacteriologic examination are also presented, and a complete outfit of one of the "flying laboratories" organized to fight typhoid and other epidemics on the spot. The principle is to fight the disease in the individual and destroy all infection breeders on the spot. There will be ample evidence, pamphlets, statistics, etc., to testify to the value of this mode of prophylaxis of epidemics. The exhibit of serums, their standardization and their practical results is the co-operative display of the Imperial Board of Health, the Institutes for Infectious Diseases at Berlin, and for Experimental Therapy at Frankfurt, the institutes at Halle and Breslau and Dunbar's Institute at Hamburg besides the private firms that manufacture serums. The exhibit for internal medicine portrays a clinical lecture on the subject of tuberculosis, etiology, examination of patient, pathologic findings, prophylaxis and treatment. The surgery exhibit is planned on much the same lines, but comprises two separate displays, one arranged by von Bergmann, the other by Mikuliez, each exhibiting the instruments, etc., preferred. Bergmann presents a portable Rontgen apparatus which allows reduction and fixation of fractures, etc., under constant control of the eye. Nitze's first, original cystoscope is seen in this display. Great efforts have been made to make the exhibit of pathologic anatomy truly representative of German achievements in this line with actual specimens preserved in the Kayserling fluid, casts, photographs, atlases, etc., contributed by many institutions and clinicians.—*American Medical Journal*.

New Medical Building for London, Eng.—Reference has been made in previous letters to the proposal to centralize the teaching of anatomy, physiology, and the other sciences which form the foundations of medicine which at present are taught more or less efficiently in the twelve independent medical schools in which this metropolis rejoices. The scheme is taking practical shape, and already negotiations for the purchase of a suitable site are

in progress. Unfortunately it seems to be considered necessary that the site of the proposed Institute of Medical Sciences should be in the near neighborhood of the existing local habitation of the University of London. This means that it will have to be found in South Kensington, one of the most expensive quarters in London. Not only will land be of great price there, but it will be difficult for students, who are not as a rule richly endowed with worldly goods, to find suitable lodgings within reasonable distance of the Institute. It is proposed that premises and equipment adequate for the instruction of 500 students in anatomy, physiology (including pharmacology), biology (zoology and botany), chemistry and physics should be provided. The total cost of the buildings is put at \$800,000, while it is estimated that an annual expenditure of \$102,500 for teaching will be necessary. Toward all this little or nothing has so far been subscribed by the public, to whom a strong appeal was made not long ago by Lord Rosebery, Chancellor of the University, and the other principal officials of the University. It is almost hopeless to ask a British Government for substantial help in furtherance of such a scheme, and for some reason or another millionaires do not appear to find a stimulus to generosity—or self-advertisement—in the University of London. Yet there are here the makings of a university—particularly in the department of medicine—such as the world has hardly yet seen. The fact is, I believe that there has been so much squabbling about trivialities and so much jealousy and narrowmindedness among those who undertook the reconstitution of the University of London that people are disgusted with the whole thing. The struggle has been going on for nearly a score of years, and is not yet finished. But it really seems as if the obstructives were about to be beaten all along the line, and London at last to have a living teaching university instead of a system of examining boards.—Extract from "London Letter" to *Medical News*.

Trachoma.—In late years the trachoma question has assumed a much greater importance in this country, and especially in New York City, where for about a year a real epidemic of this disease has prevailed. Until now it has shown little sign of subsidence, and new cases are constantly coming under observation. The children in our public schools have been particularly attacked by the disease, and it has been stated that in certain parts of this city twenty-five per cent. of the scholars have been found to be affected. In the special hospital for trachoma cases, established by the Board of Health, over 1,100 patients were treated from December, 1902, to May, 1903. The health commissioner considered the matter of sufficient importance to hold a conference in reference to the best way of suppressing the epidemic. A

