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## *Original Contributions.*

### EXPERIMENTS IN CLIMATOLOGY—THE CANADIAN SUMMER.\*

BY EZRA H. STAFFORD, M.D.

THE summer of the southern hemisphere is colder than that of the northern. In the development of the meteorological theory which bears his name, Croll in his work on "Climate and Cosmology" incidentally brings out this fact.

"It is well known," he says, speaking of the temperature at the Equator, "that, notwithstanding the nearness of the sun in January, the influence of the present distribution of land and water is sufficient to make the mean temperature of the whole earth, or, what is the same, the mean temperature of the air over the surface of the earth, higher in July than in January.

"The reason of this is obvious. Nearly all the land is in the northern hemisphere, while the southern hemisphere is for the most part water. The surface of the northern or land hemisphere becomes heated in summer and cooled in winter to a far greater extent than the surface of the southern or water hemisphere. Consequently, when we add the July or midsummer temperature of the northern to the July temperature of the southern hemisphere, we must get a higher number than when we add the January or midwinter temperature of the former to the January temperature of the latter. The tendency of the present distribution of land and water, when our northern winter occurs in perihelion, is to counteract the effect of eccentricity."

The popular notion that stations in the same latitude have approximately the same climate, and that it becomes progressively colder as the polar regions are approached is thus only correct in

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the roughest sense. In North America the continental temperature in some parts of the temperate zone is actually higher during the summer than it is in the torrid zone. Contrasts as unexpected may be observed in passing from east to west, when striking variations of temperature will also be observed at points equally distant from the Equator. Christiania, Stockholm and St. Petersburg are at about the same latitude; but Bergen, which is further north, has a warmer climate; and Reykjavic in Iceland, which is still further north, has been inhabited for a thousand years. Coming to the western hemisphere, however, the scale turns the other way, and it will be found that the three European capitals mentioned are at a latitude which in America has not as yet been deemed suitable for general habitation: points represented by Greenland, Baffinland, the northern waters of Hudson Bay, Great Slave Lake, Alaska, and Behring Sea. Montreal, on the other hand, which has a severe, cold winter climate similar to that of Christiania and St. Petersburg, is at about the same latitude as Florence, Italy, fifteen degrees to the south. Yet Montreal is not so far north as Victoria, British Columbia, with its balmy, south of England winter.

When to these climatic discrepancies is added the fact that the annual temperature in any region forms only one of the many minutiae of the climate as a whole, and that there are other factors of equal importance which have no connection whatever with the latitude, it will be readily seen that the general rules received heretofore are chiefly of importance by reason of their numberless exceptions, and that to gain a correct notion of the climate of a continent each separate region must be individually and independently studied.

Medical climatology takes into consideration all the phenomena of cosmic force which are manifested in each locality, and views them in relation to their influence upon the life and health of the race. These have been found to be of the most complex and delicate character. Continental position in relation to mountain ranges, altitude, marine position in relation to ocean currents, the presence of large bodies of water in the interior, prevailing winds, atmospheric humidity and foreign matter floating in the air, duration of sunlight and presence of electricity, the quality of the soil in its infinite varieties and the nature of the exhalations from it, vegetation and radiation, the frequency and violence of seismic motion, and even stellar influences combine together to form the meteorological *tout ensemble* which in every region goes loosely by the name of climate.

The foregoing, however, are but the contrasts noticed at the same latitude and at the same time. It is not necessary to enter in this place into a discussion of the prodigious changes in climate which have taken place on the continent at periods long anterior

to the dawn of human history—changes which may be indicated by a tropical climate, flora and fauna in Greenland, or a heaped-up ice sheet enduring for countless years where Montreal and Toronto, Boston and Chicago now stand. The recurrence of another Ice Age, when the vast glaciers will again dredge slowly southward, with low thunder grinding and powdering before them like dust the cities of the present; or another northward extension of warmth benign, when the regions of the pole will again be invaded by the flowers and the singing birds of the spicy south, alike concern no living man; or, for that matter, even the human species, which will undoubtedly have run and finished its splendid, but comparatively brief, career before the repetition of either phenomenon.

At the present time the climate of the continent is characterized by a winter of severe cold, except in the southern portion; and a summer of intense heat except in the northern. By alternately shifting one's position five hundred miles in each direction from a given point in the central region it would be possible at two points a thousand miles apart for one to escape in turn both extremes of temperature. The birds of passage were the first observers of climatology, and the first to avail themselves of its variations. The conveniences of civilization have made the practice possible for those who do not enjoy the same natural facilities for easy and rapid locomotion.

This division of the continent according to climate closely coincides with its political division. During the winter every part of Canada is cold but the Pacific coast. During the summer, generally speaking, every part of the United States is hot to the point of discomfort except the mountains, sea border and Great Lakes. The term discomfort, as used here, ranges in its effects all the way from impaired energy to heat stroke. The first may be said to be universal during the hot months; while the extreme effect is only common at certain times and in certain places, such as the cities. Frequent cases of acute insanity also follow every hot wave.

The manifold advantages, therefore, of the north, as a resort during the summer requires no experiment; and applies as forcibly to the larger continent which contains Europe and Asia as it does to North America. The possible number of distinct meteorological combinations appears, indeed, to be more limited than one would expect, for in the main the climatic features of both the Old and New World are identical, the only difference being in the manner of their distribution. The Steppes of Russia and the ice-fields of Siberia are not wanting in Canada. The charm of Scotland and the bold scenery of Norway may be found accurately reproduced in Nova Scotia and Newfoundland. Indeed, the resemblance in the case of the last two is so striking that, upon being shown by the late Dr. Harvey a large number of views of

both countries indiscriminately, I found it quite impossible to distinguish the Newfoundland from the Norwegian.

The places of ostensible resort in Canada are already numerous, and are confined for the most part to the lake region and the Maritime Provinces, with an intermediate region along the course of the St. Lawrence and its tributaries. Attractive scenery and convenient access probably led to their first choice, and custom and hotel accommodation did the rest. It is usual to speak of the Canadian summer resorts with a certain degree of complaisance; but as a matter of fact the entire country is a vast summer resort. Though unknown to fame, the farm in the backwoods, the primeval forest, and the river at the frontier are resorts of inestimable value. The advertised resort indicates a social usage, and gives promise of a definite menu; but from the standpoint of physiological therapeutics has no other significance. To appreciate the Canadian summer, taken simply as a summer and regardless of resorts and conventions, it is necessary to familiarize one's self with the same season as it exists in the southern portion of the continent.

In the cities of the plains the temperature in July rises for many days in succession to 105 and over. During a summer's residence in Nebraska I painfully remember this period of protracted heat, which was so great that the brick-paved streets exploded with loud detonations, casting the bricks in all directions. There was no breeze, and fortunately, for any movement of the air only served to put in motion the suffocating alkaline dust that whitened on the banks of Salt Creek or was strewn in hot powder on the shores of Salt Lake. A little shower was gratefully designated by the newspapers as a million dollar rain. Too listless to move, and with a sense of fulness in the head, I think I felt more sympathy then for the ten thousand as they marched through the deserts of Persia than I ever did when I was construing the Anabasis. As far as I could see lay the endless prairies, parching in the fiery heat, with no rising hill or leafy tree or limpid rivulet; but only the brazen sun above, the baking mud beneath, and the ocean more than a thousand miles away.

In the large cities I have found the conditions quite as distressing. New Orleans is more endurable during the summer than Chicago, and San Francisco is more pleasant than either; but in Boston the humidity of the air renders the heat almost insupportable; while the contiguous resorts on the coast confer in the long run no more permanent ease than does the momentary application of cold to a fresh burn. In New York the heat seems to bring with it an even greater depth of despair. This is partially due to the fact that, in the matter of space, this city is architecturally constructed upon the frugal plan of a chiffoniere. It is nothing more or less than a huge piece of furniture in brick and iron; and

serves to indicate the monstrous lengths to which the obsession of American utilitarianism can go. Baltimore and Washington I also found undesirable, and here malarial poison is added to the heat. The local doctrine that seven years residence confers immunity is incorrect; but even if it were true, seven years is too long to wait. In July the Washington shopkeepers, to attract trade, fry eggs by breaking the shell and allowing the contents to fall upon the heated asphalt of Pennsylvania Avenue.

The addition of further evidence is hardly necessary to indicate the relative significance of the Canadian summer, and how imperative a need there is in the middle and southern portion of the continent, over and above the summer resorts which they already have in the mountains and on the coast, for a place of refuge during the hot months. At this time every part of the north represents, not only physical comfort in its sense to everyone who journeys thither, but renewed health and refreshed energies, and to many even life.

The curative action of climate may be classed with the "alteratives" of the pharmacist; being especially efficacious in cases of lowered vitality, impaired resistance, degenerative or chronic disease. The rejuvenescence often accomplished by the climate cure is not transient or volatile, but far reaching, stable, permanent; and while the lives of many have no doubt been prolonged by a journey to the south during the rigors of the northern winter, it may with equal truth be said that the health of many may be renewed by a sojourn in the north during the summer. Both the extreme heat and extreme cold are badly borne by those who are enfeebled by disease; and during periods of either extreme the death-rate rises to a noticeable extent.

The benefit of a summer spent in the pure and brilliant air of the north would be well marked also in cases of neurasthenia, melancholia, nervous prostration, and kindred maladies of the nervous system, as well as in early phthisis and affections of a bronchial or pulmonary nature. With equal advantage the same might be advised for cases of digestive derangement and cardiac or renal trouble; by strengthening the constitution as a whole—provision being, of course, made in the first class of cases for the exhibition of suitable medicaments by way of reinforcing the other favorable influences in overcoming the functional weakness; and the utmost caution being taken, in the second class of cases, to avoid the violent muscular exertion of those outdoor sports for which there are so many opportunities and so many temptations in Canada during the summer.

That numbers so comparatively small from the United States should avail themselves annually of these incalculable advantages will seem quite inexplicable until it is remembered that the distinguishing climatic aspects of Canada have not received the care-

ful study which they merit; and that they have not been brought sufficiently before the notice of the medical profession of the outside world, in whose discretion it largely lies to advise the place and manner in which a large proportion of the people should spend each summer.

This negligence in furnishing scientific climatic data finds a poor compensation in the effusive babble of those uninformed individuals who are led by their incredible patriotism to resent any distant reference to "The Lady of the Snows," and to insist, quite as unreasonably, upon the untiring iteration of "The Lady of the Sunshine." As a matter of fact the whole lady business is mere moonshine; and the attention which it has attracted smacks humorously of the provincial. Davos also has snow and a cold winter, but no attempt has ever been made in Switzerland to disclaim the indisputable fact.

So in Canada, it is the actual climatic conditions existing there that are of importance to the medical profession, and these details alone. But the scantiness and the unreliability of the information obtainable is notorious, and has even been complained of by scientific writers.

"It is extremely difficult," Dr. S. E. Solly remarks, in his late work on Mental Climatology, "to speak with definiteness and justice of the claims of Canada as to its health resorts, because, even in regard to general climatic characteristics, the area to be covered is so great, and accurate information is so scanty and difficult to obtain. The local variations, too, are many, and would require close investigation before their exact merits and demerits from this point of view could be decided upon."

At present latitude 50 marks the northern boundary of social and commercial Canada. Beyond this lies *terra incognita*, in the mid portion of which a mighty sea, almost as large as the Mediterranean, rolls unseen its salty waves. Primeval forests clothe vast stretches of wilderness, uninvaded as yet by civilization. Countless lakes and innumerable rivers, unnamed, unfamed and unclaimed, murmur amid the hills. I have been informed by missionaries and officers of the Hudson's Bay Company that a residence in these wild regions is regarded by those who have enjoyed the experience as a panacea for almost all the ills that flesh is heir to; and the Rev. Thomas Hurlburt, who lived for many years on the coast of Hudson Bay, has spoken in the highest terms of the health-giving properties of the wilderness.

As one approaches the Canadian polar regions, the summer season becomes synonymous with perpetual day and undying sunshine. The therapeutic effect of solar light cannot be overestimated in the treatment of disease. It is of paramount importance. Not only does the direct sunlight render the atmosphere

aseptic, but it has also an overwhelming physical and mental effect upon the individual.

In a paper bearing upon the physical effects of Arctic cold, darkness and light, Dr. F. A. Cook, surgeon of the first Peary expedition to northern Greenland, calls attention to this fact. "I wish," he says, "to emphasize the fact that it is not the low temperature of the Arctic from which explorers suffer. It is the long and intense darkness which always induces a temporary depression of vital forces. At about Christmas, which is the long midnight, we found ourselves lethargic and more or less overcome by spells of melancholy. Our skins were jaundiced and pale, we were incapable of prolonged exercise, we lost vigor and ambition and interest in our surroundings. Our condition was a mixture of vague elements of chlorosis and the profound debility of anemia. With the return of the sun came a rapid transformation. The jaundice, the pallor and muscular debility quickly disappeared. Periods of profound vasomotor disturbance and of mental and nervous excitement followed each other like eddies in a spring freshet. Before the sun had reached its summer altitude our bodies were quivering with animal passions. Our skins, which were nearly bloodless, were now flushed. The eyes, which were dry, now sparkled; the saliva at times fairly trickled from our lips. Indeed, the return of the sun started life into a renewed rivalry of bursting springs. I am confident that many forms of nervous, gastric and pulmonary diseases would be greatly benefited by these conditions. Those who have early exhausted the sparks of youthful enthusiasm, who seek the elusive elixir of life, who long for the fugitive balm of perpetual youth, would find a new interest."

Dr. John N. E. Brown, the Territorial Secretary of the Yukon, writing from Dawson City, has from time to time during the last three years spoken to exactly the same effect regarding his own experience; and I do not think it too much to say that as soon as facilities are afforded, the summer of the far North will be utilized for the therapeutic effect of its polar climate during the summer, just as points far more remote and of less certain efficacy are sought after now. Indeed, the advances made in Canada during the last few years in the matter of transportation give promise, perhaps, of what may be expected in the future, when the country of the fur trader and the Esquimaux may also become accessible to the general public. Industrial considerations will no doubt be the impelling motive in all such enterprises; as it has been already in the settlement of the Yukon Territory; but the advantage will be none the less substantial to the health-seeker and tourist.

Meanwhile we have to do with the narrow strip of land which lies south of latitude 50, and reaches from the Atlantic to the Pacific. In this tract are distributed every variety of climate to be found in the temperate zone. It is traversed from Halifax to

Vancouver by the Canadian Pacific Railway, and a trip from ocean to ocean along this great national highway forms one of the most instructive and delightful itineraries for the summer which could well be imagined. The splendor of the scenery in its rapid transitions from forest to plain, and simple pastoral to the terrible grandeur of the mountains, awes while it uplifts. In this journey one is brought face to face with some of the most sublime monuments of nature.

The climatic influences will also be found to be specially favorable, and the resort at Banff Hot Springs can compare advantageously with anything to be found elsewhere in America or Europe. The surrounding scenery is inspiring in the extreme, the climate is Alpine, and the atmosphere ambrosial. The coast and the mountains of British Columbia offer a great diversity of climate; and it is in every way desirable that the various conditions existing there should receive the thorough and scientific study which the medical profession demand. Too much weight altogether has been given in the past to the valueless opinions and impressions of casual tourists, which, while complimentary and no doubt gratifying, carry no authority in a matter where the careful conclusions of the specialist are required.

For example, this province is in one of the most favorable positions on the continent for the treatment of tuberculosis by a residence in the forest, a plan of climatic treatment which has met with such admirable results in the Black Forest country of Germany. The terebinthinate quality of the air well marked in British Columbia, and the variations of temperature are neither sudden nor great. Space will not, however, allow for speculations by the way. It is sufficient to point out that the matter has not received adequate attention.

The table lands and the plains of the interior also offer many inducements to the health-seeker. When practising medicine in Calgary in 1889, the writer was struck with the stimulant action of the atmosphere. The air is so clear at this point, and the peaks of the Rockies may be seen with such distinctness, that many new comers can scarcely believe, against the apparent evidence of their senses, the statement that the mountains are eighty miles distant; and are irresistibly inclined to set out on foot during the afternoon for a ramble among the ravines which are so distinctly visible. For many, a life on the table lands or on the plains is preferable to a residence in the mountains, where the altitude is often great, the air rarer, and the exertion of getting about very fatiguing. Brandon and Winnipeg have a severe winter, it is true, and in the summer occasional periods of extreme, though dry heat. Yet the effect of a residence in Winnipeg, continued throughout the year, I found to be eminently conducive to health; and a large number of cases came under my notice where the indi-

vidual had been in great dread of phthisis, but after a year or so in the pure, dry air of the prairies had gained such strength of constitution as to make all dread of tuberculosis groundless.

