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PRESIDENT'S ADDRESS.*

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It is my first duty, as well as pleasure, to acknowledge my deep sense of gratitude for the honor you have done me in electing me to the chief office in this Association. I have experienced the unusual courtesy of an election for a second term. The Presidency has been held by several of the ablest physicians this country has produced, and to succeed such men would be an honor to anyone. It would, however, have been in the interests of the Association, and much more in accord with my own feelings, had the By-law been observed which requires that the president be elected from the city in which the meeting is to be held. In justice to Montreal this should have been done, as then some of our difficulties would have been avoided, and such honor as pertains to the position would have been bestowed where it belongs.

However, under the circumstances it is my pleasing duty to gratefully acknowledge the cordial sympathy shown by one and all of our Montreal friends, a generous cordiality in keeping

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with their well-known character. I can only most sincerely thank them for their cordial good-will and co-operation. I hope it will be my privilege to welcome one of their number as President at the next meeting held in Toronto, when I hope to be able to show evidence of my appreciation of the uniform kindness that has been extended to me here. I wish further to express my great appreciation of the work of the Executive and various committees; the results are evident in the excellence of this meeting.

I may be permitted here to give expression to the deep sorrow with which every member of this Association heard of the calamity that overtook McGill University and Medical Faculty in the loss of their building last April. It is not necessary to assure them of our sympathy. The loss was not McGill's only, but was one also to medical education in this country and on this continent.

We are glad to know that the cloud had its silver lining, and that now they are rather to be congratulated on the near prospect of a magnificent new building than condoled with on the loss of the old one, good as it was. We knew that, "Phoenix-like," the institution would rise from its ashes, and be greater than ever. As we sorrowed with them so will we all now rejoice with them. We wish them "God-speed."

During the past year several members of this Association have gone "to the bourne whence no traveller returns." Among these were three of the most eminent in the Canadian profession, men of world-wide repute, to whose memory a brief reference is permissible. In this bereavement this city has to deplore the loss of Sir William Hingston and James Stewart, and Toronto, that of George A. Peters. All three had the common experience of being reared in a hard school, so that success could be attained only by living laborious days and practising the most rigid economy, conditions which often develop, as nothing else can, the best that is in a man. Each was a master in his own sphere, each possessed in an eminent degree "the genius for taking pains." Of each it may with truth be said that he was "the noblest work of God, an honest man."

Sir William Hingston was a distinguished type of the surgeon of the old school, a school in which it was essential to possess courage, decision and dexterity. Those of us who were not in close touch with his surgical work were attracted to him chiefly as the man. He was the embodiment of refined courtesy

and of frank kindliness. He was intolerant only of what was unworthy. We miss the tall, erect, courtly man whom we all loved, and among whose graces there was always such a charm. Canada, in these her yet salad and hoydenish days, can ill spare men of such culture.

James Stewart stood for all that is best in medicine. He was of such singularly quiet and unobtrusive nature that it was only those with whom he was closely associated who knew the riches of both mind and heart that lay hidden behind the simple and unassuming manner. His knowledge of medicine was deep and clear, such knowledge as comes only by living laborious days of self-sacrificing devotion to our Art.

George A. Peters was a type of the best in the modern school of surgery. Among Canadian surgeons, at least, he had no superior and few peers. Who could desire higher praise? He was a man of sterling character and rugged honesty, and fearless in his condemnation of whatever was unworthy of the highest traditions of his profession. His was a spirit that no difficulties or dangers could make quail or deviate from the path of rectitude. How vividly in recalling his career we are impressed with the truth of the aphorism of the Father of Medicine: "Art is long and time is fleeting."

I have great pleasure in drawing attention to the fact that Dr. William Bayard, of St. John, N.B., a past president of this Association, completed seventy years in the practice of medicine on the 1st day of August last, and that he is still able, at the age of 93 years, to meet the wishes of many patients by ministering to their wants. His Alma Mater, the University of Edinburgh, on this 71st anniversary of his graduation showed her appreciation of his character as a man and his work as a physician by conferring on him the degree of LL.D. The circumstance is perhaps unprecedented in modern times; it is at least so, I believe, in the annals of Canadian Medicine. Although I have already, in the name and behalf of the Association, extended to Dr. Bayard the greetings and best wishes of the Association, I would suggest that now in annual session you authorize me to telegraph the renewal of our high esteem for him and sincere hope that the "eventide" may be calm and without a cloud.

I. REORGANIZATION.

It is just 40 years since this Association was organized. The first meeting was held in Quebec under the Presidency of Sir

Charles Tupper, one who has since attained such eminence as a statesman. It is interesting to note that this first meeting was among the largest ones held by this Association—109 being present. At the second meeting, held in this city, there were 135, after that for several years the attendance never reached 100. Even of late years, compared with this first meeting, the Association has not shown the advance either in attendance or work that its founders were entitled to anticipate. However, history has but repeated itself—the higher life, intellectual and scientific, of young countries as of individuals, is always the latest to develop. It is quite possible that to the clear vision of the Fathers of this Association it was evident that its growth would be slow and subject to many vicissitudes, that it would only be after many years of painful struggling that much advance could be hoped for. They doubtless foresaw such advance could come only after the growth of culture, that is, after the conditions of the people became stable, and sufficient wealth accumulated at least to give ease, if not luxury, to many. For various reasons such a state has been slow in maturing in this country, but it may be said to have now come, at least in the older provinces. Such has been the history of the United States, where only recently science and art have made material advance, and even yet “it is the day of small things” with them in comparison with the development of the natural resources, and the growth of wealth of that country. Our history will doubtless be similar to theirs, although the indications are that our material growth will be even more rapid in proportion to the population. It is said that, although our population is only six millions, our immigration equals now that of the United States when her population was 40,000,000. Such great accessions, we have good reason to fear, are beyond our country’s powers of assimilation.

As a national Association we have to bear our part of the great responsibilities imposed upon the country by such great accessions of foreign people, and the rapid growth of its material interests. It devolves upon us, as far as possible, to promote the medical and scientific interests of this country, so that they may be kept abreast with its material development. This responsibility rests on the older provinces chiefly, as in these there is more of leisure and culture. United action on our part will be necessary to cope successfully with these responsibilities and to enable us as a profession to attain to and maintain the status in the country to which we are entitled. This

country's conditions are unusual. Its geographical extent is very great, and its population as yet occupies only its southern border, extending from ocean to ocean. Community of action as well as of interest will, consequently, be difficult to develop and maintain. It seems therefore urgent that all available means should be taken to harmonize the interests of the various parts of the country in order the more efficiently to apply our energies for the advance of general scientific and professional interests. The closer we are in touch with one another the greater should be the stimulus to do higher work, the increased zeal and enthusiasm should yield results which will enhance our reputation as a profession, and also redound to the credit of the country as a whole. Every scientific advance, however small, is an asset to the country, both in the intrinsic value of the work itself, and in the impetus it gives to further advance. It is difficult to impress laymen, even the best educated, with the importance of this truth; but that is not a matter of surprise, seeing that we ourselves are lacking not a little in appreciation of scientific achievements. This indifference to scientific and intellectual affairs is due to many causes, chief among which is the struggle for existence incident to a young country. This struggle has absorbed so much of our energy that little attention has hitherto been paid to purely scientific matters. Our training is almost wholly confined to the preparation for purely professional work, and so little research work has been done that our attention has not been seriously directed into scientific channels. The result is that thus far, with a few notable exceptions, we have been content with the discharge of the daily routine of professional duty. That such is the present status of the Canadian profession few I think will deny. The question arises—What is the duty of this Association in relation to such a state of affairs? No one can take exception to the view that, as the national organization, representing the profession of medicine, it should be the leader in all movements having for their objects the elevation of the status of the profession, and the advance of the scientific interests of the country.

In the past the Association has been satisfied with a quiet existence, content to take by the way anything that was offered, obeying in letter and spirit the injunction "to take no thought for the morrow." To many, especially of the younger men, living even at our doors, its existence is scarcely known. During the year I have asked not a few to present papers at this meeting who had almost forgotten the Association's existence,

if they ever knew of it. It is surely time to awaken out of this Rip Van Winkle state and develop the power of the Association, so that its existence shall be known to the remotest corner of this land. How can this best be done? That the present constitution of the Association is inadequate to making any serious effort in this direction all will agree, and if anything is to be accomplished there must first be such a re-organization as will enable the Association to take effective action on the many important questions that must come before it from time to time. It is only by doing so that we can fulfil the objects which, forty years ago, its founders had in view. The very existence of this Association imposes on it the duty to consider all questions of national importance. It cannot make good its claim to a national character if it evades the responsibility. While the constitution of the Association at its organization was the best that could be devised to suit the needs of the time, it is but ill-adapted to the greatly altered conditions of the present day. The time seems ripe and the need urgent for a complete reorganization in order to fit the Association to meet the growing demands incident to a growing country, and enable it to occupy its place in the medical world. Even for the continued existence of the Association it seems necessary to make radical changes in its constitution.

These are some of the motives which, at Halifax two years ago, led the Association to take the preliminary steps looking towards reorganization. A committee was appointed with instructions to consider the whole matter. Its report is ready for your consideration. The committee in its recommendations has followed closely the constitution of the British Medical Association, the oldest of all similar organizations, and of the American Medical Association, which was modelled after it and which has, during the last few years, made such rapid progress in perfecting its organization and extending its usefulness. Our numbers are too small, and we are too widely scattered across the continent to permit of our following the plan of either organization in its entirety; we must adapt an organization to our own needs. I will leave the report of the committee to speak for itself. The general scheme has been highly approved of by the Provincial Associations of Ontario, Nova Scotia and British Columbia, and by several local societies. It would have been wise to have had the scheme presented before every association and society in the country by some member of the committee.