trouble until they were refused admission to the schools by the medical examiners with the statement to consult an ophthalmologist. This was the case even in children in whom the trachoma had developed to such an extent that upon drawing aside the lids the conjunctival folds were found to project as thick, stiff, gelatinous protuberances. The results obtained from instillations of a 2 per cent. protargol solution in the milder cases of trachoma as well as those which had not too far advanced, were perceptibly good; the secretion rapidly diminished; the hypertrophy of the conjunctiva soon subsided, and in most instances, the children, after four to six weeks' treatment, were so much improved that they were permitted to return to school. The energy displayed by the New York Board of Health in the suppression of trachoma is worthy of general adoption in our other large cities. After the disease is diagnosed in a certain case, most stringent precautions should be taken to avoid its communication to others. Especial attention should be given to cleanliness of the patients, and particularly the hands. All rags and cotton that have come in contact with the eyes should be burned at once, and towels, bed-clothing, etc., should be thoroughly boiled, and the patient warned against rubbing the eyes. Children should be excluded from school until the disease is no longer in the infectious stage, and perhaps it might be well to suggest that the books, pencils, and slates be also disinfected. A thorough examination of the eyes of all immigrants and strict precautions in the case of those who have been attacked will reduce the cases of trachoma to a very trivial number, and thus prevent its serious complications. —A. A. Ripperger, M.D., in *American Medicine*.

“By the way,” said the gentlemanly-looking person in the black broadcloth suit, “if you mention my name in connection with the accident, you may say that ‘Dr. Swankem was called, and the fractured arm was suitably bandaged,’ or something to that effect. Please spell the name correctly. Here’s my card.” “Thanks,” said the reporter, looking at the card. “You are next door to Dr. Rybold, I believe. Are you acquainted with him?” “No, sir,” replied Dr. Swankem, stiffly. “We do not recognize Dr. Rybold as a member of the profession. He advertises.”—*Maryland Medical Journal*.

Obituary

DEATH OF DR. C. W. CHAFFEE.

THE death occurred on May 26th, at 614 Spadina Avenue, of Dr. Charles Walton Chafee, son of the late Dr. T. M. Chafee. The deceased, who was connected with the I.O.F., and not engaged in regular practice, was a promising young man, and had only been ill for a few days. Pneumonia was the cause of death. The funeral took place on Friday afternoon, the 28th, to St. James' Cemetery.

DEATH OF DR. REGINALD HENWOOD.

DR. REGINALD HENWOOD, one of the most successful physicians and surgeons in the Province, died of general decline at his home in Brantford, on May 22nd. Born in England seventy-six years ago, he came to Canada when a mere youth, locating at Toronto, where he secured a Provincial license to practise medicine in 1847. Shortly afterwards he removed to Brantford, where for fifty years he carried on a very large practice. During 1882-1883 he served as Mayor of Brantford. In religion he was an Anglican, a Conservative in politics, and a most prominent member in Masonic circles. Three sons survive—Dr. A. J. and Edward, of Brantford, and George Henwood, of Victoria, B.C. The funeral took place in Wednesday, May 25th.

The Physician's Library.

BOOK REVIEWS.

Manual of Materia Medica and Pharmacy. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. STANTON MUIR, Ph.G., V.M.D.; Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Bound in extra cloth, \$2.00 net. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry Street.

"This work, originally published eight years ago, and a second edition four or five years later, is intended to give to practitioners and students of medicine, in as concise and clear a manner as possible, those points which are of value, without the lengthy detail usually found in text-books." This announcement the author makes in his preface, and, judging from our perusal of the books, he has carried out his original idea throughout. One good point in the arrangement of the work is that the drugs are arranged in alphabetical order. Dr. Muir has wisely eliminated a lot of matter that is entirely superfluous, a point many authors pay too little attention to. He has divided the book into three parts, Part I. being devoted to Botany; Part II. to Individual Drugs, and Part III. to Pharmacy.

W. A. Y.

Diseases of the Gall-Bladder and Bile-Ducts, including Gall-Stone. By A. W. MAYO ROBSON, F.R.C.S. Hunterian Professor of Surgery and Pathology, 1897, 1899 and 1903; and Vice-President, Royal College of Surgeons of England, 1902; assisted by J. F. DOBSON, M.S. (Lond.), F.R.C.S., lately Resident Surgeon to the General Infirmary at Leeds. Third edition. Pp. 485. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904.