The Lake of the Woods district, midway between the plains and the Great Lakes, is another charming spot, and theoretically ought to be, and, I am informed, is a most healthy locality. My own experience having been but for a few days, I can only speak personally of the scenery, which has a certain wild beauty the like of which I have never seen outside of Canada. Lake Superior, Parry Sound, the Muskoka district, and the Upper Ottawa need no description here, nor, indeed, the voyage through the Great Lakes, in the progress of which one passes some of the most picturesque scenery in America. The air in these regions is pure, the amount of sunlight large. The temperature is seldom high enough to cause discomfort; and not only is one nearer to the local centres of civilization at Montreal or Toronto, but he possesses many of the conveniences of civilization which are not so readily obtained in the more remote districts. Dr. E. H. Adams has written extensively upon Muskoka, and by his valuable researches has made himself an authority upon this important subject.

Passing eastward, the features of a continental climate are slowly merged in those of a marine. The celebrated journey down the historic St. Lawrence and up the Saguenay is of as much interest to the scholar and pleasure-seeker as it is to the medical climatologist. The health resorts of the lower St. Lawrence are numerous. There is not, perhaps, the same proportion of sunlight, there is more moisture in the air, occasional fogs, and a somewhat lower temperature; but for all this one is compensated by the sea bathing which, though a trifle cold, is excellent. The scenery along the river is bold, inspiring, beautiful.

New Brunswick, Nova Scotia, Prince Edward Island and Cape Breton possess a marine climate. The moisture may be found somewhat trying by a few who are susceptible to the damp, but the majority will be able to find an acceptable residence. The summer season here is otherwise almost perfect, and one great advantage of the Maritime Provinces is their easy reach from Boston and New York. From Canada the journey may be made by the Intercolonial Railway, which traverses a part of the country rich in scenic beauty.

It would be difficult to actually define the craving for a marine climate which periodically takes possession of nearly every person. Sailors have told me that the sea "calls them." They can give no more lucid explanation than that of what they experience. It is an overmastering need for the sea, a hunger for the salt air that cannot be stilled. Whether it is the smell of decaying kelp, or the dinner of shellfish and cod, or the purity of the wind, or the halogen elements all let loose in the whirling air, or the

bath in the sandy cove, the flooding tide and the sounds among the ships,—whatever the mystery and the magic of it all may be, it is certainly imperative in its promptings and substantial in its results. And it is this instinctive necessity of race which renders the maritime provinces, and especially Newfoundland, of the utmost importance in any discussion upon the medical climatology of North America.

Newfoundland offers all that can be desired in a summer resort. The richness of its historical past, the quaintness and sterling worth of its people, its primitive customs, the rugged grandeur of its coast-line and the wild beauty of its interior, will prove an unceasing source of charm and interest, as long as men continue to be moved by the imagination or to be conscious of a sense of beauty. The amusements are varied, and present any degree of excitement which the individual may happen to crave. Newfoundland is not a country of verandahs and shade trees, and one is not there expected to spend his time in a rocking chair, listlessly gazing at the thermometer, clad in the lightest possible suit of pajamas, and guzzling iced drinks. Whatever the tastes of the visitor may be, he will leave the island at the end of his sojourn with hardened muscles, strong eyes, sound lungs, efficient circulation, the appetite of an out-harbor man, and the heavy slumbers of a child.

Newfoundland has a cold marine climate which at any season of the year proves wholesome and stimulating to the robust, and during the summer, bracing and refreshing to even those who are in feeble health. Until very recently, consumption was almost unknown in the island. The "salt in the air" produces a marked tonic effect. The winter is not as severe or as prolonged as it is supposed to be. By the beginning of April spring is well under way; and the bland sun is already calling forth the tender green in lawn and forest. The summer is warm, but not relaxing.

Until recently the journey to Newfoundland was a long and fatiguing one; but at present it may be made with the utmost despatch and comfort. From Canada one travels by the Intercolonial or Canadian Pacific to Sydney, Cape Breton, and from this point a sea voyage of only six hours' duration lands the traveller at Port-aux-Basques on the western coast of Newfoundland, from which point he can travel the whole length of the island by the Newfoundland Railway, which is a splendid feat of engineering construction, and is well equipped in every detail. The route forms a grand curve; at first striking the rugged western coast, and then turning inland and traversing the heart of the island. Here one passes vast tracts of hitherto unexplored country, and at last, emerging upon salt water again, Trinity Bay, Bonavista and Conception Bay are sighted, and the wonderful journey terminates at the city of St. Johns. Connected with the railway is

a fleet of ships which touches at nearly every fiord and cove along the coast, and runs northward during the summer to the lonely coasts of Labrador. A month of unflagging interest could be spent in circumnavigating the island in this way.

Then for the sportsman and the victim of the "strenuous life" there is the camp fire in the primeval forest, the trout in the unvexed stream, the deer upon the wooded hill, the wild ducks rising from the rushy lake. For him of less sanguinary tastes who loves Homeric simplicity, there are the pastimes of the vikings, refreshing contact with simple folk and the drama of human nature untainted by artificiality. There is the rough comfort of the fisherman's cabin in the village among the rocks, the screaming of the gulls, the roar of the black, tumbling waves, and the rocking craft putting to sea in the gray of the early morning. But for him whose tastes are urban there is that hospitable colonial city, gray with age, built among the towering cliffs. Here lies St. Johns with its churches, schools, clubs and mansions. Not unlike Quebec at first view; and much that cities have, it has: wealth, luxury, splendor, and an old aristocracy. Here it looms in the purple mists of evening, while about it float four hundred years of romance. But the demons are stilled on Bacalieu, the flag of the pirate is seen no more, and the story of the Prisoners of Portingale is yet untold.

## VAGINAL SECTION—EXPLORATORY AND OPERATIVE.\*

BY T. SHAW WEBSTER, M.B., M.D. C.M., TORONTO.

THIS paper is intended to bring before your notice for discussion two quite different surgical operations for the relief of pelvic diseases exterior to the uterus: (1) The opening of the abdomen through the cul-de-sac of Douglas; (2) an extraperitoneal method, dissection from the vagina upward between the folds of the broad ligament to the seat of the disease.

In discussing these operations, a comparison between the abdominal and the vaginal routes to the pelvic organs is forced upon us, and I am convinced that as we become better diagnosticians of gynecological ailments, and as we develop the *tactus eruditus*, we shall have a greater preference for opening from below rather than above the pelvic organs.

*The opening of the cul-de-sac*, the method which has been associated with the name of Dr. W. R. Pryor, is safe and simple, and enables the surgeon, after palpation and inspection of the contents of the pelvic cavity, to operate in a large proportion of cases for whatever abnormal conditions may be found.

In those rare cases in which a vaginal opening must be supplemented by an abdominal one, it provides thorough drainage from that portion of the peritoneum to which all fluids therein contained gravitate through a tract that does not absorb infection. It also gives opportunities for conservative surgery upon pus-tubes, cystic ovaries, etc., unattempted yet by the abdominal route.

For two days before operation the vagina should be subjected to a sterilizing process. At the same time the patient is prepared for abdominal section, so that it can be done immediately should it be found necessary owing to the complex nature of the lesions. In such a case it is preferable to continue the removal of the diseased organs by the vaginal route, with the assistance of one hand or part of it, passed through the abdominal incision rather than to lift viscera from an infected pelvis through a normal abdomen and an incision easily made septic.

After the patient is anesthetized, the external genitals and vagina receive a final cleansing, and the endometrium is gone over with a dull curette, and with a sharp one afterwards, if indications are present necessitating the use of it. The cavity of the uterus is now irrigated with warm salt solution, and mopped out with sterilized gauze, and the vagina is washed with warm bichloride

\* Read before the Ontario Medical Association, June, 1901.

solution (1-5000) and wiped dry. The double volsella is fastened into both lips of the cervix and it is drawn downward and forward.

The mucous membrane of the vagina, half an inch posterior to its reflection from the cervix, is picked up with long forceps and a horizontal incision an inch long made with scissors, cutting through the mucous membrane only, and not entering the peritoneal cavity. While making downward traction upon the cervix the index finger is pushed upward through the cellular tissue until the peritoneum is reached. This fact is readily recognized by the presence of a little fluid fluctuating in the cul-de-sac, or by the smooth anterior and posterior surfaces of the cul-de-sac gliding over each other when the examining finger is pressed forward and moved up and down. The peritoneum is opened by catching a fold of it with forceps, and making a small cut with scissors, as in laparotomy. This opening is dilated with the fingers as wide as may be necessary. Should the tissues resist the tearing, the scissors may be used with care to enlarge the opening.

Adhesions can now be broken up, the pelvic organs palpated and drawn through the incision into the vagina. The uterus, being held down with the forceps in the cervix, the fingers are hooked over the tube or ovary to be removed. While these are drawn gently downward and backward the cervix is pushed upward and forward. These movements combined retrovert the uterus so that it is turned nearly upside down, and allows the adnexa to be drawn into the vagina.

The insertion of Howard Kelly's broad retractors will now give ample opportunity for inspection and manipulation. Conservative operations, such as opening and draining tubes, incising and evacuating cysts, enucleating fibroids, etc., can now be done, and radical removal effected if advisable. The intestines are kept out of the pelvic cavity with gauze pads.

This is the method I have followed usually. Dr. Pryor places the patient in the Trendelenburg position and uses an anterior retractor shaped like a trowel, with which he forces the uterus upward and forward out of the way, and with a short Jackson's speculum retracts the perineum. After the cul-de-sac and vagina are mopped clean, and the pads removed, a loose plug of iodoform gauze is inserted just within the incision to prevent the protrusion of the intestines and to provide drainage. The uterus is now pushed back into position and the vagina packed loosely with iodoform gauze. The patient is catheterized for three days. On the third day the gauze is removed without irrigation. The peritoneum will usually be found closed, a slit remaining in the vaginal mucous membrane. The vagina is repacked every three days until healed. Many patients may be allowed out of bed in a week, and return home in ten to fourteen days, when the opening is usually closed entirely.

Abdominal section is frequently followed by stitch abscess, hernia, and troublesome adhesions, and always has an ugly scar to fret nervous patients. The vaginal method is followed by no untoward sequelæ.

#### THE EXTRAPERITONEAL METHOD OF RELIEVING PELVIC INFLAMMATIONS.

When an infecting organism enters a Fallopian tube it usually sets up a reactionary inflammation, which tends to close the fimbriated end and thicken the tube. In some cases it invades the intraligamentary cellular tissue, and the peritoneum, especially that part forming the folds of the broad ligament, becomes hypertrophied. In most cases pus accumulates in the tube, and as it is distended it tends to separate the folds of the ligament, so that a considerable space is found between them, and the tube may eventually rupture into the ligament. Not infrequently tubal pregnancy works outward into the broad ligament, and ruptures into it. In cases where these pathological processes occur, and we are called upon to operate either before or after rupture, an extraperitoneal dissection gives the best results. Since 1896 I have practised the following method in such cases:

The patient is prepared for vaginal, and also for abdominal section, as in the cul-de-sac operation. The uterine artery is located, and the mucous membrane beneath it is opened with forceps and scissors, and a dissection made with the fingers through the cellular tissue toward the seat of disease. If one keeps close to the uterine artery there is little danger of puncturing the folds of the broad ligament and opening the abdominal cavity.

In this way I have exposed the under surface of pus-tubes and an ectopic gestation. A small electric light, such as is used with the male urethroscope, can be inserted, and a visual inspection made, but "finger sight" is all that is needed to recognize the under surface of the tube.

When the tube is reached, an assistant holds the tumor down by pressure from above, and the index finger is inserted so that the tip touches the tube. Along this finger as a guide a long, sharp-pointed scissors is passed to the tube, and by gentle pressure is forced into it. When the tube is punctured, that fact is recognized by sudden diminished resistance. The scissors are opened in the tube and withdrawn, tearing the opening wide enough for drainage.

After the contents have been forced out by pressure upon the lower abdominal wall, and irrigation used if necessary, a gauze packer is introduced and an iodoform gauze drain put in. This is changed as required until the opening is closed from the tubal end. As soon as the patient has recovered from the anesthetic she may be allowed to go about without danger.

I have relieved a tubal pregnancy by this method and sent the patient home in three days. Eight days after she walked half a mile to church; two and a half years after she gave birth to a healthy baby, having had perfect health in the interval.

This extraperitoneal operation differs from "Vaginal Section and Drainage" as practised by Dr. H. A. Kelly and others. Their plan is to force long, sharp-pointed scissors through the vaginal mucous membrane upward in the axis of the pelvis to the focus of inflammation, or centre of the tumor. In doing so, the ureter or rectum may be punctured, or the scissors may transfix the abscess cavity and pass into the abdomen. The plan I have outlined has been practised without mishaps. In ruptured tube cases the finger does all the work after the mucous membrane of the vagina has been opened. Intraligamentary cysts and a ligature abscess after abdominal section can be relieved by this method without danger and with the same rapid convalescence.

CASE 1.—Mrs. F. W., Toronto, aged 43. Mother of seven children, the youngest being seven years of age. No miscarriages. Had complained of pelvic pains for about two years, especially on walking a distance.

Examination on May 29th, 1901, showed great tenderness of both sides of the pelvis. Patient gave a history of irregular flowing, never very profuse, with occasional cramping pains lasting about two weeks and beginning about the usual time of the month. As she could not bear the pain of a thorough examination, I returned the next day with an anesthetist, and under chloroform both tubes were found enlarged; the right globular and firm, the left ovoid and fluctuating. Diagnosis of pus-tubes or tubal pregnancy was made, and patient removed to the hospital on June 5th. Two days later the cul-de-sac was opened, and a right ectopic gestation and left pyosalpinx removed. Patient was allowed to get up on the eighth day, and returned home on the tenth, taking a pleasure drive to Mimico and back the same afternoon. No subsequent symptoms of disease. Drs. Clouse and Carveth were associated with me in this case. Specimens presented.

CASE 2.—Mrs. McL., aged 35. Had never been ill since childhood. Married in Baltimore, Md., July 12th, 1898. Consultation on August 17th elicited the following facts: No menstruation for six weeks, when an irregular flow began and had continued for about ten days with occasional pains, not severe, but followed by profuse flow. Examination on August 23rd revealed a tumor as large as a hazel-nut; right tube excessively tender; which had increased to the dimensions of a small walnut on September 10th, when she was examined by Dr. W. J. Wilson and the writer. Pain was of a severe cramping character, and brought on attacks of faintness. Tubal pregnancy was suspected, and the

patient removed to the Western Hospital to await developments. She was kept constantly prepared for abdominal and also vaginal section. During the next week she suffered intensely, although morphine was given twice daily, and ate nothing. Temperature continued normal, and the pulse fluctuated with the pains. One week after admission to the hospital she was taken to the operating room, and under anesthesia it was found that the tumor was now as large as a duck's egg, and slight fluctuation could be detected *per vaginam*.

The extraperitoneal dissection described above was begun, and completed in about ten minutes. When the tube was opened, fluid blood, dark colored, and clots came away, with dark pieces of placental tissue. A narrow strip of iodoform gauze was inserted for drainage. The following night she slept ten hours. The next day she was free from pain, and ate light diet heartily. Three days after operation she wrote several letters, and went home in a cab in the evening. I induced her to stay in bed the next day, but after that she was up and about the house, and on the eighth day after operation she walked half a mile to church. The sinus closed in about two weeks. Pregnancy and childbirth two and a half years after gave no reminder of previous illness.

CASE 3.—Miss S., aged 28, seamstress. For four years suffered from dysmenorrhea and leucorrhœa. Was unable to work about two weeks in each month. Being consulted on September 13th, owing to the chronicity and severity of the symptoms, I advised examination, which discovered a small tumor on left side of uterus, not adherent to it. Entered hospital September 19th, and the following day under chloroform tubo-ovarian cyst was diagnosed and the vagina widely dilated preparatory to operation, which was done on October 2nd. Ten days after she walked home half a mile, and has not been indisposed since. Specimen presented.

CASE 4.—Mrs. G., aged 28. Married four years. Suffered from dysmenorrhea before marriage, and became worse after. In July, 1900, she became pregnant for the first time, and suffered from agonizing pain day and night, accompanied by severe vomiting. In November she was greatly emaciated, and a nervous wreck, and Dr. J. Noble, her attendant, after consultation, emptied the uterus, which he describes as an irregular mass, before delivery, and afterwards presenting an enlargement on the right side. Partial relief followed delivery, but she did not regain strength.

Dr. Noble asked me to operate, and she was taken to the hospital on January 17th, 1901. On January 21st she was ready, and under chloroform. A hard tumor attached to the anterior surface of the right cornu could be palpated. The cul-de-sac was

opened and the mass forced backward and downward into view, then seized by tenaculum forceps and removed. It proved to be a fibroid as large as a medium-size orange. The margins of the site of attachment were drawn together by sutures, and the uterus replaced. She had no further discomfort, and gained very rapidly in strength, leaving the hospital in two weeks from day of operation. Specimen presented.

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ON SOME MEDICAL FACTS AND USAGES AMONG THE  
INDIANS AND FRENCH CANADIANS.\*

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BY W. L. T. ADDISON, B.A., M.B. (TOR.), TORONTO.