One of the most important objects aimed at in seeking proper organization would be the effect that the existence of a vigorous association would have on general medical education. It would enable the profession to bring its opinion to bear on whatever might call for encouragement or amendment. The natural consequences would not only be an improvement in medical education, but in time a unification of the requirements for qualification in the several provinces. This should furnish a good working basis for general registration for the whole country, a movement that has been so ardently and ably promoted by our distinguished colleague, Dr. Roddick. In view of the fact that medical education in Canada is wholly under the control and in the care of the universities, such a basis for registration should be acceptable to all the provinces. There is not a medical school in the country and therefore no private interests to be considered. I am sure all will regard this as a cause for congratulation. This is the only country in the Anglo-Saxon world in which such a desirable state of things exists. The Medical Faculties of Dalhousie University in the east, Laval and McGill in Montreal, Queen's in Kingston, the University of Toronto in Toronto, the Western in London and Manitoba in Winnipeg, are all under the control of University courts. This should be a guarantee both of the excellence of the work done and of the certainty of steady advance.

If this Association were well organized, embracing in its membership the great majority of the practitioners of the country, and actuated by high ideals, it is not too much to say that, in a few years, it could bring the necessary influence to bear on these universities, and on new ones that may be established, to secure such a general minimum standard of qualification that their degrees would be a passport to legal qualification to practice medicine in any part of the country. If this plan is feasible, and it should be, it is within the "sphere of usefulness" of this Association; this is, in fact, the only organization which can successfully promote such a scheme. Such an opportunity to promote the interests of the country as well as of our profession should be sufficient, if there were no other reason, to lead to a proper organization of our forces. This course would not be in the interests of the Universities as much as in that of the country, and of this Association as representing the profession. It is much easier to regulate and guide whatever pertains to the welfare of the country in this its early stage of growth, than it will be to gain control after it has developed into a populous

country with fixed local interests. In the new western provinces there are some signs of a feeling of antagonism to the older parts becoming evident. There seems to be a fear that they may wish to dominate too greatly the policy of these newer parts. It will take wise management and judicious action to arrest the growth of that feeling and forestall any attempt that might be made to estrange the sympathy and co-operation of these newer provinces. Most of the western profession have but recently graduated from our universities, and should understand us so well that with ordinary judgment it should not be a matter of much difficulty to secure and retain their hearty co-operation in any scheme having for its object the highest interests of the whole country as well as of the whole profession. I say *country*, because we should see to it that the public recognize the fact that this and similar organizations exist for the promotion of what is for the general good as well as for the benefit of those more immediately concerned. The whole is but the sum of its constituent parts, and can be affected for good or ill only through the parts. Therefore what we, as a constituent part, do to promote our own true interests is of benefit to the country at large. It is highly desirable that the public should realize that the objects of this Association are not only to benefit the profession, but also, and chiefly, for the promotion of what is for the general good. It is not a "trades union," but a national organization which should have, and has, the nation's welfare for its chief object. It is apparent to all that the country stands in need of all the assistance which this and other agencies within its bounds can bring to its aid in its enormous responsibility of assimilating the vast numbers of peoples from all nations annually entering its domain, and of developing and maintaining a proper national spirit, marked alike by vigor and honor. That she is not coping quite successfully with the difficulties imposed upon her is a subject of common observation. Probably no country developing in population and resources with such phenomenal rapidity has ever been able to prevent, at least temporarily, some deterioration in public morals. It is almost a daily experience to hear some one remark on the decadence of the public conscience. With the large immigration from all parts of the world, and the intense striving after wealth incident to the development of a young country of such large resources it is doubtless inevitable that there will be some relaxing of the rugged honesty, private and public, of the pioneers of this country, but that there should be even a semblance of ground for the

very general charge of moral decadence is much to be deplored. As loyal Canadians we have a profound interest in this matter. Public morals cannot be degraded without affecting unfavorably all classes, so that in our own interests as well as of this land we love, to which we return from our pilgrimages year by year with an ever-increasing affection and pride, and for which if need be we would yield our heart's blood, we should be constrained by duty as well as by loyalty to use our utmost efforts to stem the downward tendency. In such an effort the Association has a part to perform; in order to perform that part effectively it will require to be furnished with every facility with which we can provide it.

Hitherto the Association has been content to minister to the wants of the general practitioner in its two sections of Medicine and Surgery, but we have reached a stage now in which it should afford facilities also for the encouragement of all classes of special work. The field of medicine is so broad as to render specializing necessary. While all should possess sound general knowledge none can be masters in more than a few branches at most. This year a first step has been taken in extending the work of the meeting by the formation of a section for laboratory work. With a more vigorous Association other sections will be necessary in order to bring out the best work in the various departments. An omnibus meeting never accomplishes much that is of the highest value. Men will not do their best work unless there is the opportunity of presenting it to such as are specially qualified to appreciate its value. While there are many questions in all specialities that the general meetings are quite able to discuss, and which should as far as possible be there presented, there are others that only those specially trained are able effectively to criticise and judge of their merits. The announcement is just made of the Eighth Medical Congress in Australasia to meet next year. It is to consist of eleven sections. With more than double their population we should be quite as capable of maintaining meetings with as many sections, in which the work presented would be of the highest order. I need not specify what additional sections should be formed. The wide-spread prevalence of contagious diseases indicates the necessity of directing ever increasing attention to sanitation. Regarding tuberculosis there is a great awakening on the part of the public, but as to typhoid fever there is still amazing apathy, both in city and country. The formation of a section of state medicine seems therefore urgent. Many other sections

might be formed with great advantage to the Association's usefulness.

Another matter demanding the prompt and earnest consideration of this Association is the nostrum evil. Our friends to the south have been waging an increasingly active crusade against this evil during the last few years, and duty to the public no less than to our own interests demands that our action be prompt and energetic. The public do not understand the matter, and have no conception of the enormous injury done to their best interests. Those among them who give serious thought to the matter hold us responsible for their education in this question. I scarcely see how we can ignore the responsibility without detriment to our own interests as well as to theirs. They will be ready, once they understand the matters, to aid in suppressing it, or mitigating it where it cannot be suppressed.

There are many other questions that might fairly claim attention, such as intemperance and the care of the inebriate, the physical training of the young, etc., and the medical inspection of schools.

The educational authorities of the United States have just issued a report stating that 12,000,000 school children, that is, one-third of the whole school population of the country, are suffering from some form of physical defect. Many of these defects are easily remedied, such as, malnutrition, defective breathing and vision, and enlarged glands. A similar condition of Canadian children doubtless exists. The nation has a vital interest in the condition, physical and mental, of its children, and it is for this Association to point out the way in which these matters should be dealt with. They are matters, however, that only a vigorous organization could, and, no doubt, would deal with in a way to command the attention and respect of the country.

II. A JOURNAL.

The second great need of the Association is an official journal. It is essential for several reasons. In the first place the Association's constituency is a very large and sparsely settled one, and it appears necessary therefore that there should be a regular means of communication established in order to maintain a community of interest and an avenue through which the needs of all may be made known. Without such a means of communication it will be difficult to develop a truly national spirit, and unify the interests of the medical profession in Canada.

In determining on such a venture we would not be entering on untried grounds, as we have the example of the two great Anglo-Saxon associations to guide us—the British Medical Association, and the American Medical Association. Neither of these associations could possibly have attained a title of its present usefulness without its own journal. In fact it is doubtful if they could have continued to exist, at all events they would not have been able to wield the power and influence they now possess. I do not forget that our numbers are relatively small. Still there are over 6,000 physicians in Canada, a constituency surely large enough to maintain a monthly journal of first-class character, second to none published either on this continent or in Europe. It should be elastic enough to admit all good contributions offered. Such a journal would in a short time attract the bulk of the best work done in Canada, and would thus become a medium to which other countries could turn to learn of the scientific medical work of this country. Hitherto all the work done here has been published through British or United States channels, and has gone to the credit of these countries. We are loyal Greater Britons. We must at the same time be loyal local Britons—that is, Canadians. We cannot be truly loyal to the greater without being supremely loyal to the less, and it is by our loyalty to our own country that we can best show our devotion to that nation of which we are rightly proud of being a part.

It requires no argument to prove that, with a first-class journal, a great impetus would be given to scientific work, and that the position of Canadian medicine would be greatly improved in the estimation of the scientific world. The other sciences would also indirectly share in the benefit, because no class of scientific work can be improved without having the influence reflected upon others.

Such a journal should also be made to meet the needs of the general practitioner, the “bone and sinew” of the profession. A section could be devoted specially to their interests.

The expense has been regarded by some as an insurmountable obstacle. Australia with less than half our population has published for years a creditable monthly journal. Can we not do as well? If every member here invested a small amount in such a venture, to be paid back without interest when funds become available, say five or even ten years hence, it would be one of the best investments they ever made. Such an investment would bring an assured annual return; first, in enhancing the *esprit de*

corps and improving the tone of the Canadian profession; second, in creating in us a greater appreciation of our own work and capacity, teaching us that the home product is equal to that of any other country, a lesson we sadly need to learn; and, thirdly, in stimulating all, especially the young men, to do work of ever increasing merit, and so add to their own and the country's reputation.

In advocating the establishment of an official journal I wish it to be clearly understood that no disparagement of existing Canadian journals is intended. However excellent these journals may be, each can only serve its own locality and special clientele. It is not possible for any private journal to reach all the Canadian profession, and even if it did, its influence would be much less than that of the Association's own journal. The interests of the private journal, being local and special, should not be infringed upon by an Association journal whose work would be identified with the general interests of the profession of the whole of Canada as well as the promotion of medical science. Anything like a monopoly of the journalistic field is not desired. The aim is not only to stimulate all to do better work and to promote the interests of medical science, but also to bring all the members of the profession into closer touch with one another, so as to further the national spirit and greatly increase their influence in the country, and so enable them to bring their united influence to bear on all matters of national importance. These interests are quite apart from, and should not in any way conflict with, those of the private journals.

I am convinced that a journal is a necessity, if not to our existence at least to our success. I have full confidence in the ultimate success of our efforts, if steps are taken to establish such a journal, and that within a very few years at most we will have a journal equal in merit to the best, and in which our ablest men will be more than willing to publish their best work.

Some fear we cannot cope with the difficulties of developing and maintaining such an active organization as I have outlined, or of publishing a journal worthy of this Association and of the Canadian profession. That the difficulties will be considerable no one doubts; still these difficulties can be successfully met by the Canadian profession—a profession whose members are, it is no boast to say, physically and mentally the peers of the best in the world. A survey of this audience should be sufficient to convince any doubter, and this audience is but a fair representation of the great body of physicians scattered across this coun-

try from the Atlantic to the Pacific. Great as the difficulties will be, I have full faith in our own powers to overcome them. We need but united loyal action to attain success that will gratify ourselves as well as our friends.