Among the many excellent monographs which have appeared of recent years, written on special subjects in surgery, none is more widely or more favorably known than Mr. Mayo Robson's work on "Diseases of the Gall-Bladder and Bile-Ducts." The

first edition of this work appeared in 1897, and since that time the author's position as a leading authority on the surgery of diseases caused by gall-stones has been universally recognized. Successive editions became necessary, not only because of the demand for the book, but because such rapid strides had been made by the author and by others in perfecting the technique of operative procedure in this field of surgery. One sentence in the preface of the present edition, which illustrates this fact, reads as follows: "The operation of choledochotomy for the removal of gall-stones from the common duct, which, up to July, 1901, showed a mortality of 16.2 per cent., has since that date, under the more complete exposure which can now be obtained, shown a mortality of only 1.9 per cent.; and I have done a consecutive series of over fifty cases of duodeno-choledochotomy without a death." This remarkable record establishes a claim for recognition of the magnificent work which has been done in the surgical treatment of these diseases. Mr. Mayo Robson has operated on the gall-bladder and bile-ducts 539 times, and, therefore, speaks from the standpoint of an unusually extensive experience. He has also made and recorded some very interesting observations in his book regarding the physiological action of bile. The bearing of these conclusions upon his operative procedure may be appreciated by quoting his statement that "bile is probably chiefly excrementitious, and, like the urine, is constantly being formed and cast out." Again, he concludes that "increase in body weight and good health are quite compatible with the entire absence of bile from the intestines." Under these circumstances he does not hesitate where occasion requires to divert the flow of bile from the small intestine such as he accomplishes in making a permanent artificial opening between the gall-bladder and the colon in cases of occlusion of the common duct. This operation is recommended where, for some reason, the artificial opening cannot be made between the gall-bladder and the duodenum or the jejunum. It is hardly necessary to review this work in detail. Enough has been said to indicate its scope and character. It is undoubtedly the most valuable monograph we have from British surgeons on the subject, and is admirably adapted to serve as a practical guide to the treatment of diseases of the gall-bladder and bile-ducts.

A. P.

The Man Who Pleases and the Woman Who Charms. By JOHN A. CONE. New York: Hinds & Noble. Cloth, 75 cents.

For those who would cultivate charm in person and grace in deportment this book has its helpful lesson. It presents the characteristic needs of the present generation and prescribes the means of satisfying them.

The Practical Medicine Series of Year-Books, comprising ten volumes on the year's progress in Medicine and Surgery. Issued monthly, under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV., Gynecology. Edited by EMILIUS C. DUDLEY, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; and WILLIAM HEALY, A.B., M.D., Instructor Gynecology, Northwestern University Medical School. Chicago: The Year-Book Publishers, 40 Dearborn Street. 1904.

This volume on Gynecology is the March number of the 1904 series, and covers the best of the year's progress in this subject, for the year prior to its publication. The work is divided into six parts: Part I., On General Principles; Part II., Infections and Allied Disorders; Part III., Tumors, Malformations; Part IV., Traumatism; Part V., Displacements; Part VI., Disorders of Menstruation and Sterility. While this series is especially prepared for the general practitioner, it is very useful as a reference for those more interested in gynecology. We are well pleased with the volume, and think the whole series not only up to the high standard of last year, but steadily improving. w. j. w.

Röntgen Ray Diagnosis and Therapy. By CARL BECK, M.D., Professor of Surgery in the N. Y. Post-Graduate Medical School and Hospital; Visiting Surgeon to St. Mark's Hospital and the German Policlinik; with 322 illustrations in the text. New York and London: D. Appleton & Co. 1904. Canadian Agents: The Geo. N. Morang Co., Limited, Toronto.

By way of introduction to his subject, the author has the following words appear on the fly-page of his book:

"O Light, of all the gifts of heaven
The dearest, best! From light all beings live—
Each fair created thing—the very plants
Turn with a joyful transport to the light."

During the past few years, a good deal of literature has appeared upon the Röntgen rays, and their application to the uses of surgery, the only fault with most of the works already published being that they have touched too little upon the clinical aspect of the subject. This has been a most serious error, and has detracted considerably from their value up till now. Dr. Carl Beck has, however, avoided this footfall, and provided the

profession with a volume that is thoroughly practical, as he demonstrates most ably how the rays can be made to aid the surgeon in his work; the book being further added to in value by plenty of illustrations, showing the methods to be employed. Dr. Beck deserves congratulations on the results of his labors, and we bespeak for his volume a hearty reception at the hands of his confreres in the profession.