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In the paper before you this evening, it is not my purpose to attempt to wholly relieve our consciences of the many evils which we, as a race, have introduced among the aborigines of this continent, but rather to place before you some evidence which may in part lessen our seeming responsibility as to the introduction of tuberculosis among the Indians, and also to recite some primitive methods of assisting labor as practised among the French Canadian and halfbreed midwives.

Before the French nation had established its colonies in New France, one of the great tribes of Indians, the Huron nation, occupying that portion of Ontario lying between the Eastern shore of Lake Huron and the Georgian Bay to the Severn River on the west, and Lake Simcoe on the east, had a most peculiar way of disposing of their dead. They, from time to time, as death came amongst them, laid away their dead upon a platform scaffold, much the same as, indeed, have done the Crees in more modern times. At periods of eight or ten years they, making great feasts, and ceremonies, gathered together the bones of their friends and buried them in a common grave, to which the archeologist gives the name ossuary.

The mode of arranging the bones in these ossuaries was most frequently to lay the crania upon the floor of the pit, and afterwards carry the femores tibiæ, ulnæ and radiæ, and lay them in parallel bundles; after this, the other bones were apparently thrown in promiscuously. The fragments of one little skull were found in an ossuary, and in this skull were placed the ulnæ and radiæ, together with some smaller bones of the infant, making a most pathetic protest on the part of some gentler-hearted Indian mother against rude hands being placed on what remained to her of her child.

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\* Read before the Toronto Medical Society.

Among the very first of the French explorers of this portion of Ontario were the Jesuit missionaries, and among this less savage Indian race, for they were in the main agriculturists and fishermen, the mission of peace found ready greeting, and the entire nation became good sons and daughters of the Roman Church, quickly adapting themselves to their friends' leaders, and to them all-wise counsellors.

It is needless to say that under the genius of the Jesuit teaching, and before the ceaseless zeal the pagan rites vanished, so that the writers who were able to give us any account of these burial feasts, were but those who for the first time made known the existence of the white man to the sons of the forest.

It was my good fortune to, in the company of Mr. Thomas Redfern and Harry Mayor, of Painswick, and Mr. A. F. Hunter, M.A., of Barrie, open an ossuary near B & Bay Point, in the County of Simcoe, and among the many skulls and bones which we removed, to find two series of vertebræ in which in the one case the bodies of five upper dorsal vertebræ had been absorbed and reorganized, and in the second case four lower dorsal vertebræ to have been absorbed and recognized.

In this same bone-pit were found some much charred human bones which for the time suggested to the minds of those present the possibility of torture, of some human sacrifice, or mayhap even some cannibal feast.

And what was stranger still were some trephined crania, which now are on exhibition in the archeological museum in the Normal School building in Toronto.

The vertebræ I did not examine for tubercle, for with all the staying power of the bacillus tuberculosis, I hardly thought him equal to surviving some two and a-half centuries, but the massing of the bony mass, which took the places of the bodies of the vertebræ, together with the curve of the series of the spinous processes, lead me to recognize two typical cases of caries of the spine in which recovery had taken place. Such, indeed, was my diagnosis and that of Dr. J. L. Easton, who was reading with me at that time.

That these two cases of Potts' disease should have been found in this prehistoric grave, and that there should have been two such cases in the one community, would tend to show that there was not only tuberculosis before the arrival of the European, but that it was far from uncommon, and it is well worthy of note that these cases occurred in a nation which were not nomadic, but had permanent places of abode, there being thus a tendency to the accumulation of infective material.

Some three years later, while talking to David Menomenee, a Protestant missionary and a very decent, well-educated chap, he

told me of the usages of the Ojibeways, as related to him by his father, whom I am told was one of the latest surviving pagan Indians on the Parry Island reserve. He states that in the "wasting sickness"—that is the Indians' name for consumption—the hollow thorax was attributed to the eating away of the inner portions of the thorax by little worms, so that it fell in for lack of support, and that in case of a sick person dying of the "wasting sickness," it was customary to burn the body, so that the little worms might not escape and attack other and healthy people.

This, I fully appreciate, sounds much like a garbled edition of our modern germ theory, and yet under the circumstances I am much given to regarding it as *bona fide*. It is, of course, to be noted that the cases of tuberculosis cited above were undoubtedly because of the mode of burial (Huronian), while the legend is Algonquin. The Hurons and the Algonquins, however, were close neighbors, and for the most part were at peace, exchanging courtesies and entertaining peace embassies.

These nations were, moreover, in their pristine usages keen students of hygiene, selecting for camping places a situation in the vicinity of a spring of running water, and placing their camp upon a slope draining away from their water source.

That there should be the instructive and studied observation of hygiene, that there should have been such a legend of such a usage as to burn those dying of the wasting disease, and that there should have been found in an ossuary, which is pre-European, tubercular vertebræ and also partially burned human bones, is too marked a series of coincidences to let pass unnoticed, and I am quite confident that should we disclaim being the introducers of the bacillus tuberculosis to this continent, we but state that which is true and just. If the above conditions, as related, be *bona fide*, surely indeed Solomon was right, even of our germ theory, when he wrote, "There is nothing new under the sun."

While in the vicinity of the Quebeckenong Reserve, the Indian midwives, if unable to manage the labors occurring in the Indian village, used to seek my assistance, and therein I obtained an opportunity to observe their method of conducting a case of labor. In all their cases of labor they expected considerable hemorrhage, and if it were but light or absent the old midwives suffered much worry, so that I not infrequently was called to a case because, as the Indians say, "we see no ting com," despite the fact that both baby and placenta had duly and safely arrived. Before and during labor they administer a tea made from a hot and peppery plant of the cruciferae, found in the marshes, but which is further botanically unknown to me. During labor the woman is supported in a semi-reclining position by pillows, these and the blanket being placed on a bed of balsam boughs, the buttocks and genitals, how-

ever, extending beyond the blanket. Beneath the genitals and buttocks is made a little bed of a fine grass gathered from the highlands of the brule, and over this grass is spread fine branches of the white cedar.

Thus, indeed, do the children of nature supply themselves with a bed of aseptic grass, which the winds have blown clean, and over it the antiseptic cedar. This grass the midwife removes from time to time, as it becomes saturated with amniotic fluid and blood. To help the expulsion of the placenta the midwife exerts tension on the cord, while the patient with might and main attempts to blow into an empty bottle.

Now, Mr. President, I shall pass on to relate some of the peculiar customs I found among the French Canadian women. To the French Canadian woman the bearing of children is an easy function. The smaller houses and less indoor work, the out-of-door life, a naturally liberal pelvis, an elastic peritoneum and elastic pelvic ligaments, early pregnancies, together with the fact that they come of stock given to much parturition, all give to the Canadiane a facility of labor to which her Anglo-Saxon sister is a stranger. They are withal, despite the hereditary tendency to much reproduction, rather shamefaced over it. It is not uncommon to hear a mother say (and not an old one either): "You not mind ma fille, she make shame she have babe," and that despite the condition of pregnancy being wholly proper.

One little French woman whom I attended in two labors would insist in having her baby born while she was in a kneeling position at the side of her bed. Not being bound unduly to the usages of the fathers in medicine, and being told she had had her other babies that way, I let her have it out in her own way, hoping thereby to see some new thing. The case went well. I caught the child as it was born, then let the midwife hold it while I tied the cord and severed it, and then let my patient get back to bed.

Such a procedure gives the patient undoubtedly all the advantages of the forces of gravity upon the child, and converts the minus pressure of gravity of the recumbent position to a plus pressure upon the vulva and the pelvic resistance in the kneeling posture.

Another custom not uncommon is for the woman in labor to kneel in front of her neighbor (who is almost invariably present), and placing the fundus of her uterus against her neighbor's knees, grasp her neighbor about the waist and pull, and thus she not only obtains support for the abdominal walls, but is able to exert the strength of her arms in expressing her own child.

I have heard of, but not seen, a procedure in which the woman lies across the knees of her midwife, but I make no doubt that I would in such a case be much moved to severely apply a shingle to both patient and midwife.

In writing insurance among the French Canadians, a most appalling death-rate is shown of mothers, following 10 days to 2 or 3 weeks after childbirth, the cause being attributed to "catching cold," and I found, when first commencing practice among these amiable people, it necessary to very much limit the freedom of the midwives in their procedure, not that they were mechanically so at fault, as they were accustomed to take liberties with the placenta while it was still lying in the uterus and vagina, and while their hands were filthy.

From being a village in which puerperal fever was common and almost rife, it was happily transformed into one in which the midwives had to have new dishes, clean dishes and clean hands, and had to keep even their clean hands from any internal meddling, and the sequence was the safe labor which comes thereby alone.

Now, before closing this paper, I am sure it has occurred to you that I should have exhibited the tubercular specimens with this paper. I fear I am like a certain other physician and teller of tales in this city, who, when pressed for his specimens, had always lost them. In moving from Barrie to Byng Inlet I lost them, but am fortunately in a position to refer you to the following people for reference (that is, not to myself, but to the specimens): Dr. J. L. Easton, Capt. D. H. MacLaren, Barrie; A. F. Hunter, M.A., Barrie (a member of the anthropological committee in Canada of the British Association), and to Messrs. Harry Mayor and Thos. Redfern, of Painswick, Ontario.

Thanking you for your kind and courteous hearing, I submit my paper to you.

513 Markham Street.

# *Public Health and Hygiene.*

... IN CHARGE OF ...

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

## REPORT OF SECOND QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO.

THE second quarterly meeting of the Provincial Board of Health of Ontario convened in Dr. Bryce's office at 11 a.m., April 11th. The following members attended: Dr. Vaux, Chairman; Dr. Bryce, Secretary; Dr. Cassidy, Dr. Oldright, Dr. Kitchen, Dr. McCullough. After some correspondence had been read, Dr. Oldright reported a case of smallpox, a student of Toronto University, who had been sent to the Smallpox Hospital, Toronto. The patient had recovered, the attack being a mild one.

The Secretary reported a complaint made by persons in Dundalk who were annoyed by the discharge of factory refuse running into an open drain. The Secretary had replied to the letter. The question of the inspection of barber shops was spoken of, and the committee on epidemics was instructed to report on this matter, at the next quarterly meeting.

Dr. Bryce, in discussing the precautions taken against the spread of smallpox, said that sixty lumbering firms had already complied with the regulations of the department regarding the precautions to be taken in lumber camps, and their assistance had been of great value in stamping out disease in these camps. In many instances employees did not wish to be vaccinated, and employers, being afraid of losing the men, did not press it on them. Referring to the thorough work of inspection in the Sudbury camp, the Health Officer said that the six suspected persons who left the camps were captured by the officers of the Board while on the train leaving the district. Dr. Bryce advised the vaccination test being required before children were admitted to public schools. In cases of contagious disease he advised that the infected persons should not be kept in their own homes, but should be removed to a temporary hospital.

As a proof of the large expense incidental to stamping out smallpox in Ontario, he stated that the disbursements made by municipalities for this purpose during eleven months of 1901, amounted to \$450,000; the expenditure by the Provincial Government for the same purpose was \$25,000.

He reported that the spread of smallpox had been to a great extent checked, and that the number of cases reported during the past month decreased 50 per cent. Last year 1,879 cases occurred throughout the Province. In January of this year there were reported 629 cases, in February 707 cases, and in March the number was reduced to 302 cases. The total number of cases for the past fifteen months was 3,517.

Dr. Bryce, in dealing with the general health of the Province, pointed out that it had, during the first three months of the year, been unusually satisfactory. He mentioned that the country had been unusually free from an epidemic of influenza, which for the past twelve years had been a regular visitor.

At the morning session, April 11th, Dr. Cassidy read a report based on the provisions of Clause 9 of the Ontario Public Health Act, and entitled "Sudden deaths due to chloroform and gastric diseases." The report showed that sudden deaths, or deaths occurring rapidly, are relatively frequent, but that deaths proved by autopsy to be due to an embolus, a burst aneurism, or a ruptured heart, are rare. In certain cases of sudden death, the cause of death would not be revealed by an autopsy. The writer instanced death resulting from the primary shock of chloroform, and death from gastric affections. The discussion which followed did not refer to the chief conclusion of the paper, to wit, that in certain cases an autopsy did not reveal the cause of death, but dealt with the negligence of doctors who use the term "heart failure" in making out death certificates, and the difficulties of coroners in obtaining inquests. Dr. Bryce, who is Deputy Registrar-General, particularly censured doctors for giving heart failure as a cause of death in certificates. He said that it would not be accepted in England, and he did not intend to accept it in his department (registrar-general).

Dr. Oldright brought up the matter of coroners' affidavits, and declared that no coroner should be expected to swear that there were evidences of foul play in connection with a death before he could begin an investigation. He said that coroners throughout the country should protest against this, in view of the fact that in many instances no evidence of foul play existed in connection with a death until after an investigation had been made and an autopsy held. Greater powers of discretion should be given coroners. Dr. Vaux agreed, and said that any coroner who had showed a disposition to hold an inquest without sufficient cause could be relieved of his position.

At the afternoon session the discussion was resumed. Dr. Cassidy suggested that the Board do not take any definite action in reference to coroners at present. If the coroners were hampered in their efforts to ascertain the causes of sudden

deaths, or deaths which could not be properly explained, they should endeavor to obtain a better Act. Dr. Vaux coincided with this view, which was carried. Dr. Cassidy's report was adopted.

The plans prepared for the disposal of the sewage of Woodstock, which plans provided for the prevention of the waste of water, which had seriously affected the filtration plant, were adopted, and the Committee on Water Supply reported favorably upon the proposed water supply system for the town of Southampton. The water will be taken from a filtration basin on the lake shore. The Board approved of the scheme. The Board also endorsed the plans for the alterations in the sewage system of Stratford.

Drs. Cassidy and Bryce were named as delegates to the Conference of the Canadian Association for the Prevention of Tuberculosis in Ottawa on April 17 and 18. Dr. Kitchen was named as a delegate to the meeting of the International Association of Railway Surgeons in St. Louis on April 30. The Board then adjourned.

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#### **The John Usher Institute of Public Health, Edinburgh.—**

The John Usher Institute of Public Health, Edinburgh, which is now almost completed, will probably be opened within the next three months. The chair of public health in Edinburgh University was founded in 1898—the necessary endowment having been provided by a legacy of £5,000 from the late Mr. A. L. Bruce, supplemented by over £2,000 from Mrs. A. L. Bruce and others, together with £8,000 given by Sir John Usher, of Norton. The Public Health Department in the new university did not, however, possess adequate laboratory accommodation for the new chair. Sir John Usher then most generously offered to build and to equip an Institute of Public Health, and it is this institute which is now nearing completion. It was first intended that the building should occupy ground lying between the Music class-room and the Students' Union, but this site had to be abandoned as the supply of light was deficient. A site in Warrender Park road was then adopted, where the conditions as regards light supply are all that could be desired. The Institute lies on the south side of the road, and faces north. It is rectangular in form, and covers an area of 133 feet by 48 feet. The exterior of the building is treated simply in classic Renaissance style. On the lintel of the main doorway three shields are to be cut, the centre one representing the Scottish Lion, and the lateral shields showing the coat-of-arms of the donor, Sir John Usher, and of the Chancellor of the University, the Right Honorable A. J. Balfour.—*Lancet*.

## *Selected Articles.*

### THE CHARACTERISTICS OF GENUINE VACCINIA—EXPERIENCE WITH GLYCERINATED LYMPH AND SOME STATISTICS OF THE PRESENT SMALL-POX EPIDEMIC.\*

BY WILLIAM M. WELCH, M.D., OF PHILADELPHIA,  
Physician-in-Charge of the Municipal Hospital for Infectious Diseases,

AND

JAY F. SCHAMBERG, M.D., OF PHILADELPHIA,  
Professor of Diseases of the Skin at the Philadelphia Polyclinic; Assistant Attending Physician to the Municipal Hospital.

It is essential for the reputation of vaccination that no misconceptions should arise concerning the criteria upon which a diagnosis of true vaccinia is based. Nothing is so injurious to the cause for which Jenner so conscientiously labored as to give to a spurious or false disease the name of vaccinia.

The following may be regarded as the typical course of the vaccine disease. On the third or fourth day after vaccination a very faint redness may be seen at the point of inoculation. This redness gradually increases, while at the same time a distinct reddish papule is formed, which varies in size according to the extent of the abrasion. On the fifth day the lesion begins to assume a vesicular condition. This is usually seen first at the margin of the site of inoculation. The vesicle gradually increases in size, the contained lymph being at first thin and perfectly transparent. On the eighth day the vesicle reaches its greatest perfection. It is then considerably elevated above the level of the skin and presents a pearly or yellowish appearance. When examined closely it will be found to have, even at an early stage of its development, an umbilicated form similar to that seen in vesicles of variola. About this time there appears around the vesicle an inflammatory circle which is called the areola. During the ninth or tenth day the redness increases, the inflamed skin becomes tense and painful, and streaks of redness often extend a considerable distance from the lesion. The neighboring lymphatic glands become enlarged and painful.