Some will say that these views are chimerical, but to me they but feebly outline the possibilities which lie before us. A few years ago had any one said that this country would now be developing with the present phenomenal rapidity, that it possessed such extensive acreage for the growth of wheat and other grains, such mineral wealth, and that it could afford homes for the many millions of population which we now know it is capable of providing, his views would have been scouted as too visionary to merit serious consideration. The venerable Lord Strathcona, whose sagacity excels even his buoyant hope, and who knows this country as perhaps no one else knows it, has just been credibly reported as saying that he believed this country by the end of the current century will have a population of 80,000,000.

A recent writer, whose work is most favorably reviewed, who came from England as an immigrant and remained six or eight months traversing the country from coast to coast, mingling with the masses and working in forest and field, so as to make a thorough study of the country, says the country is quite capable of sustaining a population of 140,000,000. May we not reasonably look forward to something like a corresponding development in the literary and scientific interests of the country.

One of the most potent causes which have retarded the development of Canada in all her aspects—in population, industries, literature, science, national sentiment—has been its proximity to the Motherland, and to the strong nation to the south of us. We have been overshadowed by both, perhaps a little overawed, so that we have feared to assert our manhood. But it is to inertia rather than fear that the slow growth of national spirit is due. We have had facilities of all kinds desired close at hand in these two great countries so that we have been saved the trouble of developing our own resources. But the dawn of a new development has come, and Canada is known the world over as the "land of promise." Are we to be laggards in this national awakening? No one who knows the Canadian profession will doubt the answer.

It is for us to consider whether the profession is to be provincial or national in its character and aspirations; whether it is

to consider questions from a provincial, even a parochial point of view, or occupy a higher plane and regard matters in a broad national spirit, and so take its place and assume its responsibilities as one of the forces moulding the destinies of the nation, feeling that it has especially committed to its care the development of medical science in its highest character. It may be said that this is too high an ideal. But we should not forget that the higher the ideals, if we endeavor to attain to them, the greater will be the success. However, I cannot regard the ideal as too high, but rather that it but faintly indicates all the future holds for us if we are but equal to the demands of the present and grow with the increasing needs of rapidly growing conditions. With a united and courageous association embracing the whole profession of the country, and actuated by high ideals of our duty and of the needs of the country, I have every confidence that the results would far exceed our most sanguine anticipations. Such success, however, can be attained only by earnest united effort. "In union there is strength." To the multitude, whether the nation or association, as to the individual, true greatness comes only by unremitting toil, energy, and intelligence, directed by the highest motives and ideals. To all who so pursue their vocation, whether crowned with apparent success or not, true greatness comes in proportion to their deserts. Ours will be no exception to the universal rule.

We are citizens of a giant young country of inexhaustible resources, entering on the threshold of its greatness and power, blessed with an invigorating climate which should produce a virile race such as no country ever excelled. Such is our heritage. You know that "to whom much is given of him also shall much be required." That we *can* so meet these our responsibilities so as to fulfil the requirements I have the fullest faith; that we *will* meet them successfully remains for all, especially the younger members of the profession, by their effort and work to prove.

THE PRESENT COURSE IN ANATOMY, WITH REFERENCES TO SOME RECENT CHANGES.

BY FREDERICK ETHERINGTON, M.D., L.R.C.P. (EDIN.)

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"There is this advantage in your subject," a worker in one of the other University departments once said to me, "it does not change." While it may be true that the structure of the human body has remained practically the same for some considerable period of time, yet it is no less a fact, that the manner of description, the system of nomenclature, and the methods of teaching, have undergone extensive modification even during the last ten years.

One has only to compare the books of ten years ago with such works as Cunningham or Morris' recent editions to become impressed with the fact that the descriptions have been materially altered. This is particularly noticeable with reference to the viscera. Says Cunningham, in his excellent text-book, published in 1902, "The recent introduction of formalin as a hardening and preserving agent imposed an especially arduous duty upon the writers who had undertaken the chapters dealing with the thoracic and abdominal viscera. The possibilities of establishing a more accurate topography and improving our conception of the forms assumed by the viscera under different conditions, have by this means been greatly extended. . . . Much, therefore, which appears in this book on the topographical relationships of the viscera departs considerably from the older and more conventional descriptions hitherto in vogue." Also our knowledge of the nervous system has made marked progress. The embodiment in the later works of the results of the researches of Sherrington, Flechsig, Elliot Smith, and others, has resulted in many changes in the more recent articles dealing with this system; and the careful reader will not fail to note that even to the accounts of the bones and muscles, whose features have long been described with fair accuracy, considerable alteration has been made. In fact it can be safely said that in the past ten or fifteen years the whole subject of anatomy has undergone extensive revision.

A perusal of Morris' recently published "Treatise of Human Anatomy," or a glance through the magnificent "Atlas" of Spalteholz, will forcibly impress upon the student of ten years

ago, the great change that has taken place in the System of Anatomical Nomenclature. To find the supinator longus muscle termed the Brachio-radialis, the cuneiform bone called the os triquetum, the familiar fissure of Rolando designated the sulcus centralis, is at first quite bewildering. The introduction of the revised nomenclature (termed the BNA, Basle Anatomical Nomenclature), is a matter of importance not only to the students of anatomy, but also to the students and teachers of all subjects in which anatomical terms are used. A new generation will shortly appear using the BNA perhaps exclusively, and, unless those at work in other branches make it their business to become familiar with the changes, confusion must necessarily result. It would be outside the present purpose to enter into a discussion of this question; those interested will find a full account in L. F. Barker's little work on "Anatomical Terminology."

But it is more especially to the changes in the methods of teaching that I wish to make brief reference. Again, the improved methods of preserving the material have permitted marked advances. When subjects came to the dissecting room improperly cared for, perhaps in a state of partial decomposition, it was impossible to carry out minute and careful dissection. With the intra-vascular injection of formalin, carbolic or other preservative, the material is clean and wholesome, and can be kept so, indefinitely. Instead of the old dissecting room, filled with objectionable odors, blue with tobacco smoke, noisy and at times even hilarious, the modern anatomical laboratory is kept as clean as the surgical operating room, and the conduct of its occupants does not differ from that of the workers in any other department. And there is no good reason why the future physician and surgeon should not get the principles of cleanliness and order as well as neatness and thoroughness inculcated early in his career.

The tendency to the elimination of didactic lectures is general throughout the course of medical studies. It has come to be recognized that laboratory methods taken in conjunction with bedside work ensure the best results. The custom of lecturing has come down from a time when good books were not available. There can be small profit in listening to a lecture, often little better than an indifferent rendering of an excellent text-book article within the reach of every student. No doubt there are subjects in which the formal lecture will continue to hold its place, and many will be disposed to lean towards the view ex-

pressed by Oliver Wendell Holmes in his question and answer, "Why do men attend Universities to listen to lectures which they might read with so much less expenditure of time and money? Why have they always done so? Because no printed page has ever given or ever can give to teaching the force of words spoken by a great instructor." At any rate, no one will question the utter futility of lecturing to a class of fifty or more, on such a structure as the ethmoid bone or on the ramifications of the seventh nerve or lingual artery. Anatomy has followed the general trend, and in our own course, for instance, didactic lectures have been almost wholly abandoned. They have been crowded out by dissecting room demonstrations given to small sections of the class, and rendered unnecessary by more thorough laboratory work.

Perhaps a brief outline of the present course may be of some interest even to those who seldom open a "Gray" or rarely visit a dissecting-room. According to one of the leading anatomists of America, the teaching of anatomy on this continent can be classified under four heads. "The first and lowest order is found in those schools which give a course of crude lectures on anatomy with a dissecting room, in which the work is not directed but is carried on in a superficial way. . . . The teaching of anatomy is of a higher order when it follows closely some text-books, especially Gray, when it has lectures and recitations, and enough work in the dissecting-room to enable the students to pass the state examinations. Most of the medical students desire courses of this order. In a third and higher order of medical schools, about twenty of which may be counted, the course is given to aid the students in their subsequent medical studies. Both teachers and students work pretty hard, and at the end of the course all feel that much good has been done. . . . In a fourth order of anatomical course, it is considered that there are others to be satisfied besides the teachers of a few practical branches . . . there are the teachers in the other sciences, physiology, neurology, pathology, as well as anatomy itself. A student told me recently that he had been studying one thing to help him in another all his life, and he was dead tired of it; he now desired to study those things which were worth studying for their own sake. For him anatomy could not be considered an ancillary science. In presenting a science to students no attitude can be defined, except that in which the science is studied for its own sake." It is to be premised then that our object is to give a thorough course in this fundamental subject with the view

that anatomy is worth studying "for its own sake," and not with the hope that this or that fragment of knowledge may possibly be of some use in the student's future career. Who knows, indeed, anything of the future of a first or second year medical student? He may be destined to lead the laborious and useful life of the general practitioner, he may possess in his mental make-up those qualities which are to develop into a Donald McLean or a Charles Purdy. For each a thorough foundation in anatomy is essential to the highest success. Specialization may or may not be overdone at the present time; this is a debated question, but there are few who would say that it should begin during the undergraduate period. Such a course in anatomy undoubtedly entails the expenditure of considerable time and energy on the part, both of students and of teachers, yet I doubt that the students would have it otherwise; the teachers certainly would not.

To return from this digression to an outline of the present course. Doubtless many who read this article worked under the unsatisfactory system of doing the muscles, bones and joints during the first year, adding the arteries, and nerves, and abdomen and thorax during the second year. This method was wasteful, both of material and of time. The loss of material, though no small item, was not so serious, but the loss of time was a very serious matter. No man could thoroughly dissect the whole body during his second year, and at the same time do justice to his other classes. At present the first year's work comprises only the study of upper and lower extremities. The following is a statement of the work:

(a) Eight lectures, giving the history of anatomy and a general outline of the whole subject.

(b) The study of the bones of the extremities, upper and lower.