W. A. Y.

A System of Physiologic Therapeutics, a Practical Exposition of the Methods, other than Drug-Giving, Useful for the Prevention of Disease, and in the Treatment of the Sick. Edited by SOLOMON SOLIS COHEN, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital and to the Philadelphia, Jewish and Rush Hospitals, etc. Vol. VIII.—Rest, Mental Therapeutics, Suggestion—by Francis X. Dereum, M.D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College of Philadelphia; Neurologist to the Philadelphia Hospital, Consulting Physician to the Asylum for the Chronic Insane at Wernersville, etc., etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: Chandler & Massey Limited, Toronto, Montreal and Winnipeg. 1904.

Vol. VIII. of *Physiologic Therapeutics* is divided into three parts, number one being devoted to Rest, number two to Therapeutics of Mental Diseases, and number three to Suggestion. The book in its first 150 pages will be found to be chiefly exponent of what is frequently spoken of as the Rest Cure, the form of treatment used, chiefly in institutions, for patients of nervous disposition, and whose condition hardly necessitates resorting to any particular form of medication. Part I. goes into Chronic Fatigue (the fatigue neurosis); Rest in Neurasthenia and Allied States, Hysteria and its different Phenomena, Etiologic Factors; Treatment by Rest and Physiologic Methods, Hypochondria, and the Application of Rest in Chorea and Other Functional Nervous Diseases. Part II. consists of less than 100 pages, and deals with the Prevention of Insanity, the General Principles of the Treatment of the Insane and the Treatment of the Special Forms of Mental Disease. Perhaps the most interesting part of the volume is Section III., devoted to Suggestion. The treatment of such conditions as hysteria, hypochondria and neurasthenia by suggestion is dealt with, going to show that in many cases considerable relief can be afforded thereby. The book closes with a chapter devoted to such subjects as Pythonism, Shamanism, Magnetism, Mesmerism, Hypnotism, Metallotherapy, Mind Cure, Faith Cure and Eddyism.

A Practical Treatise on Medical Diagnosis for Students and Physicians. By JOHN H. MUSSER, M.D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and the Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia, and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives, and the Jewish Hospital of Philadelphia, etc., etc. Fifth edition, revised and enlarged. Illustrated with 395 wood-cuts and 63 colored plates. Philadelphia and New York: Lea Bros. & Co. 1904.

"The most effective way in which an author can evince his gratitude for favor shown to a book is to keep it a fair exponent of its subject." Such forms the opening sentence to the author's preface to his fifth edition, and it takes but a few minutes for any of his readers to find out that it is Dr. Musser's one desire to keep his now well-known book on Medical Diagnosis to the forefront, by that means sustaining the reputation it has gained for itself in past years. "Musser's Diagnosis" has for some time been considered to be one of the very best works on the subject published, and in its fifth edition it equals any and outstrips several of what might be termed its competitors, *e.g.*, books dealing with the same branch of medicine. The edition is larger than any preceding one, the entire work having been completely revised and many illustrations added. The author lays great stress upon clinical laboratory methods as the only true basis for "precision in diagnosis."

A System of Practical Surgery. By PROF. E. VON BERGMANN, M.D., of Berlin; PROF. P. VON BRUNS, M.D., of Tübingen, and PROF. J. VON MIKULICZ, M.D., of Breslau. Volume II. Surgery of the neck, thorax and spinal column. Translated and Edited by WILLIAM T. BULL, M.D., Professor of Surgery, College of Physicians and Surgeons, Columbia University, New York, and CARLTON P. FLINT, M.D., Instructor in Minor Surgery, College of Physicians and Surgeons, New York. New York and Philadelphia: Lea Brothers & Co. 1904.