At the same time mild constitutional symptoms appear, slight

\* Read at the Philadelphia County Medical Society, November 13th, 1901.

rigors, a rise of temperature of one or two degrees, malaise, anorexia, disturbed sleep, etc. Many children, however, pass through the regular course of vaccinia without any apparent systemic disturbance. Occasionally in severe primary vaccinations a macular eruption, designated as *roseola vaccinosa* and bearing considerable resemblance to measles, may appear.

On the eleventh or twelfth day the pock begins to fade, its contents become opaque and desiccation appears in the centre. By the fifteenth day desiccation is usually completed, although the crust does not fall off until the end of the third or frequently the fourth week. The completed crust is of a mahogany color, rough on its exterior, thin at its centre and periphery, with a thick circular ridge between. The scar is at first red, but in the course of a few months becomes paler than the surrounding skin. It is pitted or foveolated, and not infrequently presents radiating bands or striæ of cicatricial tissue.

The query is often asked, what constitutes a successful revaccination? This is a question about which there is some diversity of opinion. Many believe that, unless the vesicle and areola observe the course of true vaccinia, the effect is merely local and devoid of prophylactic power. But it is evident on a little reflection that there is no more reason why we should expect the vaccine disease produced by revaccination to be typical than that we should expect smallpox after vaccination to run the typical course of variola vera. If there be modified smallpox or *varioloid* after vaccination, so should there be modified vaccinia or *vaccinoid*. From these premises the conclusions may be deduced that, as varioloid confers immunity against a recurrence of smallpox, so also does the modified form of vaccinia resulting from revaccination remove from the individual whatever susceptibility to the disease may be present.

As the analogy between cowpox and smallpox is in most respects very close, and as variola frequently differs in the duration and severity of its local manifestations, so also it must not be expected that the local lesions of vaccinia will invariably follow the typical course just described. In some cases, the disease is undoubtedly shorter and milder, while in others it is longer and severer. No deviation, however, should occur in the evolution of the pock; that is to say, it should pass through the stages of papulation, vesiculation and pustulation. It has been known to appear as late as one month after the inoculation was done, and then develop and run regularly through its course. Likewise the constitutional symptoms are not uniform. They may be mild or entirely absent.

There are certain false vaccine conditions which claim attention. The raspberry excrescence when seen usually appears from three to seven days after vaccination, beginning as a red elevation at the site of inoculation, quite similar in appearance to the papule of true vaccinia, but instead of advancing to the vesicular stage it

remains hard, dense, bright red in color and nodular in form, looking not unlike a small nevus. It is very persistent, remaining usually weeks or months, and is not followed by a scar. This spurious excrescence is more frequently seen since the general employment of bovine lymph. Experience has proven that this raspberry form of the vaccine disease is utterly devoid of protective power against either variola or vaccinia.

There are some physicians who allege that practically all of the lesions produced by glycerinated lymph are spurious.

Dr. F. J. Runyon, of Clarksville, Tenn. (*Memphis Medical Monthly*, August, 1901), condemns glycerinated virus, and quotes series of cases in which the lymph, although apparently producing successful vaccinations, failed to protect against successive inoculations and also against smallpox. He says: "When using the glycerinated lymph I had, as I thought, some beautiful results from it, but I now question whether any of these are thoroughly protected from variola. I vaccinated with points (to make sure of protection) those who had recently been successfully vaccinated with the tubes, and observed that in every instance the vaccinia was apparently just as severe as in the primary vaccinations. The converse of the above trial did not hold true, for I found those upon whom the points had been successfully used immune to the glycerinated lymph." The virus was fresh, and that largely employed was made by a prominent western firm. (The name is mentioned by the author, but is here omitted.) The physicians in adjoining States to whom these results were communicated, also found that in the majority of instances the points would take upon those whom they thought they had rendered immune by the previous use of glycerinated lymph. One of the physicians stated that, of all the vaccinations done by him with tubes, not one that he had seen left a satisfactory scar. Another wrote that of a certain series of vaccinations "the best result he had was in a negro who subsequently contracted smallpox." Similar statements were quoted from a half dozen or more physicians, the consensus of opinion being that the glycerinated tubes were totally unreliable.

Our experience with glycerinated lymph at the Municipal Hospital has been quite different from that above quoted. It has been employed to the exclusion of all other forms of virus, this being the lymph provided to us by the Philadelphia Board of Health, which obtains it from a different source from that mentioned by the paper above referred to. Not one thus far, who has been vaccinated previous to exposure, has contracted smallpox. About fifty individuals, including physicians, nurses and attendants, have been continuously and freely exposed to the disease. Nearly all of these were vaccinated with glycerinated lymph, with a successful result in a considerable percentage of cases. Some had very sore arms and sufficient constitutional disturbance to necessitate rest in bed for a day or two. A number of the unsuccessful cases underwent a repetition of the vaccination. In all of

these cases there appeared to be full protection. It should be stated that the vast majority of the number referred to had scars from primary infantile vaccinations. In addition to the individuals above referred to as being exposed, there were some sixty or more workmen, engaged in the construction of a new pavilion, who were in close proximity to the smallpox patients. These were vaccinated with glycerinated lymph, some for the first time, and none up to the present date has contracted the disease. One workman who, by the way, was the only one to refuse vaccination, has within the past week been brought into the hospital with smallpox. He bears upon his arm a good scar from infancy. An unvaccinated garbage-waggon driver and several other unprotected individuals, who were merely exposed upon the grounds, contracted the disease.

The opportunity was also afforded of testing the value of glycerinated lymph in primary vaccinations in individuals exposed in the wards. One of the nurses who has been employed in nursing smallpox for over two months, and in whom the vaccination was primary, has been found to be absolutely immune. A child of one year, vaccinated with glycerinated lymph about ten days before, was sent into the hospital with a vaccine roseola which had been diagnosticated as variola. The child was in the smallpox wards about three weeks and remained perfectly well. A colored child, about two years old, having some fever, was brought into the hospital with a sister suffering from smallpox. The child was successfully vaccinated with glycerinated lymph on admission, and did not contract the disease. Several other unprotected children and adults who were vaccinated after admission have been rendered absolutely immune to smallpox.

We have from time to time received in the hospital patients with well-marked and even fatal smallpox in whom vaccination, performed some weeks before, had failed. We recall one patient, a large, stout woman of thirty years, who had been vaccinated without result some years before, and who was vaccinated with glycerinated lymph one month before admission. There was some local reaction, and the physician in attendance was for a time in doubt as to whether there had been a successful "take," finally deciding in the negative. The patient was brought into the hospital with confluent smallpox and died in ten days. From our examination of the patient on admission we were convinced that the result had been spurious.

Such unsuccessful results can scarcely be specifically charged against glycerinated lymph, inasmuch as occasional failures with bovine lymph, more particularly with dry points, have been for years common even in persons susceptible to vaccinia or smallpox.

The striking difference in the experience of different observers with glycerinated lymph, may be explained in two ways.

It is quite within the bounds of possibility that the virus furnished by the various propagators of lymph may not be equally

reliable. If this be true, it would constitute a strong argument in favor of a government vaccine establishment, similar to those existing in England and certain other European countries. The lymph could be gratuitously dispensed to physicians, thus eliminating the commercial factor in the preparation and sale of vaccine virus.

Or the discrepant results may be explained by diversity of opinion, as to what constitutes true vaccinia. Any result which deviates to any considerable extent from the description of primary vaccination given by Jenner should not be regarded as genuine. There are certain local reactions not infrequently met with after the use of glycerinated lymph, and perhaps other forms of bovine, virus which deviate considerably from the Jennerian delineation. In these cases it is not uncommon to note an abnormal degree of inflammatory action even as early as the second, third or fourth day. Upon this area there frequently springs up with surprising rapidity a more or less conical or globular blister instead of a typical vesicle. This elevation is thin-roofed, readily ruptured, and gives exit to a thin irritating fluid which speedily dries in the form of yellowish-brown bulky crusts, the exudation continuing to ooze out at the margins. After shedding of the crusts there is left a faint scar which is devoid of the characteristics of a true vaccine cicatrix. The so-called "takes" which do not protect against smallpox or vaccinia are probably of this nature. Whilst it is impossible to positively affirm that these lesions are entirely devoid of all specific reaction, yet they should not be relied upon to give protection against smallpox. An observation which militates strongly against their being even partial "takes" is that they may develop in individuals who are known to be immune against smallpox. Recently such a lesion developed in a physician who has been steadily exposed to smallpox for a long time. Reactions of the character above described are more common in cases of revaccination.

In many successful vaccinations in which glycerinated lymph is employed, there is an excessive amount of inflammatory reaction. A sort of dermatocellulitis develops, the redness and swelling involving at times the entire arm. The vaccine vesicle spreads considerably beyond the border of the scarification, reaching often the size of a quarter dollar. Not infrequently this area undergoes necrotic change, giving rise to a slough, which, when cast off, discloses to view a large, deep, cup-shaped ulcer, which very slowly heals up by granulation. The resultant scar in these cases is apt to be smooth and shining, and devoid of the depressions and bands seen in a typical vaccine cicatrix.

It is surprising that with a virus which is alleged to be free from extraneous micro-organisms such sore arms should be produced. Upon theoretic considerations we would expect such results to be eliminated by the use of a lymph which contained no active principle save the vaccine matter. It may not be out of place to remark that many propagators of virus are to-day violat-

ing an important precept of Jenner in the preparation of the virus. Jenner insisted upon the exclusive use of the clear lymph of the vesicle. In the preparation of the glycerinated lymph the entire lesion is curetted, bringing away lymph, vesicle walls and broken-down epithelial tissue, all of which is made into a pulp and mixed with glycerine and water. May not the sore arms be possibly due to the admixture of this tissue débris?

The question is frequently asked, "at what age should an infant be vaccinated?" When smallpox is absent from a community, this may be delayed until the child has reached the age of three months. During an epidemic of smallpox, however, no age is a contraindication to the performance of vaccination. Children born at the Municipal Hospital of mothers suffering with smallpox are vaccinated immediately upon their entrance into the world. Recently a woman with a mild varioloid gave birth to an infant of seven and a half months development. This child was successfully vaccinated in two places, although it later succumbed to a varioloid with which it had been infected *in utero*.

Many physicians hesitate about vaccinating individuals who are suffering from some other disease. At the Municipal Hospital recently scores of patients suffering from diphtheria and scarlet fever were vaccinated as a precautionary measure. The vaccination did not unfavorably influence the original disease, and on the other hand, the course of the vaccinia was in no case unusual.

Since the beginning of the present year (1901) about three hundred cases of smallpox have been treated at the Hospital. *Of this number not a single patient has been recently successfully vaccinated.* The shortest period elapsing between a successful vaccination and the contraction of the disease was five years. In this case, which occurred in a boy eleven years old, the eruption consisted of only a score or so of papules, which scarcely developed into vesicles, but dried up in a few days. It was not found necessary to confine the lad to bed.

Whilst the majority of the patients admitted were unvaccinated, a very large number had been vaccinated in infancy. To our knowledge none, save the boy mentioned, had been successfully vaccinated within the past ten years.

The writers believe that it may be laid down as a rule, that if a child be successfully vaccinated in infancy, and again at the age of puberty, the protection will be permanent. The exceptions to this rule, however, may be sufficiently frequent to warrant a repetition of the vaccination whenever there is exposure to smallpox.

The opinion has been advanced, more especially by Marson, of London, that the degree of vaccinal protection in an individual is directly proportionate to the number of insertions made. According to the experience of the writers the *quality* of the vaccine scars is a far more reliable indication of the degree of protection than the *quantity*. A perfectly good vaccine cicatrix presents

well-defined margins, is reticulated or foveolated, and looks as if it had been stamped into the skin with a sharply cut die. It has been said that genuine pocks are frequently not followed by scars, but without denying this absolutely, we would advise that such assertions be regarded with a considerable degree of skepticism. The general mortality rate from smallpox, as far as we are able at the present time to estimate it, has been about 20 per cent. This is merely an approximate statement, as the ultimate outcome of the two hundred cases now in the Hospital cannot be actually predicted. The mortality rate among the vaccinated has been about 11 per cent., and among the unvaccinated about 33 per cent. Of the former class the mortality rate of those bearing good scars was about 4 per cent., fair scars about 8 per cent., and poor scars about 20 per cent. In concluding, the writers desire to express their condemnation of the use of tight-fitting shields. These, by constricting the circulation of the surrounding skin, serve to increase the inflammation and tendency to early oozing. There is no objection to the use of a shield for a few hours, until the vaccine lymph has dried upon the abrasion, but its continuous use during the development of the vaccine lesion is apt to do more harm than good.—*The Philadelphia Medical Journal.*

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### CREOSOTAL IN THE TREATMENT OF ACUTE NON-TUBERCULAR DISEASES OF THE RESPIRATORY ORGANS OF NURSLINGS AND CHILDREN.

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BY DR. WILHELM MEITNER, DISTRICT PHYSICIAN AT WOSTITZ.

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THE creosotal treatment has given the author most excellent results during the past two years, more especially in children, and even in infants. This is shown by the special records that he has kept in over seventy-five cases.

The simplicity and agreeable nature of the treatment makes it especially suitable for country practice and for the poor in large cities. Nothing more is required than occasional cardiac stimulation by means of small doses of wine.

The creosotal was noticeably effective both upon the etiological factor and the local disease focus; and the secondary affections that so frequently occur in these patients were either entirely absent, or showed a greatly diminished severity.

By means of the large doses of the non-poisonous remedy that could be administered, the tissue fluids of the organism were saturated with creosote; this was evident from the odor of the sweat that accompanied the fall of temperature, which remained in the clothes for days. Kidneys, skin, and lungs excreted the drug; the urine became dark and of the characteristic odor; but

any excess was excreted by the bowels without any irritative symptoms, as the author saw occasionally in infants taking large amounts of it.

Dr. Meitner lays especial stress upon the fact that the earliest creosotal excretion occurs in the expired air, making its use very advantageous in respiratory affections. There is thus a constant creosote diffusion through the bronchial mucosa, which is in many cases the seat of the disease; and the air spaces are filled with a creosoted and disinfected air.

Antipyretics were needless, since the creosotal controlled the fever by acting upon its cause more quickly and promptly than the drugs usually employed for that purpose. In acute laryngites, bronchites, and moderate bronchopneumonias, the fall of temperature accompanied the dosage step by step; so that in twelve or thirty-six hours the fever had disappeared, exactly as occurs in a fresh lobar pneumonia. Even in longer standing cases the temperature became normal or nearly so in seventy-two hours at the most; slight remains of it persisting for two or three days in cases that were already debilitated by chronic affections when attacked by the disease.

Dr. Meitner warns against the employment of too small doses, which do not give the desired effect. Infants seriously ill should get 1 gram (15 grains) daily if under six months of age; and up to one year of age 1.5 grams (22 1-2 grains). From one to two years the daily amount should be 2 to 2.5 grams (30 to 37 1-2 grains), from two to five years 2.5 to 4 grams (37 1-2 to 60 grains) and from five to ten years 4 to 6 grams (60 to 90 grains). The number of doses into which these amounts are divided is not of much importance, but the drug should be administered every five to eight hours. Care should be taken not to let too great an interval elapse without medication during the long winter nights.

As the temperature falls, the dryness of the tongue, the audible, labored breathing, the frequent pulse, and the restlessness and depression also disappear. Thirst, headache, dyspnea, and exhaustion become less; the children get brighter; and the appetite often returns suddenly, as it does after typhoid fever, so that it is difficult to keep the patients to a suitable diet for the first twenty-four or forty-eight hours thereafter. Nursing infants can be permitted to satisfy their hunger freely. The general symptoms disappear even before the creosotal has had time to exercise its full effect upon the local focus of disease.

The more recent the disease changes, the quicker do they give way. Simple acute laryngites and anginas disappear in one day; they seldom persist for two; and in the latter period even subchronic forms lose much of their intensity, to disappear by the fourth. In acute bronchites, in their earlier stages we can be sure of a rapid result; they often disappear entirely in twenty-four

hours. The same is true when it has entered into the dry stage; a single prescription is often sufficient to cure the case.

Bronchitis cases that are several days old, and in which the mucosæ are greatly irritated and dry, are rapidly moistened by the creosotal and cured in a few days. The solvent action of the drug is well seen in the older, dry bronchites, with but little tough secretion; it quickly renders the expectoration more fluid, and ends the process. The same thing occurs in the capillary bronchitis of infants; the tough mucoid masses become fluidified, and the cough becomes ceaseless, thus avoiding the dangers of atelectasis of the lungs and suffocation. Since Meitner has employed creosotal he has had three cases of pronounced capillary bronchitis, and has lost none of them.

In bronchopneumonic processes the areas of consolidation rapidly disappear under the solvent action of the drug; and in lobar pneumonias the infiltrations melt away soon after deferescence of the fever. This latter usually occurs at a time that there is still pure bronchial breathing without any rales at the site of the local lesion. But they appear abundantly during the next twenty-four hours, and the children improve so rapidly that they can hardly be kept in bed; and during the next two or three days the lungs clear up entirely, for the expectoration is abundant and easy in consequence of the solution of the mucoid masses.