(c) The complete dissection of these extremities, following closely Cunningham's "Manual of Practical Anatomy."

(d) Review and demonstration in the dissecting-room, twice weekly.

The introductory lectures are general in their character. A brief resumé of the history of anatomy is given, touching only on the main epochs, as those of Hippocrates, Galen and Vesalius. The nature, structure, and function of the animal cell are discussed, the different systems, osseous, muscular, nervous, vascular, are then taken up, and their main features and their relationships to each other pointed out. This gives the new student

a broad and necessarily imperfect view of the whole subject. At the same time, in another department, that of animal biology, he is engaged in the dissection of a mammal, usually the cat. This materially aids him in understanding the general body structure. Meanwhile also he has been at work on the bones of the part to which he has been assigned, either upper or lower. Before being allowed to proceed with dissection he must prove himself thoroughly familiar with the bones, as familiar as was a certain Mr. Venus, who assured his friend, Mr. Silas Wegg, "I've gone on improving myself in my knowledge of anatomy, till both by sight and by name I'm perfect. Mr. Wegg, if you was brought here loose in a bag to be articulated, I'd name your smallest bones blindfold equally with your largest, as fast as you could pick 'em out, and I'd sort 'em all, and sort your vertebræ, in a manner that would equally surprise and charm you." This intimate knowledge has many advantages; it makes him conversant with the new names that he will meet in dissection, and greatly simplifies the task of learning the origin and insertion of muscles. As Holden long since wrote, "Whoever would become a good anatomist or a skilful surgeon must make himself a master of osteology. It must be not only his first but his principal and constant study."

Having obtained some idea of the structure of the body, and having mastered the bones of his part, the student is now prepared to begin dissection. This beginning is made under constant supervision, and with what might almost be considered an undue emphasis on details. Previous notice having been given all students assigned to a subject are on hand at its arrival. The hairy parts are shaved; the hard skin is removed, and the whole body thoroughly washed and well rubbed with a solution of carbolic acid in glycerine. This not only has an antiseptic value, if such were needed, but it also renders the skin soft and prevents drying. The body is then wrapped with cheese-cloth wrung in carbolic solution, and the whole carefully bandaged. The subject is not again removed from the table until in the progress of dissection the different extremities are disarticulated.

When the work is begun such seemingly unimportant matters as the proper methods of holding a knife, or locating superficial structures, of cleaning muscles, are insisted upon. Why all this attention to detail? The answer is not far to seek. As Barker well says, "The very first dissection may be all-important as regards the subsequent dissections. He who fails in his earliest dissection to acquire the habit of working according

to a definite method seldom learns later to become an exact, quick and careful dissector. It is almost hopeless to try to make a man do exact and clean work after he has formed inaccurate and dirty habits." At different stages of the dissection he must prove to one of the demonstrators that he has gained a knowledge of the structures met with—this being known as a "preliminary grind," also on completion he must satisfy the chief demonstrator that he possesses a sound knowledge—"the final grind." If the preparation has been insufficient he is "referred" for another period of study. It is a matter of some importance to the student, both that he displays a sound knowledge and that he makes a good dissection, for records are kept of the marks made at this oral examination, and of those given for excellence of dissection. Of a total of a hundred marks, sixty are awarded for the work done during the session; the remaining forty for the final examination in the spring. This system of marking aims at doing away with the injustice of judging a year's work from an hour or two's writing, it tends to prevent cramming, it ensures high standing to those who work steadily throughout the session, and guarantees a pass to the student of average ability and industry. During this period no class-room lectures are given. Twice-a-week a demonstration with review is held in the dissecting-room on the dissections done by the class. The class sections work together, as nearly as possible all subjects are placed on the table, work is begun and positions are changed on the same dates. A student must either keep up with his class or drop out for the session, and the comparison of the different dissections forms a healthy incentive to good work.

Little need be said of the work in the second year. The same general plan is followed, which may be indicated thus:

- (a) The study of the bones of head and trunk.
- (b) The complete dissection of head and neck, abdomen and thorax, as given in Cunningham's "Manual."
- (c) Twenty lectures on the "Development and Structure of the Central Nervous System."
- (d) Special demonstrations on the organs of sense and the viscera.
- (c) Dissecting room review, etc., twice weekly.

Those who have gone through their work in practical anatomy, having used no other book than "Gray," will hardly grasp the significance of the words, "as in Cunningham's Manual." The advantage of having a regular plan of dissection with definite instructions for carrying it out will be appre-

ciated only by those who have worked under both systems. The retention in the latest "Gray" of the directions for dissection of the muscular system alone, seems to show on the part of those responsible an unfamiliarity with present day methods.

The lectures on the central nervous system are given because of the inability to procure a sufficient number of brains to permit of individual dissection. However, fresh dissections as well as mounted preparations are always available for the purposes of reference and study.

The mention of mounted specimens leads me naturally to refer to the place of a museum in connection with the study of anatomy. Such an adjunct is a necessity, but unfortunately museums are of remarkably slow growth. In the crowded session there is little time to devote to this branch, but, thanks to the carefulness of the students and the assistance of one or two friends, we have managed to get together a few specimens, which, it is hoped, will form the nucleus of a useful collection. Really of more value than bottled specimens on the museum shelf are wet dissections available for use, that is, for handling. "Anatomy is to be learned through the fingers," some one has very well said, and to this view I readily subscribe. It is, in fact, the key to the present system of teaching. In crocks, bottles and small vats, all the viscera, the brain and preparations of every part of the body can be kept for study purposes.

The place of modeling in clay as carried out in some of the leading American colleges should here come in for discussion, but notwithstanding its many advantages, lack of time alone would prevent its present adoption. Drawing forms an essential part of courses in kindred subjects, and the wonder is that more attention has not been paid to it in the department of human anatomy. It requires no undue expenditure of time, is useful from many points of view, and will soon receive greater attention in our work.

To obtain a thorough knowledge of the structure of the adult body some attention must be given to the study of its development. For who can understand the formation of the inguinal canal, the course of a hernia, the coverings of the testis, without knowing the changes that occur in this region during the latter part of intra-uterine life; or who can comprehend the ventricular system of the brain without being first acquainted with the phenomena of its development? Or again, in the matter of the various malformations, such conditions as hare-lip, spina bifida or hypospadias, are appreciated only by those who are

familiar with the embryonic changes occurring in the respective regions. The question of development is considered in the demonstrations only where it bears directly upon and is necessary to the understanding of the normal adult structure. Clearly more attention should be paid to this important branch. (The subject of embryology is taught in the department of physiology, but only a general outline is attempted.)

Other relevant and interesting points could very properly be discussed in this paper. Lack of space permits merely a reference to such matters as the tendency towards the extension of the course along the lines of Comparative Anatomy, and the somewhat anomalous position of histology, a subject most closely related to anatomy, but retained as an appendage to physiology.

Under the stimulus of intense research new light is continually being shed upon the dark places in pathology and medicine. Under the beneficent influence of asepsis and anesthesia the number of those who practice the art of surgery, even to the performance of the major operations, is becoming increasingly great. Advance in pathology and in medicine, and proficiency in surgery must primarily depend upon a knowledge of structure.

Hence it is that anatomy has received in the past, and must continue to receive in the future, that degree of attention which its importance demands.

PLEURISY—DRUG INDICATIONS.

BY W. C. ABBOTT, M.D., CHICAGO, ILL.

Clear the bowels at once and furnish the suffering tissues clean blood to sustain them in their efforts at restoration of normality. Give calomel gr. 1-6 every half hour for six doses; then a full dose of a saline laxative to flush the whole alimentary canal quickly. Quell the circulatory tumult and wide-open the emunctories by veratrine gr. 1-134 well diluted—water 1 oz.—every half hour till pulse says stop. If the stomach is irritable use aconitine amorphous instead of veratrine, same doses, either till pulse falls to 90 or skin cools off. If there is mental excitement substitute gelsemine gr. 1-250 every half hour till pulse falls to 90 or the eyelids begin to droop; then sustain effect. The pain in the side subsides under bryonin gr. 1-67 every half hour, and this also promotes absorption after the

acute stage passes. Full doses of morphine or quinine, alone or together, may abort acute forms, but there are more reliable remedies to be had. A full sweating dose of pilocarpine gr. 1-6 by hypo. will abort if used at the start, with quick catharsis and abstinence from liquids. It is essential to prevent the local hyperemia by lessening the bulk of the blood, and this demands total abstinence from food and drink. Elaterin gr. 1-6 may be used in place of pilocarpine to abort acute attacks, or as an intestinal drain to promote absorption later. In the young, with high fever, wild delirium and throbbing pulses, tartar emetic or veratrine should be rapidly pushed to full effect. After the acute stage absorption may be stimulated by mercury biniodide gr. 3-67, arsenic iodide gr. 1-67, iodoform 1-2, and phytolaccin 1-2, four times a day. The pain in the side and moderate fever are nicely controlled by asclepidin gr. 1-6 to 1-2 every hour, very nice also for children. Heat and cold to the chest do have some relieving powers, also mud poultices, but best is a bandage tight enough to restrain the motion. The absorption is aided by local applications of iodine, but the powers of the combination above advised are to be appreciated only by trial. Rapid saturation with calx sulphurata gr. 1 every half hour, is advisable, as the malady is almost always microbic. The quick multiplication of minimal doses allows absolute security from over-dosage, and nicest adjustment of means to desired end. When one has mastered the repetition of doses to effect he wonders why he so long blundered along blindly in the old way. Saturation with nuclein, up to a drachm a day, cannot but be useful, reinforcing the leucocytes and activating them in their battle for the life.

COLOCYNTHIN.

BY JAMES BURKE, M.D., MANITOWOC, WIS.