The subjects dealt with in this volume are the malformations, injuries and diseases of the neck, thorax and spinal column. The author has the happy faculty of expressing his thoughts concisely; and the translators have done ample justice to the author in the employment of clear, terse, vigorous English. It may fairly be said that in some instances his exposition is too brief. His discussion of wry-neck occupies only twelve pages, and even in this space the subject is well illustrated. The desire for

brevity, however, has caused him to dismiss the important feature of diagnosis, while much that is of great importance to the general practitioner remains unsaid. A writer, however, may be excused because of too great brevity when one recalls the fact that the common sin of these large systems is to load themselves up with much that is mere padding. In the treatment of such a subject as goitre it would be confidently expected that the operative treatment would receive full consideration, and it does. His conservatism, however, is manifest in the place which he assigns to the medicinal treatment. One might reasonably look for some reference to the treatment of goitre by electricity; this, however, is not mentioned. In dealing with the subject of spinal bifida the author takes the responsibility of recommending radical operation as being indicated in the great majority of cases. The subject is considered with great clearness and fulness though the account is very concise. His discussion of the diseases and deformities of the spinal column is quite as satisfactory as one may expect outside the pages of a monograph upon that subject. The paper, illustrations and binding do ample credit and justice to the well-known firm who are publishing this work in America.

B. E. M'K.

Commoner Diseases of the Eye; How to Detect and How to Treat Them. By CASEY A. WOOD, C.M., M.D., D.C.L., Professor of Clinical Ophthalmology in the University of Illinois, etc., and THOMAS A. WOODRUFF, M.D., C.M., L.R.C.P., Professor of Ophthalmology in the Chicago Post-Graduate Medical School, Chicago, etc.; 250 illustrations; 7 colored plates; 500 pp. 5 x 8 in. \$1.75 net. G. P. Engelhard & Co., Chicago.

One opens this little book with special interest because it is written by two Canadians who have won some reputation in the land of their adoption. It is most satisfying both in its clearness and completeness. Considering Ophthalmology from the standpoint of the physician in general practice it is free from many of the erudite discussions which frighten the general practitioner away from the standard works on the subject.

J. M. M.

Diseases of the Eye. By L. WEBSTER FOX, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia, Pa., with five colored plates and 296 illustrations in the text. New York and London: D. Appleton & Company. 1904.

The three features which strike the reader in this book are the clearness and good size of the print, the great number of illustrations, and the space devoted to operations. Based upon

lectures delivered to students at the Medico-Chirurgical College, it is described by the author as a digested summary of the known facts of Ophthalmology. Facts are very often more or less colored by personal tendencies, and this, in the case of Dr. Fox, seems to be altogether towards operation. This same tendency influences the illustrations, some of which cause one to wonder why they were inserted. "Before and after operation" illustrations may be *de rigueur* in Philadelphia text-books, but they savor somewhat unduly of a desire to impress upon the reader the operator's skill. The personal element in medical books is all too rare, so that one must not cavil overmuch, for aside from these little flaws the book is no mean addition to one's library.

J. M. M.

A Guide to the Clinical Examination of the Blood for Diagnostic Purposes. By RICHARD C. CABOT, M.D. With colored plates and engravings. Fifth Revised Edition. New York: William Wood & Company. 1904. Canadian agents: Chandler & Massey Limited, Toronto, Montreal, Winnipeg.

In the introduction to this valuable work the author gives his views on the scope and value of blood examination. He says there are probably not more than five or six diseases in which the blood examination gives a certain and positive diagnosis, but there is a very considerable number of conditions in which the blood examination will help in making the diagnosis, and that very often the simple discovery that the blood is normal may be of the greatest value in diagnosis. He also says that improvements in technique have lessened the labor and increased the accuracy of blood examination so much that the most important facts about the blood of nearly every case can be obtained by a practiced observer in fifteen minutes.

These methods for the clinical examination of the blood, as well as its physiology and pathology, are fully described in the first part of the work. The second part of the book is devoted to the special pathology of the blood.

Full descriptions are given of the changes usually found in blood in such diseases as anemia and leukemia, in acute and chronic infectious diseases, in malignant disease, blood parasites and intestinal parasites, and in diseases of special organs.

The Widal reaction in typhoid fever is discussed in a very interesting chapter on examination of serum.

The book contains a very large number of very good illustrations, many of the colored ones being very beautiful. No one who is interested in the subject of blood examination can afford to be without this excellent work by Dr. Cabot.

A. E.

Abbott's Alkaloidal Digest, a Brief Therapeutics of Some of the Principal Alkaloidal Medicaments, with Suggestions for Clinical Application, embodying various articles on important special agents and certain great phases of Alkaloidal Therapy that have been developed in my personal practice. By W. C. ABBOTT, M.D., editor *Alkaloidal Clinic*, etc., etc. Chicago: The Clinic Publishing Co. 1904.