There is hardly any period of exhaustion or convalescence after these severe bronchites, bronchopneumonias, and pneumonias; it is almost completely absent under the creosotal treatment; and therefore the gastro-intestinal complications that are generally so common are but rarely seen.

Infants and small children, as is well known, swallow their expectoration; and here the creosotal, a most excellent intestinal antiseptic, prevents that tract from being damaged thereby.

The treatment must not be stopped with the cessation of the fever; to prevent relapses and complications it must be continued as long as mucus is audible in the lungs. If the creosotal is stopped before the local lesions have entirely disappeared, reinfection, renewed fever, and extension of the local trouble may occur. The dosage may be diminished as soon as there is a decided local improvement; and it should be continued for one day after the lung symptoms have entirely disappeared.

Dr. Meitner here appends a tabular list of twenty-one cases of bronchitis in nurslings, thirty cases of bronchitis in children aged one to ten, three cases of bronchitis suffocativa, ten bronchopneumonias, and eleven pneumonias treated with creosotal. In some of them there is really no history at all, since the disease was absolutely aborted. Cassoute has called attention to this class of cases, in which the sudden high fever and marked symptoms disappear after a few teaspoonfuls of creosotal mixture, and the

child is absolutely well in twenty-four hours. Many of them were cases of measles; but the author states that he give no treatment at all for the exanthematic disease, and all the cases included were such as had marked complications that gave special indications for treatment. Complicated cases of measles get well almost as fast under the creosotal treatment as uncomplicated ones under no treatment at all. There were no sequelæ of any seriousness. Even a severe case of pneumonia and enteritis, which had at first been treated by some one else, and not with creosotal, and which was in a very serious condition when Meitner took hold of it, soon recovered completely under creosotal.

In concluding, Dr. Meitner inquires what Creosotal Von Heyden can be expected to effect in the complications of measles. Where there are anginas and laryngites the troublesome cough ceases after two or three large doses in two to six hours, and sometimes permanently. Where moist rales, in addition to the rough breathing and localized sibilant and sonorous rales, show the presence of a general bronchial catarrh, the phenomena disappear in one, two, or at most three days, even in individuals of such constitution that we would not expect such a favorable course to the disease. When the very first examination shows areas of consolidation in the catarrhal lung, their signs become plainer during the first day in consequence of the immediate retrogression of the general catarrhal symptoms, and in forty-eight hours these have usually entirely disappeared. The serious symptoms, the rapid, superficial breathing, the audible rales, the prostration, soon become less marked, and all the symptoms disappear during the next few days under the creosotal. In half-grown children, who cannot be kept long enough in bed, measles is often followed by a subacute bronchitis, a cough with expectoration, lasting a week or more. These conditions also are relieved by creosotal in two to three days.

The gastro-enteric sequelæ that occasionally set in later after an attack of measles, and that are caused by swallowing the expectoration, are mitigated by the administration of creosotal; and are rapidly cured.

Anyone who has once treated the complications of a measles epidemic with creosotal will not be willing to do without it in the next series of cases that he meets.—Abstracted from the *Allgemeine Medicinische Central-Zeitung*, Berlin, January 22nd and 25th, 1902.

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**Increase of Drug Habit.**—The startling increase of the drug habit in Paris is instanced in the use of absinthe, the amount consumed having doubled within the past five years. A late report states that at least 8,000,000 bottles are drunk in a year.

# The Canadian Journal of Medicine and Surgery

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Advertisements to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

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NO. 5.

## Editorials.

### THE OPERATIVE TREATMENT OF CHRONIC BRIGHT'S DISEASE.

In our March number appeared an original paper from Dr. Primrose, entitled "The Operative Treatment of Chronic Bright's Disease." In this paper was given the history of a case in which marked symptoms of chronic nephritis, viz., albuminuria, the presence of hyaline, granular, fatty, and epithelial casts in the urine, together with edema, anasarca, and ascites, were present. In addition, paracentesis abdominis had been done seven times,

before the patient came under Dr. Primrose's notice, and was repeated twice afterwards.

November 21st, 1901, incision of the capsule of the right kidney (nephrotomy) was performed by Dr. Primrose. Improvement in the amount of urine voided, with a lessened percentage of albumen in the urine, followed. December 20th, a decapsulation of the left kidney was performed. A pneumonia ensued, but after it had disappeared great improvement was noticed in the condition of the patient. The amount of albumen in his urine diminished, until on February 20th, 1902, sixty-two days after decapsulation had been done, only a trace of albumen was noticed, and a few casts were still present in the urine. The anemia had largely disappeared, and there was no return of the edema or ascites.

Dr. Primrose considers his very meritorious work as empirical, and offers no solution of the cure, leaving the explanation to the research laboratories. He says, "The questions to be solved are: How can this operation produce such an effect upon the secretory activity of the kidney as to increase the amount of urine secreted, and to diminish the amount of albumen, and how are these effects so far reaching as to remove edema and ascites?" A quasi reply might be given to those questions by quoting a report made March 1st, 1902, to the Society of Biology of Paris, by MM. Claude and Balthazard: "Instead of nephrotomy, which has been performed of late in surgical diseases of the kidney, and in grave forms of nephritis, we propose to substitute decapsulation of the kidney, as we thereby prevent the possibility of urinary accidents. Decapsulation facilitates the re-establishment of the renal circulation in those cases in which the blood vessels are compressed by the renal parenchyma, which has become edematous, and is prevented from expanding by the capsule of the kidney, as well as in cases of arterial sclerosis. In healthy dogs, decapsulation of the kidney does not cause any perceptible change in the elimination of the secreted substances, nor in the excretion of the organism, as we have been able to assure ourselves on these points directly and by the cryoscopic method."

According to this view, which is the product of research and laboratory investigation, decapsulation of the kidney is substituted for incision of the organ, simply to avoid the dangers of urinary infiltration, and the French scientists do not state that the func-

tional result, so far as the secretion of urine is concerned, is superior after decapsulation to that which follows nephrotomy.

In Dr. Primrose's case, however, the results which followed decapsulation of the kidney were better than those which followed nephrotomy, and there is reason to believe that some more far-reaching purpose than the removal of the pressure caused by edematous renal parenchyma on renal blood vessels, is obtained after the stripped kidney is placed in intimate association with the enveloping kidney fat.

We much prefer the answer given by Dr. Edebohls, of New York (*Medical Record*, December 21st, 1901). He says: "How does operation act in bringing about a cure or improvement of chronic Bright's disease? The answer to this question has, to my mind, been settled, as a result of observations made during the course of three operations upon kidneys that had previously been operated upon by myself and two other surgeons. In each instance nephropexy was the operation originally performed. At the second operation upon the same kidney the following conditions were noted, as results of the first operation: First, the formation of strong connective tissue bands or adhesions, attaching the kidney to its surroundings. Secondly, the existence in these connective tissue adhesions or bands of very large and numerous blood vessels, running between the kidney and the adjacent tissues. This fact was forcibly brought home to my assistant and myself by the necessity of ligating artery after artery of considerable size, in dividing these adhesions. Thirdly, the predominance in number and size of the newly-formed arteries over the newly-formed veins. Fourthly, the significant fact that, in all the arteries, the direction of the blood stream was toward the kidney."

Dr. Edebohls says, in another paragraph, "The denuded kidney and its fatty capsule are most liberally supplied with blood vessels. Both are brought together by my operation over the whole extent of the surface of the kidney, and the necessary result must be the formation, on the most extensive scale possible, of new vascular connections between the kidney and the fatty capsule embracing it. The fibrous capsule proper forms an almost impenetrable barrier to the passage of blood vessels between the kidney and its fatty capsule, as I have had abundant opportunity to verify in my operations upon the kidney. It is not at all uncommon, for instance, in operating upon a kidney, to find the

blood vessels of the fatty capsule greatly increased both in number and size, generally as the result of a perinephritis. Now and then a large artery of the fatty capsule will be seen entering and apparently penetrating the capsule proper. On raising the capsule proper from the kidney, however, the artery is not severed, and further investigation shows that it does not enter the kidney; but is lost upon and in the capsule proper, which has thus intercepted a possible new blood supply to the kidney." Dr. Edebohls also contends that, as a result of the increased arterial supply to the kidney, there is a gradual absorption of interstitial or intertubular inflammatory products and exudates, thus freeing the tubuli uriniferi and glomeruli from external compression, constriction and distortion, and permitting the re-establishment in them of a normal circulation. The result of this improved circulation in and between the tubuli and glomeruli is the regenerative production of new epithelium capable of carrying out the secretory function. He makes this latter statement on the authority of the following passage in E. Ziegler's text-book of *Special Pathological Anatomy*: "When a portion of the renal epithelium has been destroyed by a morbid process, which spares the interstitial structures, the loss is in general soon made good by regenerative proliferation of the remainder; and, if the circulation is adequately maintained, the new epithelium presently becomes capable of carrying on the secretory function."

It is apparent, therefore, that in Dr. Edebohls' operation, the decapsulation of a kidney affected with Bright's disease is only the initial step in the process of cure, one of the subsequent and the most important steps being the establishment of vascular channels between the kidney fat and the diseased kidney. Additional force is added to this contention by the fact that in chronic Bright's disease the kidney capsule is not stretched by edematous renal parenchyma, and does not appear, as it were, to demand a nephrotomy in order to obtain relief from tension, as it does in acute nephritis. On the contrary, it is often found by the surgeon that the renal capsule, although it may be abnormally adherent to the kidney, never compresses the latter, and may even sit loosely upon it.

In an editorial, it would not be easy to do more than mention some of the more important features of Dr. Edebohls' paper. The paper is of great value, and its author deserves credit for his surgi-

cal skill and, in our opinion, greater credit for his observations on the restoration of urinary secretion in diseased kidneys. He has elaborated a working theory of the *restitutio ad integrum* of a nephritic kidney after its capsule has been stripped off, by observations made on the living bodies of patients cured by his operation. The success obtained by our collaborateur, Dr. Primrose, in curing what might be fitly called a desperate case of Bright's disease, is very gratifying to all his friends, and is worthy of the highest professional recognition. Whatever the rationale of the cure of Bright's disease after decapsulation may be, whether it be due to the relief of the renal parenchyma from injurious pressure (Claude and Balthazard), or that this relief is but an initial step, followed by the development from the perinephritic tissues of an enriching blood supply to the kidney, which heals old renal lesions, and maintains the kidney in good working condition (Edebohls), must be regarded as a matter of conjecture.

The impetus given to the surgical treatment of chronic Bright's disease will, however, certainly multiply observations, and to them and to pathology must we look for the solution of the physiological question and the success or failure of the new procedure.

J. J. C.

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#### BELLADONNA IN THE TREATMENT OF CONSTIPATION.

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THOUGH belladonna was recommended by some authors at the end of the seventeenth century for the relief of constipation, the physiological and therapeutic reasons for its successful employment were not understood, and, indeed, have only in recent years been properly explained.

The action of atropine on the intestines was demonstrated in the experiments of Dr. Traversa, which are recorded in *Policlinico*, November 15th, 1897. The animals used in his experiments were narcotized with chloral, which, unlike chloroform and ether, does not influence peristaltic action. To prevent the effects of cold on the viscera they were immersed in a physiological salt solution at 98 3-5 F. It was found that the unvarying effect of atropine was to weaken the peristaltic movements, and all the more in proportion to the quantity of the drug employed. Experimenting on a horse, Traversa found that a hypodermic injection of from .30 to .60 grams of the hydrochlorate of pilocarpine caused in ten

minutes abundant stools, at first solid and afterwards liquid. In a second experiment on the same animal he neutralized the action of pilocarpine by injecting .25 grams of sulphate of atropine before injecting the pilocarpine. Traversa therefore concluded that belladonna is contraindicated in constipation arising from atony of the bowel in man, but that, on the contrary, its employment is perfectly rational in lead colic and in all cases in which the constipation complained of depends on a spasmodic contraction of the bowels. The eminent clinical authority, Trousseau, was candid enough to confess that belladonna purged in a certain number of cases, but that he could not tell why it purged in one case and failed to purge in another case. The American clinical authority, Flint, says: "Trousseau claims for his favorite medicine, belladonna, that it acts as an efficient laxative in cases of habitual constipation. It has failed to have this action in my experience, and I have frequently made trial of it."

As an outcome of the experiments of Traversa and other physiologists, a better understanding has been obtained of the true range of usefulness of belladonna in constipation. It is now used in cases in which we wish to moderate sthenic contraction or spasm of the bowels, whatever the primary or secondary cause of that condition may be. It is not indicated in ordinary constipation, which depends on atony of the bowels. It is useful in lead colic, in the nervous colics, which occur among the residents of tropical countries, in hernia, in ileus, and in spasmodic contraction of the sphincters. It is particularly useful in the constipation of hypochondriacs and nervous women.

J. J. C.

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#### "LOCUM TENENS" UNUSUAL IN CANADA.

SWEPT by ocean breezes, sometimes a missive blows into this office from the British Isles, penned by a youthful medical man just setting out in professional life, asking for advice, and also wishing to ascertain what inducements are held out, and what opportunities present themselves for a man of the highest attainments, and with the usual bunch of letters forming a codicil to his name, and usually the letter has a P.S., asking if we know in the meantime of a good *locum tenens*. To all such inquirers may we offer greetings combined with a word in season. We think it was Bacon who said, "A wise man will make more opportunities than he finds." In

the Province of Ontario the bold hand of the law is raised prohibiting the practitioner from abroad "taking up" practice in Ontario upon his arrival. All such are required to pass a primary and final examination before the Medical Council will grant a license. This law came into force in the spring of 1887. In meaning, if not in letter, the law is the same throughout the Province of Quebec. Now, if the young medical man from the Old Land is willing to "take the time" and go through the mental gymnastics of two stiff "exams," and spend the necessary money, Canada offers a fair field but no favors. The competition is keen, the winters are cold and the summers are hot, and if all the people were sick all the time, of physicians (and hospitals) there are enough and to spare, at least in the cities, and we may say another thing, that if Canadian physicians die of overwork or overpay, their obituary notices have failed to reach this office.

As for a *locum tenens*, we seldom hear of such a thing in this country. When a doctor gets tired and "off his feed" in Canada he goes 'way back somewhere, takes to the woods, fishing or shooting for a couple of weeks; he shuts up his house, and before he leaves he nails a card on his door bearing this legend: "Dr. Blank will return in half an hour." He then telephones the police station and asks for protection for his property, and mentions that *anything* seen (beware, *locum tenens*) prowling around the premises during his absence should be arrested. Then out steps his majesty Dr. Blank with "a free foot and a fellow for it," and standing in the sunlight, care free, he blesses the wide, wide world. The caper of a medical man's life in this new land is a strenuous game, but the game is usually worth the candle if it is played enthusiastically till the candle flickers and the light goes out—and then some good comrade will recount in quiet voice the skilful winnings, and if inadvertently the light that failed is spoken of, someone is sure to say, "when hearts were trumps he always won." If any of our recent correspondents should choose to come and join us in this happy hunting ground, they will find a welcome, and "the peace-pipe ready, lighted for their smoking."

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DR. GEOFFREY BOYD will remove from Sherbourne Street to Bloor Street East this month.

DR. G. H. BURNHAM will move into his new house on Bloor Street East this month.

## EDITORIAL NOTES.

**The Hypodermic Use of Cyanide of Mercury in Syphilis.—**

Among the soluble salts of mercury, the cyanide of mercury is reputed by A. P. Marfan to possess the greatest therapeutic advantages in the treatment of hereditary syphilis. In the late serious forms of hereditary syphilis in children, he considers that internal treatment by the "Sirop de Gibert" is quite inadequate. One must have recourse to subcutaneous injections of soluble preparations of mercury, and he recommends weak, watery solutions of cyanide of mercury; at the same time he gives iodide of potassium internally, as much as 30 grains a day for a child of ten years. The solution which he recommends is prepared as follows:

Distilled water.....	100	grammes.
Cyanide of mercury.....	0.10	centigrammes.

Ten c.c. of this solution should contain one centigramme of cyanide of mercury. The injection is made with aseptic precautions into the muscles of the buttock, thigh or back. For an adult we may inject 5 c.c. every day, or 10 c.c. every other day, according to the indications. During treatment great care must be taken of the mouth. L. Muller, Paris, has recently published some memoranda on the same subject. He says that the principal objections to the hypodermic treatment of syphilis by mercurial preparations are largely due to the use of the insoluble preparations, and that the employment of soluble salts has already caused a great advance in this manner of treating syphilis, by reducing the recurrence of untoward results. The very rare accidents which Muller has observed after its use were due to mercury, and not to cyanogen, and did not interfere with the continuation of the treatment. He recommends the following preparation:

Distilled water.....	100	grammes.
Cyanide of mercury	}	..... āā i gramme.
Cocaine hydrochlorate		

A hypodermic injection of 1 c.c. (about 16 min.) every second day equals 1 centigramme of cyanide of mercury, about gr. 1-15. This injection is practically of the same mercurial strength as Marfan's, there being ten times less water. Muller says that it may be used

in all forms of syphilis, that it causes secondary manifestations to disappear, and effects a rapid change in tertiary syphilides, such as rupia and palmar syphilis, in ocular syphilis, and syphilis of the nervous system.