Colocynthin is a glucoside derived from colocynth, and is the active agent of this drug. Colocynthin is interesting in connection with a few other active principles used to neutralize the proteid toxins lodged in the walls of the stomach and intestines as a result of a period of indifferent or bad digestion, caused by a lack of quality and quantity of the digestive ferments, in failing to revert the proteid food

into the proper variety of amino-acids, capable of being synthesized into proper human protein. Such relative health of the digestive organs, resulting in the fabrication of but a minor portion of the ingested proteid food into homologous protein, leaving the greater portion of the worked up protein, as of the hybrid and heterologous variety of protein. Most of these three kinds of protein is absorbed into the general circulation, where the homologous protein is readily transmuted into human tissues, while the hybrid is mostly converted into homologous protein by a vicarious action of the blood and other tissues, but the heterologous protein is little changed by this vicarious action of the tissues, and is stored away in the tissues to await a physical, chemical or medical force to resolve it out of the tissues back into the blood and fluids, where if it meets with a satisfying chemical affinity it becomes a harmless, excretory product, and acts as a normal stimulant to some excretory organ; but if it meets a pseudo or other incomplete affinity and combines temporarily, a leucomain or proteid toxin is formed, the agent for the neutralization of which is to be found in the cognate substances—the alkaloids and most other active principles of our pharmacopeal plant drugs. These principles are active in the fluids of the body in seeking out chemical affinities, and some of them are so aggressive as to attack the integrity of some tissue to obtain a principle of a cognate substance to satisfy their chemical cravings. Colocynthin is one of the most aggressive. After its affinitive toxins in the alimentary canal are neutralized it attacks the integrity of the secreting glands of the stomach and bowels and sets up hydrogogue action of the bowels; which action has been empirically employed to relieve regional accumulations of serum from defective constitution of the blood, with consequent defective action of the kidneys; but such a therapeutic procedure is only of temporary relief of the symptom of pressure from the abnormal fluid, for the transuded serum will continue to accumulate, unless the relief interval is employed in neutralizing the leucomain in the blood and fluids, by the use of the proper alkaloid, and make of the disturbing proteid toxin a normal stimulant to kidney function. To lay the axe at the root of the matter, we may have to neutralize some liver toxins by the indicated use of podophyllin, collinsonin, dioscorein or boldine. When colocynthin is fully analyzed and its chemistry and therapeutics are better understood, a component, simpler principle of it will be classed with the group of principles whose affinitive activity modifies, temporarily, the construction and

function of nerve tissues; besides, colocynthin contains a component primary principle which, by itself, on being brought in contact with the kidney substance, excites protoplasmic action there; and if in too large quantity, by its aggressive chemical affinity for a cognate substance located in the kidney, will cause nephritis. Clinical experience teaches that colocynthin is principally useful in neutralizing the proteid toxins in the colon, and thereby it is classified as a promoter of colon digestion. In most cases of accumulation of toxins of the alimentary tract the cure of the case depends on the neutralization of toxins chemically affinitive for some component primary principle of eunonymin, iridin, leptandrin, emetin, hydrastin, or juglandin. Colocynthin gr. 1-33, atropine gr. 1-250, and capsicin gr. 1-67 after each meal promotes better function of the colon, and should be limited to that therapeutic duty.

PRACTICAL DEDUCTIONS FROM AN EXPERIENCE OF EIGHT HUNDRED AND ELEVEN ABDOMINAL SECTIONS.

BY A. LAPHORN SMITH, B.A., M.D., M.R.C.S. (ENG.)

Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Western General Hospital; Gynecologist to the Montreal Dispensary; Consulting Gynecologist to the Women's Hospital; Fellow of the American and Italian Gynecological Societies; late Professor of Gynecology in the University of Vermont and Bishops College, Montreal.

The suggestion that I should prepare this paper was made to me by the learned editor of the *Montreal Medical Journal*. His idea was that I should put down on paper the general conclusions to which my experience in this branch of my work had led me, which he thought would be interesting to the general profession, rather than to give detailed histories and statistics of each case, which would be very tiresome. So that, when asked by the Secretary to prepare a paper, I thought that there would be no more fitting opportunity to give an account of the trust which my brethren have confided in me than at this meeting of the whole Canadian profession. So as to put my facts into a somewhat orderly shape, I have grouped my cases into about a dozen classes, each of which I will take up briefly in turn.

One of the most important groups, though not the most numerous, is that of abdominal hysterectomy, which was done either for fibroids or for cancer, for puerperal septicemia, for

pus tubes, or for broad ligament cyst. During the ten years that I was assisting my predecessor, the late Professor Trenholm, the mortality of hysterectomy under the best operators was nearly 60 per cent., and that was why Apostoli's treatment with the constant electrical current was so eagerly seized upon by the profession throughout the world. I treated one hundred and eight cases of fibroid with it without a death, and to the best of my knowledge eighty-six of them remained cured. Had the mortality of hysterectomy not been steadily falling all that time, I would still be treating them by Apostoli's method. But in the meantime Koeberle, Joseph Price, Baer and Kelly had reduced the mortality to 5 per cent., so there was no longer the same reason for dreading the operation, and I accordingly began to operate. My own mortality is now almost *nil*, owing to the plan of feeling for the pulsation of the six arteries and tying them before cutting, so that there is hardly an ounce of blood lost from the patient and only a few ounces from the tumor. Although abdominal hysterectomy is an operation which taxes the skill and endurance of an operator to the utmost, there is no operation that I would sooner be called upon to perform, under one condition, however, that it had not been neglected until complications had set in, such as malignancy, suppuration or adhesion to the bowels. Heart murmurs or albuminuria are of little importance, as in every case the latter has disappeared immediately and the former within a year. I need hardly tell you that the best time to remove a fibroid is as soon as it is discovered. Even a tumor the size of an orange can render a woman's life not worth living by reflex and other disturbances, besides which there is the danger of malignancy and suppuration in the tumor.

Hysterectomy for broad ligament cyst has completely altered the prognosis of this serious disease. If I knew that a certain tumor was a broad ligament cyst I would advise the woman to leave it there until it killed her rather than remove it in the old way, for my mortality was 100 per cent., namely two cases with two deaths. Not so if allowed to remove it by the new method of tying the three arteries on the healthy side, the same as for hysterectomy, and cutting across the cervix at the internal os, and then rolling the broad ligament cyst out of its bed, thus making it quite easy to tie the arteries on that side; the operation is completed the same as a hysterectomy. I have done eight of them by this method without a death, although one of them, Dr. Reddy's case at the Woman's Hospital, was

full of pus and blood. I no longer have the slightest dread of operating on broad ligament cysts.

Hysterectomy for Pus Tubes is a much more serious proposition, first on account of the adhesions to and perforations into the intestines, and second because of the risk of infecting the cellular tissues with the pus. I have done it rarely because the mortality is a little higher, and because I believe the uterus is useful for supporting the pelvic floor, of which it is the keystone. I prefer to remove the tubes and ovaries, and if a purulent discharge continues, to curette every year until it stops, which it always does within a couple of years at most.

Abdominal Hysterectomy for Cancer.—As my mortality by this method was so high, having lost both cases I did, I have ever since stuck to the vaginal method, which has given me a primary mortality almost *nil*, with quite a few women alive after from three to ten years. In the hands of the greatest European experts, and in selected cases, the former method has a primary mortality of 22 per cent., and ultimate mortality of nearly 60 per cent

Hysterectomy for Puerperal Septicemia.—I have done this three times. The first one, done with the serre-nœud and pins, recovered, and the next two, by supravaginal hysterectomy, died. There were chains of lymphatics full of pus running along each side of the uterus. By the serre-nœud these would have been choked off; by the method employed they had to be opened and thus infected the peritoneum.

The next is a small but interesting group, namely, *Cesarean Sections for Eclampsia and Contracted Pelvis*, to which operation for these two conditions I have become an ardent convert. If you want to save both mother and child, you must not operate on women who are dying from uremic convulsions or from injuries received with the Bossi dilators and forceps. I have performed this operation three times; once after waiting from 6 a.m. to 4 p.m. for the os to dilate, with the woman in convulsions; the child is alive and well a year later, but the mother died after three days without coming out of the coma; the second for contracted pelvis on a woman who had had two children destroyed by craniotomy, the mother making a good recovery, but the child dying from injuries from the forceps, which were tried on him for an hour before resorting to cesarean section; and the third done after moderate efforts to dilate and deliver with the forceps during two hours, during which the woman had seven severe convulsions, both mother and child

making a perfect recovery. My experience in these three cases leads me to make the deliberate statement that one hundred women with an impossible pelvis could be delivered by cesarean section, without the death of either mother or child, on the following conditions: First, that they have not been infected; second that they had not had chloral or chloroform except what was necessary for the operation; and third, that neither Bossi's dilators or forceps had been employed either before or after their getting to the hospital. I am also convinced that cesarean section is less dangerous than the heroic doses of chloral which we often hear of in the cases that die, and less dangerous than two hours of convulsions, during which the brain may be damaged beyond repair. Within the next ten years craniotomy and symphysiotomy and pubiotomy will be unheard of, while the death of a mother or child from eclampsia or placenta previa will be almost unknown.

Bladder and Ureter Cases.—These form a small but interesting group of laparotomies. Once I removed the bladder for cancer in a woman over sixty, who did well for nearly a week and then died very quickly. Twice I transplanted a ureter; once with perfect success several years ago on a woman from Vancouver, who has been in perfect health since, and once with partial success on account of the ureter pulling out a little from its attachment to the bladder. Five times I have performed cystopexy, a little operation of my own, which gives instant relief to women who have been suffering for years from bladder trouble due to falling of the bladder, which prevents it from emptying itself. The residual urine ferments and infects the fresh urine and so irritates the mucous membrane that life becomes a burden to them. Each of these women assured me that she had been completely cured by the operation. In two of the cases there was also prolapse of the uterus, so I did ventrofixation at the same time, pulling the uterus well up and attaching it to the abdominal wall above the bladder.