On the title page of this little book appear the following words: "In therapeutics use the smallest possible quantity of the best obtainable means to produce a desired therapeutic result." Into that motto is boiled down the secret of alkaloidal therapy, a new form of medication, the principles of which are laid down in Dr. Abbott's book now before us. The Digest will be found to be a handy vade-mecum, full of suggestions as to the uses of alkalometry, a system of medication that in many quarters is rapidly gaining friends.

A Manual of Nursing. By REYNOLD WEBB WILCOX, M.A., M.D., LL.D., Professor of Medicine in the New York Post-Graduate Medical School and Hospital; Consulting Physician to the Nassau Hospital; Visiting Physician to St. Mark's Hospital; Fellow of the American Academy of Medicine; Member of the American Therapeutic Society, etc. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

This volume contains the lectures on fever nursing, which were delivered in substance to the nurses of St. Mark's Hospital during the session of 1903-4. Fevers are first taken up in a general way; then symptoms, causation and treatment; the use of the clinical thermometer, pulse and respiration are discussed. After this the various fevers are considered in detail, and the nurse is given a very clear and practical knowledge of the subject, and one which, to our mind, is essential for good results. We have much pleasure in recommending this little work to our friends in the nursing profession.

W. J. W.

The Bacteriology of Every-Day Practice. By J. ODERY SYMES, M.D., State Medicine (Lond.), D.P.H., etc.; Assistant Physician and Bacteriologist, British General Hospital. Second edition. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1904.

This is the second of the Medical Monograph Series, and its aim is to sketch in brief compass the chief features of given

subjects of every-day interest to students and practitioners. This edition has been largely rewritten, and sections have been added upon the preparation and staining of blood films; upon meningitis, and upon those diseases which science is gradually unfolding to the professional world.

A. J. H.

Medical Laboratory Methods and Tests. By HERBERT FRENCH, M.A., M.D. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Convent Garden. Price, \$1.00. Canadian Agent: J. A. Carveth & Co., Toronto.

This little volume aims at giving in detail the commoner methods used in explaining pathological fluids and substances. The conclusions which may be drawn from the various tests are carefully given, while at the same time care is taken to point out the fallacies to which each is liable.

A separate chapter is devoted to each of the following subjects: examination of the urine, blood, sputum, pus, gastric contents, feces, skin, serous exudates, and tests for the commoner poisons.

We have not seen a more useful or more carefully prepared hand-book for the medical laboratory.

A. E.

A Text-Book of Physiology. By ISAAC OTT, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. One hundred and thirty-seven illustrations. Philadelphia: F. A. Davis Company. 1904.

This is an elementary work containing the chief facts of physiology, which have a direct bearing on the practice of medicine. The various topics are thoroughly discussed; the whole text is carefully written, and is well adapted to the needs of medical students, for whom it is chiefly intended. The book is well printed, and contains the usual number of satisfactory illustrations.

A. E.

Case Teaching in Surgery. By HERBERT L. BURRELL, M.D., Professor of Clinical Surgery, Harvard University, and JOHN BAPTIST BLAKE, M.D., Instructor in Surgery, Harvard University. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904. Canadian Agents: Chandler & Massey Limited, Toronto, Montreal and Winnipeg.

A useful list of the history of surgical cases collected by Dr. Blake, at the Harvard Medical School, and Dr. Burrell in his clinical demonstrations. The history of the case is given the student, and he makes his diagnosis and prognosis, and then

states what he considers proper treatment for such a case. There are seventy-five cases tabulated, including those most frequently met with day by day. A most useful form for teachers.

A. J. H.

1 *Guide to Urine Testing for Nurses and Others.* By MARK ROBINSON, L.R.C.P., L.R.C.S. (Ed.). Second edition, Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co. 1904.

The second edition of this booklet on urine testing comes to us in a revised condition. It deals with the first principles of urinary examination in a very clear style, thus making it suitable for those whom the author intended it.

W. H. P.

Aseptic and Antiseptic Preparations, and Treatment of Emergencies after Abdominal Operations. By GEO. WACKERHAGEN, M.D. New York: E. R. Pelton, Publishers.

The first thing that comes to one on looking into this little book is the fact that though it is very small it has many useful hints. To nurses and young practitioners, I suppose, it is most useful.

S.