#### **The Radical Cure of Hypertrophy of the Prostate Gland.--**

In France considerable attention is devoted to the cure of hypertrophy of the prostate gland by prostatectomy. Dr. Albarran reports thirty-one cases, with as many cures. His patients had infected bladders, with retention of urine and, in some instances, pyelonephritis; the mean age of his patients was sixty-two years. He claims that the results of the operations were uniformly good; in all the power of spontaneous urination was regained, and the general condition improved. The most striking results were obtained in cases of complete and chronic retention; eleven out of twelve patients of this class regained complete control of the bladder. As illustrative of the pathological obstruction to urination, which the surgeon is called upon to remove in such cases, a description of a specimen presented to the Society of Anatomy, Paris, Feb. 21st, 1902, is interesting. Dr. R. Proust exhibited a prostate gland removed at the autopsy of a patient, whose bladder had become infected as the result of urinary retention. The prostatic urethra was largely dilated and had become a sort of pocket, communicating with the bladder at a narrowed point, the neck of the bladder. The antero-posterior diameter of the urethra was particularly enlarged; it had attained a diameter of 4 centimetres (1 1-2 inches). Dr. Proust said that from the examination of this specimen two conclusions might be drawn: (1) Internal urethrotomy could not remove the difficulty which caused retention of urine; (2) the obstacle to urination resulted from the compression exercised by the lateral lobes of the prostate gland. The latter were of enormous size, and by pressing one against the other effaced the urethra. In such a specimen one sees how prostatic hypertrophy could have been cured by prostatectomy, and also how the morcellation of the lateral lobes of the prostate gland would have removed almost the only barrier to normal micturition.

**Chloride of Adrenalin as a Hemostatic.**—Applied to mucous surfaces, chloride of adrenalin rapidly causes a complete ischemia, with a slight anesthesia. Anesthesia can be made absolute if a small quantity of chlorotone (1-2 per cent.) is added to the chlor-

ide of adrenalin, or if cocaine is applied or injected hypodermically prior to the application of adrenalin. Taken internally, adrenalin acts strongly on the muscular system, particularly on the muscles of the heart and arteries, causing a marked and rapid elevation of blood pressure. In May, 1901, we published in this journal a very interesting paper by Dr. Murray McFarlane, of Toronto, showing the services rendered by this drug to workers in the special field of the eye, nose and throat. In an operation which he performed at St. Michael's Hospital, Toronto, for the removal of an eye, "not more than ten drops of blood were lost after three minims of a 1-2000 solution of chloride of adrenalin had been dropped into the eye, ten minutes before the administration of the chloroform. The effect of the hemostatic seemed to extend to the deep as well as the superficial tissues, scarcely any hemorrhage resulting when the optic nerve was severed, thus proving the rapid absorption of the active principle." Douglas Macdonagh (*British Medical Journal*, March 15th, 1902) reports that adrenalin solution, 1 in 1000, in boiled water, at a temperature of 100 degrees F., was used successfully in a case of intestinal hemorrhage in a boy, following a fall while playing football. The adrenalin solution was injected into the larger intestine by means of a soft tube. The adrenalin solution had previously been tried internally, but without obvious effect.

**Private Hospitals for Consumptives must not be Established in Ontario without Permission.**—An Act to amend the Public Health Act was passed at the last session of the Ontario Legislature, providing that hospitals for consumptives are not to be established without permission. Application for permission to establish, maintain, or keep any such hospital or sanatorium may be made to the local board of health of the municipality within two months after the passing of the present Act. If the application is refused, an appeal may be made within seven days to a Board of Appeal, to be composed of the head of the municipality, the sheriff of the county, and the Secretary of the Provincial Board of Health. The decision of this Board is to be final. A fine is to be inflicted for violation of the terms of the Act. This Act does not apply to public general hospitals in which persons suffering from other diseases as well as from consumption are received. Neither is it intended to prevent the establishment of sanatoria under municipal auspices.

**The Treatment of Chronic Diarrhea.**—In the treatment of idiopathic diarrhea, characterized by frequent and liquid stools, which occur in a continuous or intermittent fashion, good results are said to have been obtained from the use of dilute hydrochloric acid. Bize prescribes this remedy in doses of 10, 15 or 20 drops twice a day, at meals. The dose of acid is diluted with one or two glasses of water. It may also be given in a mixture, with syrup of lemons and water. The results of the acid treatment are often quite astonishing; but it must be continued a long time after the patient is apparently cured. Bize says that 23 out of the 34 patients he treated for chronic diarrhea were more or less rapidly cured; 6 patients continued to pass stools which were soft, but not so liquid as they had been; 4 of the patients had frequent relapses and diarrhea returned as soon as the acid treatment was stopped.

J. J. C.

**Promotion for Dr. Armour.**—Dr. Donald J. Armour, son of Chief Justice Armour, an old Toronto boy, who was senior demonstrator of anatomy in University College, in London, England, has been appointed senior assistant surgeon of Belgrave Hospital for Children, of the same city. He will still hold his position as demonstrator of anatomy.

**A Correction.**—Acting upon a request from one of our subscribers, we published among our Items of Interest for April (page 262) a paragraph intimating that a doctor was needed at Castleton, Ont., adding that there was no physician there at all. We are now informed by Dr. A. Crichton that this is wrong, and that he has been there for some time past and has no intention of removing. We therefore desire to make the necessary correction, so as not to do Dr. Crichton even an unintentional injury or at the same time misinform our readers.

**The Toronto Orthopedic Hospital.**—It is expected that the magnificent new building of the Toronto Orthopedic Hospital at 100 Bloor St. West, will be ready for the admission of patients by August 15th. There are now twenty to thirty workmen busy at the improvements, which, when complete, will make the Toronto Orthopedic Hospital one of the most up-to-date institutions of its kind in America. There will be accommodation for 100 patients. The lot is 100 by 180 feet in depth. The walls in all the wards will be white tiling, the plumbing throughout new, and special attention has been given to lighting and ventilation. We are glad to know that there is every probability of this most worthy institution being entirely free from debt at the date of opening. Drs. McKenzie and Galloway deserve the heartiest congratulation on the result of their labors.

## ❁ *Items of Interest.* ❁

**Western Hospital, Montreal.**—Dr. George K. Grimmer has been appointed assistant laryngologist.

**Treatment of Lupus.**—The donation of \$2,000 by the Emperor of Austria for the establishment of an institute for the treatment of lupus is announced.

**The Medical Laws of Australia,** passed in 1901, admit to practice physicians who have taken a five-year course in medicine before taking a degree. This debars from practice there all graduates of American medical schools.

**For the Differentiation of Smallpox** from chicken-pox, the London City Council has published a list of medical practitioners, resident in different sections of the city, who may be consulted in doubtful cases of chickenpox, the Council being responsible for the fee.

**Coronation Subscriptions.**—At a public meeting at Peterborough, England, recently, it was decided to commemorate the Coronation of King Edward VII. by raising by voluntary subscription a sufficient sum to add a new wing to the hospital presented to the city by the late Earl Fitzwilliam.

**Compulsory Vaccination for Negroes** is to be enforced in Chicago. The health officers have notified employers of negroes to insist upon vaccination, and prosecution is threatened if they do not comply with the law. Of the last group of smallpox cases reported, three-fourths occurred among the colored population.—*American Medicine.*

**Honorary Distinction.**—Dr. W. W. Keen has been elected honorary president of the First Egyptian Congress of Medicine, which will convene December 19-23, 1902, but will be unable to act because of the demands of his practice. It is reported that this is the first time an American has ever been selected for honorary president of a foreign medical congress.

**A New Treatment for Cataract.**—A Bordeaux oculist has taken up with remarkable success the treatment of cataract without operations, by the application of baths of salicylate of soda. He has arrested the progress of opacity in the crystalline lens for several years in numerous cases, and is sanguine of success if the treatment is begun at an early stage.—*Phil. Med. Jour.*

**Harper Hospital, Detroit.**—Harper Hospital, Detroit, Mich., receives \$10,000 bequeathed to it by the late Gen. John E. King.

**Sir William Hingston.**—Sir William Hingston, of Montreal, recently celebrated the fiftieth anniversary of his graduation in medicine, which occurred at McGill University in 1851.

**International Congress for the Prophylaxis of Syphilis and Venereal Diseases.**—The International Conference for the Prophylaxis of Syphilis and Venereal Diseases is to meet in Brussels, Belgium, September 15 to 20, 1902.

**Bridgewater Infirmary.**—Colonel W. Barratt, the president of the Bridgewater Infirmary, recently formally opened the new operation room which has been provided by means of a bequest of £300 left for that purpose by the late Mr. George England.

**Dr. Judd, Medical Director of the Montezuma.**—Dr. Norman W. Judd, for a long time on the editorial staff of the *Journal of the American Medical Association*, but who was obliged to go to New Mexico for his health, has been made medical director of the Montezuma at Las Vegas, Hot Springs.

**“Georgia Journal of Medicine and Surgery.”**—Dr. W. E. Fitch founder and for many years editor and business manager of the *Georgia Journal of Medicine and Surgery*, published at Savannah, Ga., has sold his interest in the publication to his former associate and co-editor, Dr. St. J. B. Graham, who becomes editor and sole proprietor.

**American Dermatological Association.**—The American Dermatological Association will hold its next meeting for September 18, 19 and 20, 1902, at Boston. The subject for general discussion is to be acne vulgaris. The etiology and pathology are to be presented by Dr. Gilchrist, of Baltimore; the symptoms and treatment by Dr. Fox, of New York.

**The Price of Surgical Operations.**—The charges for a surgical operation have just been settled by the Seine Civil Tribunal, Paris. Dr. Albarran sought to recover \$1,200 from a Nanterre grocer as a fee for performing laparotomy on the latter's wife. The Court considered the charge exorbitant, and reduced the same to \$500, stating that it is a medical man's duty to fix his fee in proportion to the patient's means.—*Phil. Med. Jour.*

**Samaritan Funds for Indian Hospitals.**—There are not many hospitals in India which have Samaritan funds, so that the recent gift of Rs. 10,000 by Messrs. Ralli Brothers to the Medical College and Mayo Hospitals in Calcutta is particularly happy. It is intended to be used for clothing and the distribution of small sums for temporary assistance to poor native convalescents—Hindoos, Mahomedans and Parsees.—*Lancet.*

**Notification of Chicken-Pox.**—The Bath Rural District Council on March 12th, decided to include chicken-pox in the list of notifiable diseases.

**Watertown Hospital, New York.**—An Easter gift in the form of a check for \$5,000 was received at the Watertown Hospital from Frederick S. Flower, of New York, to endow a free bed : the hospital, to be known as the Mary Elizabeth Flower bed.

**St. George's Deaconesses Home and Hospital,** on East Sixteenth Street, New York City, was opened April 10th. The building, which has just been completed through the generosity of Mr. J. P. Morgan, contains a hospital on the third floor, complete in every particular, with a sun parlor on the floor above. Here a few deserving poor people and several convalescents will be accommodated.

**The Syllabus of Bacteriology.**—We have just received a copy of this manual from the Palisade Manufacturing Co., of Yonkers, N.Y. It is certainly a most creditable little publication, is comprehensive, complete, and entirely up-to-date. The publishers deserve the greatest credit for their expenditure in this direction. We would think that such expenditure, however, will in the end prove advantageous, as it is one of the best kinds of advertising, impressive and effectual.

**King Edward's Hospital Fund for London.**—The Organising Committee of King Edward's Hospital Fund for London has signified its intention to accept an offer which has been made to it with regard to Mr. Percy Godfrey's "Coronation March." This proposal is to the effect that 6d. derived from the sale of each copy of the march shall be devoted to the "coronation gift," and that all sums derived from licenses to perform the march and collections made at concerts shall be given to the same object.

**Bequests of the Late R. C. Billings.**—Among the larger amounts bequeathed by the late Mr. Billings, of Boston, were \$100,000 left to Harvard College, the Massachusetts Institute of Technology, and the Boston Museum of Fine Arts; \$50,000 to the Massachusetts General Hospital, New England Hospital for Women and Children, Children's Hospital, and Massachusetts Eye and Ear Infirmary; \$25,000 to the Perkins Institute and Massachusetts School for the Blind, and to the Home for Aged Men; \$10,000 to the Kindergarten for the Blind, the Boston Lying-in Hospital, Morton Hospital of Taunton, Home for Aged Couples, Boston Home for Incurables, Washingtonian Home, Massachusetts Infant Asylum, and several charities. The late Mrs. S. F. Devlin left \$5,000 to the Carney Hospital, Working Boys' Home, Home for Destitute Catholic Children, and Free Home for Consumptives, Boston.—*Phil. Med. Jour.*

**Surgeon-Captain Crean, V.C.**—The Royal College of Surgeons in Ireland has decided to confer the Honorary Surgeonship on Surgeon-Captain T. J. Crean, V.C., in recognition of his distinguished services in South Africa. He commenced his distinguished services in the College School and obtained the License of the College in 1895. Since the institution of the reward for "conspicuous valour in the presence of the enemy" five Irish surgeons have been awarded the Victoria Cross. Of these, one belongs to the University of Dublin, while the other four are Licentiates of the Royal College of Surgeons in Ireland.—*Lancet*.

**Royal Hospital for Incurables, Dublin.**—A meeting of the Board of Governors of this hospital was held on March 18th, when six new patients were elected. The hospital is entirely unsectarian and provides accommodation for 212 patients, including separate wards for the treatment of 72 patients suffering from cancer and consumption, in addition to 140 inmates afflicted with various other incurable maladies, all of whom are disqualified for admission into the general hospitals. The average daily number of beds occupied throughout last year was 203, and further financial assistance is urgently needed to reduce a debt of £974.—*Lancet*.

**Women Surgeons.**—At the annual meeting of the new Hospital for Women in London, attention was directed to the work done by the women surgeons. It was stated that full opportunity had been given for testing their work in all the most important operations, with the result that all prejudice which had hitherto existed against them had been dissipated, and that they now held a sound reputation for ability in this line of work. There had been nearly 1,900 cases of maternity treated at the hospital without one death due to that cause. In the aggregate there were 577 major operations, with a mortality of less than 6 per cent.—*American Medicine*.

**An American Hospital in Paris.**—Mr Edward Tuck, formerly of Boston and later of New York, but for twenty-five years a resident of Paris, has promised to defray the entire expense of establishing the free American hospital in Paris, announcement of which has already been made and the ground for which has already been bought in the Passy quarter, in one of the most healthful parts of Paris. The hospital is to be named Franklin Hospital, and, besides being built on the latest American model, it will be managed entirely by American physicians and nurses. Mr. Tuck will not only defray the expenses of installing the institution, but he will also donate a sufficient fund to maintain it permanently without outside help. Dr. Magnin will be director of the institution. Building will be begun in the spring, but it is not expected that the hospital will be ready for occupancy under two years' time.—*Medical Record*.

**Philadelphia Vaccine Physicians.**—The regular staff have submitted their bills, which are being paid as promptly as possible from the emergency appropriation of \$250,000 for defraying the expenses of the smallpox epidemic. Many of the bills amounted to more than \$1,000. The largest paid thus far was \$2,368.80 for 5,922 vaccinations at 40 cents each, during the period from July 31 to December 31. The auxiliary corps which was appointed during the epidemic are to receive twenty cents for each person treated, whether the vaccination was successful or not.—*American Medicine.*

**A Well-Deserved Victory.**—We are informed by the M. J. Breitenbach Co., of New York City, that they have come out the victors in their important suit against the firm of Henry Thayer & Co., of Boston, Mass., who it was claimed had copied their style of package, etc., adopted by the plaintiffs years ago for Gude's Pepto-Mangan. It was proved in court that the Breitenbach Co. had been without any doubt the originators of the package, including the color of the wrapper used, and the style of printing on the same. We think that it was but right and just that they should be protected, and we can but congratulate them upon the result of the action.

**Verdict Against a Hospital.**—At a fourth trial of the action of Miss Helen D. Ward to recover damages for personal injuries from St. Vincent's Hospital, a verdict of \$18,000 was rendered recently before Justice Beach in the Supreme Court. Miss Ward had gone to the hospital for an operation, and while recovering from the effects of the anesthetic, a nurse applied a hot-water bag which scalded her. The suit was for \$30,000 damages. At the first trial the complaint was dismissed. The jury disagreed at the second. The jury at the third trial gave her a verdict of \$10,000. The judgment was set aside on appeal, and the present trial ordered.—*American Medicine.*

**Medical Jurisprudence.**—*American Medicine* says: The question as to whether a physician may include in his testimony statements made by a patient under his care, was argued recently in the New York City courts. Judge Bartlett gave the ruling "that a trial court cannot properly exclude testimony from a physician or surgeon as to information which he acquired in attending a patient in his professional capacity, unless the information was necessary to enable him to act in that capacity." This decision was the outcome of a case against a railroad company to recover damages for personal injuries received in an accident. A verdict in favor of the plaintiff was reversed because the surgeon on the ambulance which carried the wounded man was not allowed to testify on the trial as to certain statements that were made to him by the plaintiff.