Kidney Cases.—Pyonephrosis, tubercular kidney, perforated ureter, kidney tumor. This was a very interesting group, as they were all done by abdominal section, and all recovered. My impression is that several of them would have died if they had been done by the lumbar incision, simply for want of room. One was done at Strong's Hospital fifteen years ago on a woman who was then sixty-five years old and who enjoyed good health almost until her death at about eighty. It was a large cyst, and the difficulties of enucleating it were so great that I put a couple

of steel pins through the stump and put on a serre-nœud, which controlled all the blood supply, and then I cut it off. She made a good recovery. The next was a tumor containing two gallons of fluid, completely filling the abdomen, and was sent to me for an ovarian cyst. This was a fortunate mistake, for it was easily delivered through the abdominal incision, although containing two gallons of purulent fluid, and over a pound weight of stones embedded in the calyces which could not easily have been extracted by the back. The stump was tied in several segments, and dropped back through the two layers of peritoneum, becoming extra-peritoneal again. She had several children afterwards without any kidney complications. Another case which was sent in as an appendicitis proved to be a pyonephrosis due to a stone blocking up the right ureter three inches from the kidney; this stone ulcerated through the ureter and allowed the urine and pus to escape into the cellular tissue behind the appendix, where it caused a large fluctuating swelling and a high temperature. On opening the abdomen over the appendix the latter was found healthy, so that incision was closed and another made higher up and further back, when over a quart of pus escaped. Then the kidney and ureter were removed, the former being distended enough to hold two quarts of pus, and a stone was found lying near the hole in the ureter. It was easily removed and the patient made a good recovery.

The tubercular kidney formed a distinct abdominal tumor, as there was a large amount of inflammatory deposit around it. It was a very difficult operation, and was just done in time, for on cutting the kidney open the tubercular disease, which had begun from the outside, had almost reached the cavity of the organ. This patient is now quite well. Another case was a rare tumor of the kidney, full of clear liquid, but having no connection with the secreting part of the organ. The operation was very difficult, owing to the large blood supply, requiring many ligatures.

Obstruction of the Bowels.—For this the abdomen was opened four times. One of them was very interesting, because a diagnosis was made by a French-Canadian colleague who insisted upon immediate operation, and the cause was quickly seen to be a fecal concretion or enterolith, the size of an egg, stuck in the small intestine. An incision of the bowel was made over it in its long axis, when it was easily removed, and the patient quickly recovered. Three others, of whom one died, owing to waiting too long, were due to adhesions of the bowel to the stump of an ovarian cyst, removed many years before, and to the

abdominal wall. The lesson this has taught me is that when there is intractable vomiting, becoming fecal, there should be no more delay, as the bowel soon becomes paralyzed and even gangrenous. In one of the cases where I delayed only two days the bowels were already soft enough to break with their own weight; however, she eventually recovered.

The Tubal Pregnancies form rather a large group, namely, thirty-eight, with two deaths. Another one was done by the vagina, but does not come within the scope of this paper. Some of these cases were operated on when they were so nearly dead that they did not require an anesthetic, and yet they recovered. Tubal pregnancy is, I believe, much more frequent than is generally supposed, and probably many of the deaths certified as heart failure and acute indigestion are really due to intra-abdominal hemorrhage, unsuspected and untreated. If the condition were more often kept in mind there would be more chance of recognizing it. Irregular menstruation, sudden pain in the side, fainting, and a weak and rapid pulse with a falling temperature, and especially a mass to be felt beside or behind the uterus would justify an immediate operation. Now and then, it is true, not a tubal pregnancy but something else almost equally as bad will be found, such as a ruptured pus tube or a perforated appendix, or a twisted ovarian cyst, all of which mistakes I have made, but we must be prepared to deal with whatever presents itself. Tubal pregnancy does not appear by chance; there is a definite reason for it. It is due to disease of the tubes; when one tube is diseased, both tubes are diseased, although one may be more so than the other, owing to the difference in blood supply. One tube may be diseased enough to cause a tubal pregnancy this year, and by next year or the year after the other one will have reached the same stage. While I do not insist upon removing the other ovary, I do think that something should be done to prevent her having a second tubal pregnancy (which may be easily effected by removing a little piece of the tube and sewing the peritoneum over it), for in two years' time that woman may be living in a town where there is no one either willing or able to diagnose tubal pregnancy, in which case she will almost surely die. A word about the two deaths. One occurred about ten days after the operation and was due to grippé, of which there was an epidemic, attacking everyone in the hospital; the other death occurred six days after the operation in a woman who had gone on to full time and was opened three days after labor began. The child, which was free in the peritoneal cavity, lived

only four hours. I do not know why she died, as her pulse and temperature were normal almost to the end, but this shows that the time to operate on a tubal pregnancy is during the first month, before rupture, when the tube is the size of a sausage.

Appendicitis.—Of these there were sixty-three cases, and the lesson they have taught me stands out in big letters, "operate early." Some of the cases had so few symptoms that I admit that I hardly felt justified in operating, but which proved on opening the abdomen to have a gangrenous and perforated appendix. As in cancer, as in tubal pregnancy, so in appendicitis, the time to operate is when you *suspect* the disease. Now and then you will be mistaken and remove an appendix which might have remained a few years longer, but, on the other hand, if you wait until you are certain, you will operate too late in a great many cases. All my four deaths were due to waiting until the diagnosis could be made more surely; two of them with black vomit and a high temperature were operated on at farm-houses in the early dawn, after an all-night journey by rail and wagon, and by the light of a coal oil lamp, and two were due to my own unwillingness to operate in the absence of urgent symptoms; and yet, with a temperature and pulse under one hundred, the appendix was perforated. Vomiting, constipation and rigidity of the right rectus with tenderness over McBurney's point, are the cardinal symptoms. Most of my cases were women, and the right tube and ovary were frequently implicated. After hearing the question thoroughly debated by the American Gynecological Society, and with my own experience, I deliberately advise removal of the appendix in every case in which the right tube and ovary are being removed for pain of long standing. It only adds about one-half of one per cent. to the danger of the operation, while it adds 50 per cent. to the chances of curing the pain. Many patients themselves have asked me to remove their appendix if I could do it without greatly increased risk, and many have been disappointed when I told them that I had not done so. Some of the latter have suffered from the same pain after removal of the right ovary and tube, and had to have a second operation for the removal of the appendix. In many of my cases the appendix was constricted near its base by bands of lymph thrown out by nature at some previous attack from which they had recovered, these previous attacks having generally been diagnosed as biliousness. Many times it was impossible to diagnose appendicitis from pus tubes, because the two diseases co-

existed. In one case the appendix was embedded in a pus tube and another in a tubal pregnancy. If the case has gone over two days, and the temperature is high and the pulse thready, I prefer to wait until the acute attack is over, for if we operate on the dying ones they will die just the same, and so will some of those who would not have died if we had operated after the acute attack was over.

Pus Tubes.—This forms a large group. They are a very dangerous and difficult class, giving the largest death rate; they also have a lower death rate if operated on after the acute stage is over; and yet their danger increases with the length of time they remain. A simple pus tube operation has twice the mortality of an ordinary laparotomy for removal of the tubes and ovaries, because we have the added danger of infection, but if it has remained a long time there will be dense adhesions to the pelvic peritoneum, to the rectum, omentum and intestines. If it has been neglected still longer there will be added the danger of perforation into the bowels, or vagina, or rectum, so that the death rate for laparotomies for pus tubes varies from 2 or 3 to twenty per cent., according to the damage to the bowels in freeing them and getting the tubes out. I have been called more than once to dying women with sinuses discharging into the vagina, rectum, and on the abdomen, but too late to think of doing anything for them. I have learned one lesson by bitter experience of these cases: not to operate on them when they come in on the train until I have had time to study their resisting power, and not to operate when this is very low. The latest term for this is a low opsonic index, but it is a new name for an old idea, which even my nurses ten years ago understood; when they telephoned me that a certain patient had arrived but in no condition for an operation. In these cases I have sometimes waited a month while everything was being used, such as sunlight, fresh air and proper food, to raise their opsonic index.

Experience has taught me that the uterus is very apt to fall back into the hollow from which the pus tubes have been dug out. During the last few years I have always added ventrofixation of the uterus in these cases. I may add that I have done ventrofixation over a hundred and fifty times, sometimes as the principal operation, but more often after removing the ovaries and tubes where there was retroversion with fixation. It gives most satisfactory results with only 2 or 3 per cent. of failures.

Tubercular Peritonitis.—My experience in these cases has taught me that when we open the abdomen and find large masses of tubercule everywhere we should simply close them up again

without touching these friable masses which bleed so furiously. In two cases I thought I could get them out, but I had to stop to avoid their dying on the table, and one died ten days, and the other three days, later. Not so with the ones that I immediately closed; these all recovered and have remained well, except a few who afterwards developed pulmonary tuberculosis. The credit for a most wonderful cure of one of these cases I must share with Dr. George Brown and his iodoform treatment. This was a girl about seventeen years old, who was sent to me with large masses felt in the vagina and a temperature of 105 every night. She was pale and emaciated, and although the temperature was killing her, I declined to operate immediately. She was placed in bed near a window where the sun poured on her all day, and was given quinine and iron and a very nourishing diet. As her opsonic index went up, her temperature came down, but it was over a month before the evening temperature touched normal. Then in the presence of eight or ten witnesses I opened the abdomen, which was studded with milliary tubercle. On introducing my hand, I felt several masses as large as an orange which, indeed, all could see, but which even the gentlest touch made to bleed. I closed her up, and a few days later asked Dr. Brown to take her in hand. He gave her a number of hypodermic injections of iodoform emulsion, and a month later she went home looking and feeling very well. She called on me four months after her operation for vaginal examination, when I was able to say positively that the large masses had absolutely disappeared. Her abdomen was quite soft, and she informed me that she had over a month before resumed her position as book-keeper in a large wholesale grocery firm. This and several other equally wonderful cases have given me great confidence in the iodoform emulsion treatment at Dr. George Brown's hands.

Cancerous and Semi-Cancerous Conditions of the Abdomen.
—The cases of cancer of the ovaries, of the stomach and intestines, of which there were two or three cases each, all died, with one exception, either within a few days of the operation or a few months later, the exception being a large sarcoma of the ovary, which was seen many years after alive and well. The lesson from these stands out very clearly, "Don't wait to operate until you are *sure* that it is cancer"; when you *suspect* cancer it is already late enough and very often, alas, too late. The only hope for success in operation for cancer in the abdomen, or anywhere else, is the immediate removal of *suspicious* growths. I have consistently followed this course in the breast and uterus,

with a result that none of the former women died from the operation, and some fifteen or twenty are still alive, while not one of the many who waited until there was no room for doubt is alive to-day. I intend to follow the same course in abdominal cancer; when two or three of us suspect cancer, I will operate without delay. The semi-cancerous cases, mostly papilloma and gelatinous diseases of the peritoneum, have done very well. To remove papilloma requires great courage, for the tissue is so friable that the slightest touch causes frightful hemorrhage. By making a dash for the ovarian and uterine artery on each side of it, the bleeding is greatly lessened by the clamp, but in any case you must go on. Several of these women are alive after ten years.

Ovarian Cysts.—In my early days this used to be quite a formidable operation, and I occasionally lost one from primary or secondary hemorrhage, or from adhesions and consequent injury to the bowels. But I have not lost one for many years, simply because I have trained a number of my students and other friends to send these cases to me as soon as they are big enough to be felt, which is generally the size of a turkey egg up to a cocoanut. My teaching to them, which has proved so satisfactory to their patients, is this: Examine every sick and suffering woman, and if you feel anything which should not be there do not wait until you know what it is, but get expert advice at once; a larger experience makes the diagnosis easy for him where it may be difficult for you. The cases which these friends send me are nearly all easy, unless it may be one now and then which they have discovered in the back woods when they are on a hunting expedition. I believe that one hundred of these ovarian cysts could be removed without a death.

Umbilical, Ventral, Inguinal and Femoral Hernias.—These number about fifty, with three deaths: one because I tried to force back twenty pounds of omentum and bowels into the abdomen of a monstrously fat woman when there was no room for them; another by reducing a femoral hernia en masse when there was another unrecognized constriction beside the femoral ring; and the third was from hemorrhage from the stump of an omentum after it was put back. In large ventral hernias, when many coils of intestine are adherent to the abdominal wall, I do not attempt to dissect them off, but instead cut off the thin layer of the abdominal wall to which they adhere and drop the intestines back with their splint on them. I have done this many times, and the risk of the operation was about nil and the result

perfect, whilst to have dissected the intestines off would have injured them seriously and run up the death rate.

I cannot close without paying a tribute of gratitude on behalf of the 758 women who recovered, to one man, who by a simple suggestion has reduced the aggregate of deaths all over the world by many thousands yearly. I refer to Professor Trendelenberg, of Leipsic. By the posture known by his name the most difficult abdominal operations, especially in the pelvis, can be performed without once touching, or in many cases without even seeing, the intestine. When I think of the former days, when the bowels were chilled with alleged hot wet towels and by taking them out of the abdomen in order to make room for our work, and that even then we were unable to see where the bleeding was coming from, I never do a laparotomy without thinking of him with a lively sense of gratitude. There is one other name that should be remembered, namely, Fowler, of Brooklyn, who by recommending the semi-erect posture and drainage after septic laparotomies, and especially for gangrenous appendices with extensive peritonitis, has enabled us to save many of these desperate cases which would otherwise have been drowned in their own poison. In such cases, in women, we have only to pass a large drainage tube with many holes in it from the abdominal incision down behind the uterus and into the vagina to get perfect drainage, and even if the intestine sloughs and there is a fecal fistula, no harm will come. Three or four of my most desperate cases are alive to-day owing to Fowler's position.

To sum up in a few brief sentences:

1. Operate on tubal pregnancy as soon as the condition is suspected; I lost one of my thirty-nine cases because I was not sure and waited until full time.
2. Operate on appendicitis as soon as the condition is suspected; some of the cases which were just barely suspected proved on opening the abdomen to be gangrenous and even perforated.
3. Operate for cancer as soon as you suspect its presence; even then you will often be too late; if you wait until the diagnosis is absolutely certain you will never be in time.
4. Operate for obstruction of the bowels as soon as vomiting becomes fecal, or sooner if the condition is strongly suspected; every case would be saved if the operation were done early enough.
5. Cesarean section would save all the mothers and nearly all the children who now die from eclampsia, placenta previa and

contracted pelvis; if done early it is a much safer operation than accouchment forc , symphysiotomy or pubiotomy.

6. Every minute of anesthesia counts against the patient's life; therefore operate as quickly as possible.

7. If the patient has been in hospital long enough to be well prepared, and by the aid of Trendelenberg posture, there will be no need to touch or even to see the intestines; taking the bowels out of the abdominal cavity adds enormously to the danger of a laparotomy.

8. We no longer lose patients from shock, which is really a mixture of prolonged anesthesia, exposure or handling of the intestines and profuse hemorrhage, for the simple reason that we avoid all these factors, especially the last, by tying all arteries before cutting them.

The lessons which my experience has taught me might also be summed up in the following don'ts:

Don't remove ovaries for dysmenorrhea until you have first tried dilatation and curetting.

Don't operate on women who have just come in on the train; every laparotomy case should be in bed in the hospital for three nights and two days before her operation.

Don't operate on enormously fat women; spend a few months in reducing their weight first.

Don't remove pus tubes from very anemic women; their resisting powers are low; spend a month in getting their blood improved.

Don't operate on patients with a high temperature unless at the very beginning of the attack.

Don't do laparotomies on women whose lungs are tubercular.

Don't remove a cancerous uterus by the abdomen if you can do it by the vagina; if too far advanced to remove by the vagina the liver and lymphatics are already saturated, and a curetting will do more good.

Don't be ashamed to back down when on opening the abdomen you find that a successful operation is impossible.

Don't keep a patient under an anesthetic much longer than an hour.

Don't lose an ounce of blood if you can save it by tying the arteries before you cut them.

Don't give more than three-quarter grain hypodermics; morphine causes pain from distension which is worse than the pain of the operation.

Physician's Library.

Third Annual Report of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis has been issued. It is a volume of 410 pages and is most comprehensive on the work done between February 1st, 1905, and February 1st, 1906. It is edited by Joseph Walsh, A.M., M.D., and published by the Henry Phipps Institute, 238 Pine Street, Philadelphia.

Human Anatomy: Including Structure and Development and Practical Considerations. By THOMAS DWIGHT, M.D., LL.D., J. PLAYFAIR McMURRICH, PH.D., CARL A. HAMANN, M.D., GEO. A. PIERSOL, M.D., Sc.D., and J. WILLIAM WHITE, M.D., PH.D., LL.D. With 1,724 illustrations, of which 1,522 are original and largely from dissections by John C. Heisler, M.D. Edited by George A. Piersol, M.D., Sc.D., Professor of Anatomy in the University of Pennsylvania. Philadelphia, London and Montreal: J. B. Lippincott Company.

This is a large and comprehensive work of 2,088 pages. When there are so many large and complete anatomies, one finds himself enquiring as to the why and the wherefore of the launching of this. It has an exceedingly competent and able staff of editors, whose names alone would be sufficient to stamp it as a work of the first magnitude. One finds that there are three chief considerations for its birth: (1) The presentation of the essential facts of anatomy, regarded in its broadest sense, by a descriptive text which, while concise, should be sufficiently comprehensive to include all that is necessary for a thorough understanding not only of the gross appearances and relations of the various parts of the human body, but also of their structure and development. (2) Adequate emphasis and explanation of the many and varied relations of anatomical details to the conditions claiming the attention of the physician and surgeon. (3) The elucidation of such text by illustrations that should portray actual dissections and preparation with fidelity and realism. It will readily be seen from 2 and 3 that something new and at the same time most essential in modern anatomy and study is attempted and well carried out. This alone will bring it into first rank with the other great anatomies and textbooks of the English language.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enroll themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only \$3.00 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

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Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH.

Canadian Medical Association.— We cannot say that the recent meeting of the Canadian Medical Association in Montreal was the pronounced success it should have been. In many quarters one heard complaints. The programme was a good one, if we eliminate the fact that it savored too much of Montreal and Toronto. The attendance was not quite good enough for Montreal. That city could very easily have supplied the entire attendance, and at the same time left at home enough to carry on the ordinary every-day emergency work and common practice of a great city. There seems to be a feeling abroad that the ordinary general practitioner would not be appreciated if he read a paper or prepared a few case reports. This is a very serious state of affairs, as, if true, it would tend to make the Association narrow and exclusive, ultra-scientific and not practical, the very reverse of what it should be. We do not think that our city surgeons and specialists are narrow-minded or even unwilling to sit at the feet of and learn from their competent and able confreres in smaller places; but there is an ever-increasing evidence year after year that the latter assume to themselves that they are expected to take a back seat. It is most unfortunate if a man in general practice fosters this idea, and as a result hides his light under a bushel. Another great mistake is to divide a meeting of two

or three hundred into sections, to please the whims of a few specialists. The majority at our annual meetings come to hear everything along the line of practice. Many are keenly disappointed—even the man himself who reads a paper—to find in a section an audience of barely a baker's dozen. It takes numbers and keen debate to make most sessions interesting. We express our profound doubt if the meetings of the Canadian Medical Association are attended well enough to divide into three or even two sections. Now that the new Constitution provides for the exclusion of all business matters from the general sessions and their reference to a separate business body, we may hope that matters will proceed better regulated and better executed.

The Nominating Committee of the Canadian Medical Association brought in the following report, which was adopted: Place of meeting in 1908, Ottawa; President, Dr. F. Montizambert, Ottawa; General Secretary, Dr. George Elliott, Toronto; Treasurer, Dr. H. Beaumont Small, Ottawa; Executive Council, Drs. R. W. Powell, E. B. Echlin and Thos. Gibson, Ottawa. Vice-Presidents—P.E.I., Dr. Alex. McNeil, Summerside; Nova Scotia, M. A. Curry, Halifax; New Brunswick, J. D. Ross, Florenceville; Quebec, Frank R. England, Montreal; Ontario, W. H. B. Aikins, Toronto; Manitoba, Harvey Smith, Winnipeg; Saskatchewan, J. W. Kemp, Indian Head; Alberta, R. D. Sanson, Calgary; British Columbia, J. M. Pearson, Vancouver. Local Secretaries—Prince Edward Island, R. D. McLaughlin, Morell; Nova Scotia, R. E. Mathers, Halifax; New Brunswick, J. V. Anglin, St. John; Quebec, A. H. Gordon, Montreal; Ontario, Wm. Hackney, Ottawa; Manitoba, Gordon Bell, Winnipeg; Saskatchewan, R. J. Kee, Esterhazy; Alberta, — Dow, Calgary; British Columbia, R. Eden Walker, New Westminster. Dr. James Third, Kingston, was the Chairman of the Nominating Committee.