**University Honorary Degrees.**—The Senate of Toronto University has decided to confer honorary degrees upon a number of prominent men at the Convocation in June. The official list is as follows: The degree of LL.D. will be conferred upon Professor Remsen, Principal of Johns Hopkins University, Baltimore; Christopher Robinson, K.C., Prof. Galbraith, J. J. Foy, K.C., J. P. Whitney, Hon. R. Harcourt, Hon. J. M. Gibson, Dr. Reeve, Prof. Ramsay Wright, Prof. Maurice Hutton; Dr. W. H. Drummond, Montreal; Rev. Dr. Munro Gibson, London, Eng. The degree of Doctor of Music will be conferred upon Prof. F. H. Torrington.

**Good for the Emperor of Germany.**—The fantastic doctrines known by the name of "Christian Science," with which the name of Mrs. Eddy is associated, continue to occupy the attention of the public, and it is said that they have made more progress, especially among females, than is generally supposed. Believers abound in Potsdam, where the Emperor's summer residence is situated, and many of the nobility and court officials engage in the exercises prescribed by Mrs. Eddy. The Emperor has expressed strong disapproval of these proceedings, and has caused it to be announced that persons who attend the meetings or in any other way encourage the new system will not be admitted to Court.—*Lancet*.

**Our Colored Supplement.**—Attention is called to the beautifully illustrated (in colors) insert of the H. K. Mulford Co., of Philadelphia, appearing in this issue of the JOURNAL. All lovers of the beautiful will admire the artistic taste displayed in this magnificent specimen of the printer's art. The four pages of colored printing will bear the most careful scrutiny, and will prove of the greatest interest to all of our readers, as showing the wondrous care used by this firm in the manufacture of vaccine and antitoxin, so as to place upon the market a product which is absolutely free from disease germs, and one that can be used with the fullest knowledge that all that science can do has been done to provide serums of only the highest standard.

**International Sanitary Congress**—The opening session was held at the University of Havana, February 15th, with Major W. C. Gorgas, U.S.A., in the chair. The opening address was made by the president of the Congress, Dr. Santos-Fernandez, of Havana, upon the "Proximate and Remote Importance of the International Sanitary Congress." Eight such conferences have been held in Europe, and one was held in Washington in 1881. Dr. Eduardo Liceaga then read a paper upon the "Convenience of Substituting Quarantine by More Efficient Sanitary Measures." The meetings of the Congress lasted until February 20th. Numbers of other interesting papers were read upon sanitation, hygiene, malaria, leprosy, yellow fever and mosquitoes.—*Phil. Med. Jour.*

**Foreign Practitioners in Brazil.**—Although this country offers a promising field for the practice of medicine, surgery, and dentistry, the examinations which foreigners must pass before they are entitled to practise are made so severe that the foreign practitioner is almost debarred from following his profession in that country. These examinations, which are held at the medical colleges at Bahia and Rio Janeiro, include languages and other branches not found usually in the medical curriculum, and which it would probably require two or three years' extra preparation for the majority of the applicants to pass successfully. According to a recent report, the law hereafter is to be even more rigidly enforced, especially in regard to dentists.—*American Medicine.*

**The American Congress of Tuberculosis.**—The following communication has been received from the Department of State, Washington, D.C., April 10th, 1902. It was addressed to Clark Bell, Secretary-Treasurer American Congress of Tuberculosis, New York. "I have to acknowledge the receipt of your letter of the 5th instant, and to inform you that, in compliance with the request therein made, the British Ambassador has been asked to make known to the Governments of Canada and Newfoundland the value which the American Congress of Tuberculosis sets upon representation by those Governments at the forthcoming session of the Congress of New York City in May next, and the hope of this Government that they may find it to their interest to be represented by delegates."

**Death of Dr. W. L. Bain.**—The many friends in Toronto of Dr. William Lett Bain will learn with regret of his death, which occurred at Chicago on April 13th, after a short illness. The deceased was well known in Toronto, and had many friends, both in a social and athletic way. He was of a kind, generous nature, and did much to help along his fellow-students. He graduated from Trinity Medical School with honors. In 1885 he served in the North-West Rebellion with the Governor-General's Body Guards as surgeon. On returning from the west he practised in Toronto until 1893, when he went to Chicago, where he continued his practice until the time of his death. He was a son of William Bain, freight agent of the C.P.R. Mr. Bain brought home the remains, and the funeral took place from the family residence, 160 Dunn Avenue, on April 16th.

**Plague Riot in Patiala.**—On February 19th a somewhat serious disturbance took place in Patiala, which is said to have been occasioned by the compulsory segregation of two cases of plague. Major H. Hendley, I.M.S., medical adviser to the State, and Dr. Nathau Mau, the civil surgeon, were attacked by a large mob with sticks and bricks, and in consequence of being wounded had to take refuge in the branch dispensary. This was then wrecked and set

fire to, but the troops arrived in time and the officers were able to make their escape. The plague-camp near the railway station was also set on fire. According to another account Major Hendley was fastened down by a door, was pelted, and was then carried off and thrust into a mass of filth. He was wounded in nine places—most seriously on the head and on the right leg. These disturbances are not common now, but their recurrence serves to show that the dangers to which plague workers are subject are very real.—*Lancet*.

**The Late Dr. F. H. Thompson.**—Dr. F. H. Thompson, one of the most widely known physicians in the United States service, died in Seattle, Washington Territory, March 22nd, of typhoid fever. Dr. Thompson was one of the officers of the coast and geodetic survey steamer *Patterson*. Dr. Thompson was a graduate of Trinity Medical College of this city. He was the seventh and youngest son of Mr. Thomas Thompson, J.P., Rosedale. He was well known, and very much respected by a large circle of friends. He spent the last two years mostly in Alaska, in the parts adjacent to Cape Nome and Sitka, where the crew were engaged making a geodetic survey, and taking soundings for the United States Government. Dr. Thompson's body was brought to Toronto for burial. His brother, Geo. H. Thompson, barrister, of Cranbrook, B.C., reached Seattle two days before his brother's death, and accompanied the body home.

**Ontario Medical Association.**—The twenty-second annual Meeting of the Association will be held at Toronto, on June 4th and 5th. It is proposed to hold one session of an entirely Clinical character, at which cases of interest will be presented under the headings, Medical, Surgical, Skin, and Diseases of Children. The usual arrangements have been made with the railroads, and patients brought to the meeting will enjoy the same privileges in this respect as members of the Association. The committee are very desirous of securing general co-operation, either by presentation of cases or by the reading of a paper. Members taking part in the programme should forward notes of the cases, or an outline of the paper, to the secretary, Dr. H. C. Parsons, 72 Bloor Street West, Toronto, by May 15th. The usual fifteen minutes will be allowed for the reading of a paper; if too long to be read in this time an abstract may be presented.

**American Association of Pathologists and Bacteriologists.**—The second annual meeting of the American Association of Pathologists and Bacteriologists was held in Cleveland, March 28th and 29th, in the amphitheatre of the Western Reserve Medical School. Among those who read papers were: Drs. A. J. Lartigau, F. C. Wood, and W. H. Park, of New York; Harvey Gaylord, of Buffalo; G. B. Magrath, W. R. Brinckerhoff, E. H. Nichols, F. B.

Mallory, and W. W. Williams, of Boston; L. Loeb, L. Hektoen, J. and A. P. Ohlmacher, of Chicago; A. A. Bruere and G. R. Charlton, of Montreal; G. N. Stewart and C. A. Hamann, of Cleveland; W. G. McCallum, of Baltimore; A. S. Warthin, of Ann Arbor, and A. O. J. Kelly, J. McFarland, W. M. L. Coplin, A. Stengel, C. Y. White, and Simon Flexner, of Philadelphia. The following officers were elected for the ensuing year: Dr. Ludwig Hektoen, of Chicago, president; Dr. Eugene Hodenpyl, of New York, treasurer, and Dr. Harold C. Ernst, of Boston, secretary.

**Easter Greeting.**—The President of the Ontario Medical Association, Dr. N. A. Powell, sent out to the profession all over the Province, the following kindly Easter greeting. It was a most thoughtful act upon his part, and, we know, was appreciated by all recipients :

“To be glad of life, because it gives you the chance to love and to work and to play and to look up at the stars; to be satisfied with your possessions, but not contented with yourself until you have made the best of them; to despise nothing in the world except falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than by your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends, and every day of Christ; and to spend as much time as you can, with body and spirit, in God's out-of-doors—these are little guide-posts on the foot-path to peace.”—*Henry van Dyke.*

**Edinburgh University: Death of the Lord Rector.**—By the death of the Marquis of Dufferin, the University of Edinburgh has lost its Lord Rector. To those who were present at the rectorial address which he delivered in the M'Ewan Hall some months ago, and who noted his profound anemia and extreme debility, the Marquis' death has been no surprise. On February 15th the Senatus of Edinburgh University gave expression to its sorrow at the death of the Lord Rector by holding a service in St. Giles' Cathedral at the hour of the funeral. The students of the University, through their representative council, decided to give expression to their deep regret by holding a religious service in the M'Ewan Hall on the afternoon of Sunday, February 16th. This service was largely attended, and was presided over by the senior president of the Students' Representative Council. The meeting was addressed by the Rev. John Kelman, who dwelt upon the brilliant career and the high character of the deceased Lord Rector.—*Lancet.*

**Dr. Jos. J. Kinyon's New Appointment.**—The Biological Laboratories of the H. K. Mulford Company at Glenolden, Pa., make another step forward in the progress of work in Serum-

Organotherapy, and in the investigation of infectious and contagious diseases, by securing the services of Joseph J. Kinyoun, M.D., Ph.D., late Surgeon of the Marine Hospital Service, and Director of the Hygienic Laboratory of the Marine Hospital Service at Washington. Dr. Kinyoun is widely and favorably known at home and abroad as a sanitarian and scientific investigator, and has served the Government on numerous occasions as special delegate to International Medical Congresses. He is devoted to original research in bacteriology, and in the interests of the Government he has visited the various bacteriological laboratories in this country and in all Europe and Japan. Dr. Kinyoun received special instruction from Fros. Koch, Behring, Pasteur and Roux of Paris and Berlin, as representative of the Government, thus acquainting himself with the progress made in serum-organotherapy and in the investigation of infectious diseases. He is peculiarly fitted for the directorship he now assumes, and under his administration there will be still further advances made in the field of biology as applied to medicine.

**The Royal College of Physicians of London and the Royal College of Surgeons of England.**—The following resolution of a special committee was unanimously adopted by the Council of the Royal College of Surgeons of England on February 13th, and at an extraordinary meeting of the Comitia of the Royal College of Physicians of London on February 18th, namely: This Committee recommends the two Royal Colleges to consider and develop a scheme for investigation into the causes, prevention, and treatment of cancer, and that for this purpose delegates be appointed by the two Royal Colleges (who shall have power to add to their number) to draw up a detailed scheme. In pursuance of this resolution the following delegates were appointed to draw up a detailed scheme for systematic investigation into the causes, prevention, and treatment of cancer, viz.: As representing the Royal College of Physicians of London: Sir William Selby Church, Bart., President; Sir William H. Broadbent, Bart., K.C.V.O.; Dr. P. H. Pyle-Smith, Dr. Whipham, Dr. Payne, Dr. J. Rose Bradford, and Dr. J. F. W. Tatham. As representing the Royal College of Surgeons of England: Mr. H. G. Howse, President; Mr. J. Langton, Mr. H. Morris, Mr. H. T. Butlin, Mr. W. Watson Cheyne, C.B., and Mr. R. J. Godlee.

**The First American Medical Journal.**—The first American medical journal, *The Medical Repository*, was started in 1797, by Dr. Elibu Hubbard Smith, B.A., Yale, 1786, with whom were associated Dr. Samuel L. Mitchell and Dr. Edward Miller. The publication of *The Medical Repository* was continued until 1824, during which period it was of much service in promulgating medical knowledge and stimulating medical thought and writing

throughout the country. Dr. William H. Welch also notes, in his recent Bicentennial Address at Yale, that the first original separate medical work in this country after the close of the Revolutionary War was the volume published at New Haven in 1788, entitled "Cases and Observations by the Medical Society of New Haven County, in the State of Connecticut." This publication, which contains twenty-six papers reporting cases of disease and autopsies, is an event of importance in American medical bibliography, not so much on account of the intrinsic value of the communications, although several are interesting, but because, in evidence of the newly awakened medical life of the young republic, there is collected here for the first time a series of independent original observations and studies by different American physicians. Nothing of the kind had appeared before in this country. One-third of the contributors to this volume were graduates of Yale.—*Medical Review*.

**The Death-Rate of Montreal.**—Consul-General Bittinger has sent to the *Public Health Reports* some of the vital and mortuary statistics of Montreal, as gathered from the official report for the year 1900. The most extraordinary item is the death-rate for that city. In 1890 it was 25.46 per 1000 inhabitants. This rate is enormously high when compared with other large cities on this continent. In New York, with its huge congested population, its tenements, and its hot summer climate, the death-rate is only 19.95. In Philadelphia it is 18.26; in Boston 19.06; in Chicago 14.68; in Buffalo 14.19. Even in New Orleans, which is almost a tropical city, it is only 24.94. The civic authorities of Montreal claim that the high death-rate is caused by the heavy infant mortality. But considering the climatic conditions of the city, a high death-rate among infants should not be expected—certainly not higher than in New York or Philadelphia. The sanitary condition of Montreal is said to be impaired by the existence of a large number of cess pools. The *Montreal Star*, commenting on the report, says that Montreal lost a larger percentage of its population in 1900 than any other city on the continent, with the single exception of Savannah, Georgia. In Philadelphia we are accustomed to think of Canada as a region of abounding health, and we cannot fail to be perplexed at this regrettable showing of the Canadian metropolis.—*Phil. Med. Jour.*

**The Midwife Bill.**—It is noticed that the bill before the British House of Commons, to regulate the practice of midwives, has passed the second reading in spite of considerable professional opposition. The bill provides that, in order to be registered, a midwife must undergo a course of training and pass an examination. England is the only country in which the practice of midwives is not regulated, and such regulation has been opposed by the ma-

jority of the medical profession, because the bill creates a new order of practitioners who can, in the course of their short training, acquire only a very rudimentary knowledge of midwifery, and in whom recognition by the State will cause the public to repose unfounded confidence. We have previously called attention to the gross injustice to the medical profession and, far more important, the jeopardizing of the life of the parturient woman, in permitting her to be cared for at this critical period by an ignorant, unskilled, and unclean individual. The American profession should unanimously condemn the custom of allowing midwives to practise at the expense of the lives and health of mother and child. Stringent laws are enacted in the various states regulating the registration of medical men, and prescribing definite courses of study preparatory to practice, yet our larger cities are the scenes of puerperal infection and infantile mortality which form a gloomy and slimy trail of the woman with unclean personal habits.—*Amer. Med.*

**Pathologic Exhibit at the American Medical Association.—**

The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th, inclusive. This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul, respectively, where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens, but the allied fields, bacteriology, hematology, physiology and biology, were all represented. It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges. This exhibit has already become a permanent feature of the annual sessions of the American Medical Association, and the committee is desirous of securing its list of exhibits as early as possible, and to this end asks those having desirable materials to communicate with any member of the committee. To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification, and by such specialization enhance the usefulness of the display. Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the committee, and due credit will be given in the published reports. F. M. Jeffries, 214 East Thirty-fourth street, New York City; W. A. Evans, 103 State Street, Suite 1,403, Chicago, Ill.; Roger G. Perkins, West. Res. Med. School, Cleveland, Ohio, Committee on Pathologic Exhibit, American Medical Association.

**The Fourteenth International Medical Congress** under the patronage of the King and Queen Regent, will convene in Madrid, April 23-30, 1903, with Dr. Julian Calleja as president, and Dr. Angel Fernandez Caro as general secretary. All governments are

asked to send representatives, and invitations have also been extended to all universities, medical schools, and the principal medical societies of all countries to send delegates. The work of the Congress is to be divided into sixteen sections, as follows: Anatomy, descriptive, comparative, etc.; Physiology, including Biology; General Pathology, including Bacteriology; Therapeutics, including Hydrology and Pharmacy; Internal Pathology; Nervous Disorders, including Insanity and Criminal Anthropology; Diseases of Children; Dermatology, including Syphilography; General Surgery; Ophthalmology; Oto-Rhinology; Odontology; Obstetrics, including Gynecology; Military and Naval Medicine; Public Health and Legal Medicine, including Toxicology. Applications for membership, to which medical practitioners, pharmaceutical chemists, and veterinary surgeons are eligible, are to be sent as early as possible to the general secretary at the Faculty of Medicine, Madrid. The names, titles, qualifications, and addresses of the applicants must be clearly written, and they should specify which section they wish to join. A check on Madrid for 30 pesetas (about \$5) should accompany the application. They will receive a copy of the transactions of the section, and will be at full liberty to take part in the business of any other section. Ladies accompanying members may obtain a special card of admission to official entertainments on payment of 12 pesetas. It is requested that all communications respecting the congress should reach the executive committee before January 1, 1903. The languages spoken will be Spanish, French, English, and German.