Canadian Medical Association—Resolution on Cerebro-spinal Meningitis.—The following resolution, originating in the Medical Section at the recent meeting in Montreal and handed on to the general session, was unanimously adopted: In view of the fact that recent experimental work and clinical research point strongly to the conclusion that the contagium of cerebro-spinal meningitis may be conveyed from the infected to all coming within their immediate neighborhood by the medium of the

nasal and pharyngeal secretions, the members of the Canadian Medical Association assembled in Montreal at their annual meeting, Sept. 11th, 12th and 13th, 1907, desire to impress upon the provincial and local boards of health that isolation in this disease is imperative, and would advise the notification of all cases and the adoption of the necessary measures of individual and general disinfection as in other contagious diseases.

Canadian Medical Association and Public Health.—The Canadian Medical Association at its recent annual meeting in Montreal re-affirmed the original resolution calling for a Dominion Department of Public Health, the continuance of the Special Committee appointed at Halifax two years ago, with the addition thereto of those physicians, members of Parliament, who were members of the Canadian Medical Association.

Journal and Publication Committee—Canadian Medical Association.—The President appointed the following Committee on Journal and Publication: Dr. Andrew Macphail, Montreal; Dr. John McCrae, Montreal; Dr. O. M. Jones, Victoria, B.C.; Dr. Murray Maclaren, St. John, N.B.; Dr. F. N. G. Starr, Toronto, and Dr. W. A. Young, Toronto.

Canadian Medical Association—General Secretary's Report.—The attendance was small at our last annual meeting, in Toronto, the 20th of August, 1906, just seventy-nine inscribing their names on the Treasurer's Register. The reason for this is well known to you all. Two signed from Prince Edward Island; one from Nova Scotia; nine from New Brunswick; eleven from Quebec; forty-four from Ontario; two from Manitoba; one from Saskatchewan; one from Alberta; three from British Columbia; two from England; one from Scotland, and two from the United States.

Early in 1907, owing to having been transferred to Ottawa, Dr. G. Carleton Jones, Director-General of the Army Medical Service, resigned the Vice-Presidency for Nova Scotia; and the President was pleased to appoint in his place Dr. George M. Campbell, of Halifax.

The President appointed the following Special Committee on Reform of the Inebriate:

Dr. R. B. Nevitt, Toronto (Convener).
Dr. William Oldright, Toronto.

Dr. R. A. Reeve, Toronto.
 Dr. A. J. Johnson, Toronto.
 Dr. W. S. Harrison, Toronto.
 Dr. John Noble, Toronto.
 Dr. G. B. Smith, Toronto.
 Dr. J. F. W. Ross, Toronto.

And the following Special Committee on the establishment of an official journal, as ordered by special motion:

Mr. I. H. Cameron, LL.D., Toronto (Convener); Dr. F. N. G. Starr, Secretary, Toronto; Dr. W. J. DeRome, Montreal; Dr. Fernand Monod, Montreal; Dr. Andrew Macphail, Montreal; Dr. John McCrae, Montreal; Dr. E. P. Lachapelle, Montreal; Dr. Herbieux, Montreal; Dr. J. D. Page, Quebec; Dr. John Stewart, Halifax, N.S.; Dr. Murray Maclaren, St. John, N.B.; Dr. Prevost, Ottawa, Ont.; Dr. James Third, Kingston; Dr. J. R. Jones, Winnipeg; Dr. G. A. Charlton, Regina; Dr. H. A. McCallum, London, Ont.; Dr. W. D. Ferris, Edmonton, Alta.; Dr. S. J. Tunstall, Vancouver, B.C.; Dr. J. D. Lafferty, Calgary; Dr. D. J. Gibb Wishart, Toronto; Dr. Ingersoll Olmsted, Hamilton; Dr. T. K. Holmes, Chatham, Ont.; Dr. Geo. McDonald, Brandon, Man.; Dr. Kemp, Indian Head; Dr. O. M. Jones, Victoria; Dr. Courtney, Ottawa; Dr. McNeill, Charlottetown.

At the annual meeting of the British Columbia Medical Association, held in Victoria on the 1st and 2nd of August, the following resolution was passed and ordered transmitted to the Canadian Medical Association:

Whereas, It is morally incumbent upon every medical man to protect the public against disease and sickness as far as possible; and

Whereas, The so-called patent medicines are sold without restriction throughout this province, thereby constituting a menace to the public health; and

Whereas, Proprietary medicines, the composition of which are not known, are prescribed by regular physicians to a certain extent;

Therefore be it resolved, That the British Columbia Medical Association place itself on record as being in favor of the enactment of suitable laws for the protection of the public against patent medicines; and

Resolved, That it appoint a committee whose duty it shall be to institute such measures, or support them if introduced, by the Legislature; and

Resolved, That it strongly disapprove of the unscientific and possibly dangerous practice of prescribing the secret proprietary medicines; and

Resolved, That the British Columbia Medical Council be requested to communicate with all physicians of the province, drawing their attention to the undesirability of prescribing these secret proprietary medicines.

The British Columbia Association asks that the Canadian Medical Association co-operate with them in getting the Dominion Government to take action in this matter.

From the Winnipeg Medico-Chirurgical Society a communication has been received, embodying the following resolution:

Resolved, That this Society approve of the establishment of a Canadian medical journal by the Canadian Medical Association.

From the Ontario Medical Association a communication has also been received approving of the object sought in the proposed re-organization of this Association, and expressing the conviction that in the re-organization the essential connecting link between the members of the profession in each province and the Canadian Medical Association, should be the provincial association.

According to instructions received at the last meeting, copies of the report of the Special Committee on Re-Organization were sent to the medical journals of Canada and to each member of the Association.

All of which is respectfully submitted.

News Items.

DR. R. L. STEWART, of Bluevale, left recently for the West, where he will locate.

DR. D. A. EVANS, of Lisle, has sold his practice to Dr. Rawson Harris, late of London, Eng.

DR. MARTIN, of Dundalk, arrived home recently from a three months' visit to the Old Country.

DR. LEWELLYN OLIVER, of Barrie, is dead. He was born in Cornwall, Eng., seventy-five years ago.

DRS. BUCK and McCrimmon, of Palermo, have dissolved a long standing partnership, the latter retiring.

DR. AGNEW, of Clinton, left recently for the West, where he will for some time continue the practice of his profession.

DR. J. S. SMITH, of Dornoch, was elected High Court Physician at the recent annual meeting of the I. O. F. at Midland.

DR. G. C. RICHARDSON, of Hazeldean, has been appointed sheriff of Carleton County, to succeed Dr. Sweatland, deceased.

DR. F. E. ROGERS, of Littleton, Col., formerly of Brighton, left recently for England and Germany, to take a special course in medicine.

DR. DAVIES, Cayuga, it is said, is negotiating with Welland property owners with a view towards establishing a private hospital in Welland.

DR. TOM C. GILDAY, of Moss Park, sailed recently per SS. *Canada* from Montreal to take up special studies in London. He will be away two years.

DR. HAMILTON, of Belgrave, left recently for a six weeks' course in Mayo Bros.' surgery, Rochester, also a trip to Chicago for post-graduate course. Dr. Boyer, of the Sick Children's Hospital, Toronto, will take charge of Dr. Hamilton's practice until his return.

DR. J. H. ELLIOTT, for nine years in charge of the Muskoka Cottage Sanatorium at Gravenhurst, Ont., begs leave to announce to the profession that he has taken residence at 611 Spadina Avenue, Toronto, and will devote his attention to diseases of the chest and tuberculosis.

Publishers' Department

THE sale of a medical practice is an important matter when the interests of the vendor are considered. The utmost care must be used to prevent patients knowing the vendor's intention, and the offer should only be presented to very probable buyers who are morally and legally bound to secrecy, and to not offer opposition if a sale is not made. These features are embodied in the method adopted by the Canadian Medical Exchange conducted by Dr. Hamill, and every effort made to consummate a sale with a maximum of speed and a minimum of publicity.

H-M-C AND A HAPPY DELIVERY.—A few days ago I was called to see a case of obstetrics. The lady was a primipara, twenty-four years old, was anemic, dropsical, with a very bad heart. She began having pains on Sunday forenoon, and I was called Monday morning. She was having pains at intervals of five minutes, but the os did not dilate. During the day and up to ten o'clock the pains grew stronger, were very severe, with but little dilation of os; patient almost exhausted. I gave one half-size H-M-C (Abbott) at 10 p.m. She was sleeping thirty minutes after, and was delivered of a fine boy at 2 a.m. Complained some during the last three or four pains. I was delighted and so was the patient.—J. H. Hammond, Enigma, Ga.

THE GREATEST OF ANESTHETICS.—We are living in an age of advancement in medicine as well as in all departments of life, and he who does not hustle to-day will wake up to-morrow morning looking into space and wondering where his neighbors are who were with him yesterday. I have been very much interested in Dr. Abbott's recently discovered hypnotic anesthetic, *i.e.*, hyoscine, morphine and cactin comp. I have used it in a number of operative cases, with very satisfactory results. The anesthesia was perfect, except in two cases where, in addition, I used a very small amount of chloroform, which completed the anesthesia. I had none of the post-operative nausea which we so much dread following other anesthetics. In one case of weak

heart, where I could not use chloroform, the heart's action seemed to improve while under the influence of this hyoscine, morphine and cactin anesthetic. For about two years prior to using the H-M-C anesthetic I had been using hyoscine and morphine as a hypnotic and analgesic, with such excellent results that I felt that I was not properly equipped without hyoscine



The Antiphlogistine Exhibit, Canadian Medical Association,
Montreal, September 11-13, 1907.

and morphine tablets in my hypodermatic case, but had never thought of its ever becoming an anesthetic. I feel that the medical fraternity is under great obligations to Dr. Abbott for the discovery and careful preparation of this much-needed and greatest of anesthetics, that is proving such a boon to suffering humanity.—C. C. Cochran, Jacksonville, Ill.