**A Physicians' Life Insurance Company.**—We have received occasional letters suggesting the formation of a life insurance company limited to placing policies on the lives of medical men. The thought springs from the facts that so many families of physicians at the death of the head of the family, are left without adequate support; that physicians are good risks; that the guild spirit would support such an organization; that the examiner's fees would be saved, etc. We do not think the advantages and possibilities of good by any means counterbalance the dangers. Although physicians are not the worst risks, they are not by any means what the insurance men call first class, and if only the best risks were chosen this limitation would at once defeat the chief object of the company. It is not generally known that such a special and limited professional company has been long in existence; indeed, the *Presbyterian Ministers' Fund Life Insurance* is the oldest insurance company in America, having been formed May 15th, 1759. It is a feeble organization. Perhaps the greatest danger the proposed organization would run would be the perfectly natural, and to a great extent justifiable, rivalry opposition of all the established life

insurance companies. With some right they would demand of the thousands of physicians whom they employ a loyalty and exclusiveness which would at once prove a tremendous handicap to the young organization. During the past ten years, it must also not be forgotten, many new companies have "gone to the wall" which were started by men of experience and ability and with abundant capital. We hope to see our great national medical organization sometime devise a method for protecting the widows and orphans of its members from want, but at present we do not consider an insurance company limited to physicians would be successful.—*American Medicine.*

#### **The Inability of Medical Men to Inherit from Patients.—**

It is well known that neither medical men nor pharmaceutical chemists in France have any legal right to receive a legacy from their patients or customers. Dr. Delarue brought before the Chamber of Deputies on February 21st a proposed alteration in the law which ran as follows: "The incapacity laid down by article 909 of the Civil Code is henceforward abrogated as far as concerns physicians, surgeons, and apothecaries." It is extremely improbable that the chamber will pass this alteration in the law, despite the very serious reasons which exist in favor of such alteration, and which were put forward by Dr. Delarue. Very often, he said, the medical man was exposed to the risk of serious illness or even of death and had to be contented with very poor pay, and, in fact, more often than not the only reward he gained by his profession was the consciousness of duty done. His devotion was always being appealed to, and such appeal was never unheard. If the medical man were always to demand remuneration for his work it would be impossible to make certain that the hospital service should be carried on, or that the regulations of the Assistance Publique should be duly complied with. Official salaries were increasing, and also retiring pensions, but there was nothing to help an old physician who had devoted perhaps forty years of his life in the service of his equals. Moreover, the law as it existed at present did the medical men the injustice of apparently suspecting every medical man to be capable of abusing the power which he possessed over his patients for the purpose of getting hold of their money, and of making them carry out their last wills and testaments in opposition to their own wishes. Why did not the law inflict the same disabilities on other professional men, such as barristers or solicitors, who had just as much influence over their clients as medical men over their patients? There was no good explanation why medical men should be thus treated. As for apothecaries, they had nothing to do with the treatment of patients, for their only duty was to send in medicine prescribed by the medical man.—*Lancet.*

# The Physician's Library.

## BOOK REVIEWS.

*The Voyage of Ithobal.* By SIR EDWIN ARNOLD, M.A., F.R.G.S., F.R.A.S., author of "The Light of Asia," "The Light of the World," etc. Illustrated by Arthur Lumley. Toronto : William Briggs. 1901.

"The Voyage of Ithobal" will no doubt be much better received by the general public than the author's classical "Light of Asia," which has been used as a literary study for some years in a great many academies. The hero of this romantic voyage is one Ithobal of Tyre, who was selected by Pharaoh on account of his renown as a great sea-captain and an intrepid sailor. Ithobal is accompanied by a female slave named Nesta, whom he had purchased in the slave-market. She saves her master's life on several occasions, and proves of inestimable value as a guide and an interpreter, for she comes in contact with some of her own tribe, from whom she had been stolen, and among whom she was a princess, and sold into slavery. They build three galleys in the Red Sea and sail southward through the straits of Bab-el-Mandeb into the Indian Ocean. Skirting the eastern shores of Africa, they double the Cape of Good Hope, thence northward along the western coast the tired-out little crew, after three years, pass through the Pillars of Hercules into the Midland Sea and arrive with a sadly depleted company at Egypt's welcome capital, where they announce their wonderful and thrilling adventures to Pharaoh. While voyaging along the eastern coast they sail up the Zambesi, and see with wonder the Victoria Falls and hear with surprise of the Victoria and Albert Nyanza Lakes. They pass through the Mozambique Channel southward ever southward, with the sun on the right side. Their ranks sadly thinned by the miasm, savage animals, poisonous reptiles, and merciless savages, they turn with joy around the Cape of Good Hope and sail northward.

"Ithobal, reaching the world's end,  
A spacious harbor doth befriend;  
Southward no more, but northward now  
Turneth his storm-tossed vessel's prow."

Incidentally the author describes the okapi of Sir H. H. Johnston as an animal, "purple with cream, having striped shanks,

dropped flanks, and ass's tail, and four soft horns." And the gorilla, the man-ape, "fashioned wholly as a man, a nude flat face, small ears, a hairy crown, nostrils of blackamoon, and human ways, short-legged, with mighty loins and arms that reach to touch his shin as he doth walk erect, for walk he doth, with woodland staff in palm, most like a savage forester," etc. The author has written us a wonderful story, teeming with the most interesting description of scenes by sea and land, of thrilling adventures, of wonderful peoples, of strange animals that knew no fear, of man and of natural phenomena, which often filled his superstitious followers with fear, almost to the points of mutiny. When we think of the stupendous task of sailing around the vast continent, in small open vessels, propelled the greater part of the way by means of oars, we cannot but admire these ancient mariners who had nothing to guide them save the satellites or natural phenomena, learned by long experience in their simple, nautical wandering. Sir Edwin Arnold has written a wonderful book, and no man can read it without being impressed with a feeling of veneration for the author.

A. J. H.

*Progressive Medicine.* A quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc., assisted by H. R. M. LANDIS, M.D., Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital. Vol. I., March, 1902. Philadelphia and New York: Lea Brothers & Co.

The contents of Volume I. are: The Surgery of the Head, Neck and Chest, by Charles H. Frazier, M.D.; Infectious Diseases, including acute rheumatism, croupous pneumonia and influenza, by Frederick A. Packard, M.D.; the Diseases of Children, by Floyd M. Crandall, M.D.; Pathology, by Ludwig Hektoen, M.D.; Laryngology and Rhinology, by St. Clair Thomson, M.D., M.R.C.P. (Lond.), F.R.S.C. (Eng.); Otology, by Robert L. Randolph, M.D., and the index.

We are pleased to note the many advantages of this digest. Being a quarterly, it easily keeps up with the procession, conveying to its readers, with brief delay, and in an elegant and accurate form, some of the never-ending novelties of medical science. As it is a reproduction of living medical literature, it is presented to the reader in categories, some of which are mentioned above. Other special articles dealing with different subjects may be looked for in succeeding quarterly numbers.

Each monograph, although including references to the different writers and workers who have made recent contributions to the subject-matter, is presented as the production of one mind,

and is, therefore, characterized by uniformity of style and diction. "Progressive Medicine" is certainly a labor-saving device, by which a physician may keep himself abreast of advances of discoveries in medical science at a small expense, and with a most unusual saving of time and trouble. The work is well printed, on good paper, and is a great credit to the publishers. J. J. C.

*Syphilis: A Symposium.* Special contributions by L. Duncan Bulkley, A.M., M.D., Follen Cabot, Jr., M.D., Louis A. Duhring, M.D., Prof. Fournier, M.D., Eugene Fuller, M.D., E. B. Gleason, M.D., William S. Gottheil, M.D., Robert H. Greene, A.M., M.D., Norman B. Gwyn, M.D., Oneille Horwitz, M.D., Edward L. Keyes, M.D., G. Frank Lydston, M.D., D. J. McCarthy, M.D., Thomas G. Martin, M.D., Boardman Reed, M.D., A. Robins, M.D., and J. D. Thomas, M.D. New York: E. B. Treat & Co., 241-243 West Twenty-third Street. 1902.

With such an array of syphilographers this disease, about which more has been written than any other disease, with the exception, probably, of tuberculosis, syphilis, in its latest management, cannot but be scientifically written up. There are no new remedies mentioned, except chlorate of potash, which has been found a useful intermittent remedy, with the old reliable mercury and potassium iodide. A number of questions, with their answers, have been added, which questions would be well to be thoroughly weighed by every practitioner. These questions are: (1) What is the safest course in the diagnosis of syphilis? (2) Has the range of remedies in syphilis increased in recent years? (3) What is your opinion as to the secondary period of syphilis having been skipped in cases which develop severe tertiary lesions without a history of precedent active syphilis? (4) In how far should the physician assume the responsibility in sanctioning matrimony in syphilitics? (5) What is your opinion as to the transmissibility of syphilis in the progeny of tertiary syphilitics? (6) Do you know of any case in which unequivocally syphilitic fathers have procreated children who have remained healthy? These questions are fairly discussed and frankly answered, and the whole forms an interesting subject for any general practitioner to make himself acquainted with. A. J. H.

*The International Medical Annual: A Year-Book of Treatment and Practitioner's Index.* 1902. Twentieth year. New York: E. B. Treat & Co., 241-243 West 23rd Street. Chicago: 199 Clark Street. Price, \$3.00.

This work contains 661 pages of reading matter, and a general index of 16 pages. It is divided into three parts. The first part,

containing 80 pages, is a dictionary of materia medica and therapeutics; a review of therapeutic progress for 1901, by William Merrill, M.D., F.R.C.P., together with an article on toxins and antitoxins, by Prof. Joseph McFariand, M.D., Philadelphia. Part Second, containing 571 pages, is a dictionary of medicine and surgery, by many writers. Part Third contains 11 pages on Sanitary Science, by Joseph Priestley, M.D., D.P.H., Medical Officer of Health, Borough of Lambeth, London, Eng.

Readers of medical literature, who are not acquainted with the "International Medical Annual," will be surprised at the number and variety of the articles, some short, others long, which succeed one another in the main part of the work. The articles are well written by competent men, each of whom, in dealing with his special subject, shows the changes, advances and discoveries made in it during the past year.

Needless to say, practitioners who have availed themselves of the work in former years will recur to it again. It is a sort of *multum in parvo*, and saves a world of time and trouble when one wants to know the latest views on any medical or surgical subject. After a few years these volumes will help to form the nucleus of a very respectable library of modern medicine. Among the illustrations there are twenty-five plates, fourteen charts, and sixty-five diagrams. To former readers, and to those who have not tried it, we bespeak a cordial welcome for the "International Medical Annual" of 1902.

J. J. C.

*The American Year-Book of Medicine and Surgery for 1902.* A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of GEORGE M. GOULD, A.M., M.D.. In two volumes—Volume I., including *General Medicine*, Octavo, 700 pages, illustrated; Volume II., *General Surgery*, Octavo, 684 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1902. Per volume, cloth, \$3.00 net; half morocco, \$3.75 net. \$6.00 a set. Canadian Agents: J. A. Carveth & Co., Toronto.

We took occasion a year ago to compliment the publishers upon the wisdom displayed in publishing "The American Year-Book of Medicine and Surgery" in two volumes. We are glad to find that they have pursued the same policy for 1902, as there is very little doubt that many will purchase the work if they can confine themselves to buying the one volume in which they are most interested, each volume being in itself complete.

It will not take long for any reader to come to the conclusion that the material presented in the Year-Book for 1902 is just as select as it well could be. The work can be said to be composed of a digest of all of the most recent literature on the subjects of medicine and surgery for the past twelve months. The editor has evidently used great care in his selections, allowing nothing whatever to appear in the pages of his work but what can be accepted without hesitation as established fact. We notice that Dr. J. Chalmers Da Costa takes the place on the editorial staff formerly occupied by Dr. W. W. Keen. There is just one point which we might suggest for future issues, viz., a greater number of illustrations throughout the text.

W. A. Y.

*Practical Medicine Series of Year-Books.* Vol. III. *The Eye*—By CASEY A. WOOD, C.M., M.D., Professor of Clinical Ophthalmology, Medical Department University of Illinois; Professor of Ophthalmology, Post-Graduate Medical School; Ophthalmic Surgeon to St. Luke's Hospital, Chicago, etc.

*The Ear*—By ALBERT H. ANDREWS, M.D., Professor of Otology, Chicago Medical School; Oculist and Aurist to the German-American Hospital, Chicago; Oculist and Aurist to the Chicago, Rock Island and Pacific R. R., etc.

*The Nose and Throat*—By T. MELVILLE HARDIE, A.M., M.D., Clinical Professor of Laryngology, Rhinology and Otology, Medical Department University of Illinois; Professor of Laryngology, Post-Graduate Medical School; Attending Laryngologist to St. Luke's Hospital, Chicago, etc.

This volume consists of 346 pages, including Index and Table of Contents, 130 pages being devoted to the Eye, 88 to the Ear, and 103 to the Throat and Nose. There are several cuts in each department. While all good journal articles could not be noticed, the authors are to be congratulated on their good selections. The best possible use has been made of the literature of the last eighteen months, and the result is a volume that will be found of use alike to the specialist and the general practitioner. The price of this volume, \$1.50; of the series of ten volumes, \$7.50. Published by the Year-Book Publishers, 40 Dearborn Street, Chicago, Ill.

W. J. W.

*A Practical Manual of Insanity for the Student and General Practitioner.* By D. R. BROWER, M.D. 426 pages. \$3.00. Philadelphia: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

A note of expostulation may be observed in the review columns of the better class of American medical journals which has of late become more marked than ever, in regard to the tireless reiteration of accepted facts in new and uncalled-for publications. The commercial activity of the medical publisher is very far in excess

of the scientific activity, as great as that is, in the fields of medical research; and each day marks the appearance of some needless volume, written to order and printed to sell.

The present production is an example of this class of "goods," and its existence can only be explained upon the premise that every physician who has ever lectured on Nervous and Mental Diseases in a medical school is required by fate to write a book on the subject. The author is not a resident physician in an institution for the insane; and the literary character of the book can be gathered from the first chapter, which is devoted to a personal and confiding little outflow of "table talk" upon the difficulties of writing definitions and books in general, and (presumably) this book in particular.

Germany and France have produced several almost perfect text-books upon Psychiatry very recently. In England there is Savage, Clouston, and Bevan Lewis, and in America Stearns and Berkely, all presenting the latest phases of the subject. There is hardly, therefore, any opening at the present time for another book upon the subject.

E. H. S.

*Manual of Childbed Nursing*—With notes on Infant Feeding.

By CHARLES JEWETT, A.M., M.D., Sc.D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth edition. Revised and enlarged. New York: E. B. Treat & Company, 241-243 West 23rd Street. 1902.

This manual, which was originally prepared for the Training School for Nurses at the Long Island College Hospital, has been rewritten, and in this edition the entire contents have been revised and much new matter added. The object has been not to furnish a text-book, but rather to aid the nurse in remembering the more important practical teachings of the hospital training. Not only is this work of the highest benefit to nurses, but it is an admirable book for every mother who has the care of the lying-in room. One of the most useful chapters in this little brochure is on the prevention of childbed infection, and is described very fully, and might not prove fruitless reading for many practitioners at the present day. There is also a chapter on Artificial Infant Feeding, and one on the Management of Birth in the Absence of a Physician.

A. J. H.

*A Hand-Book of Appendicitis.* By A. J. OCHSNER, M.D., Professor of Clinical Surgery, College of Physicians and Surgeons, Medical Department of the University of Illinois; Surgeon to the Augustana Hospital, etc. Pages 182. Illustrated. Bound in red cloth. Price, \$1.00 net. Chicago: G. P. Engelhard & Co. 1902.

Some American surgeon has said, "He must be a blockhead

who cannot diagnose what a lump in the right groin, midway between the umbilicus and the anterior superior iliac spine, is; but there are some appendices which seem to like excursion trips occasionally. Dr. Ochsner has written one of the most practical little books on appendicitis that I have ever read, and I think every surgeon who operates in these often complicated cases will be much benefited by reading the literature which the author has collected here, together with his vast personal experience as an operator.

Works of practical experience such as this cannot but prove of the greatest benefit, and such men as Deaver, Mynter, Fowler and Morris, of the United States; Sonnenburg, of Germany; Dieulafoy, of France, and Lennander, of Sweden, have written works upon this subject which have been especially valuable in bringing the medical profession to a proper appreciation of this disease. Too much cannot be written on this subject.

A. J. H.

*Genito-Urinary Diseases and Syphilis.* For Students and Practitioners. By HENRY H. MORTON, M.D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island College and King's County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with half-tones and full-page colored plates. Price, extra cloth, \$3.00 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The number of works published during the past few years upon the subject of genito-urinary surgery goes but to prove the increased interest taken in this study. This is doubtless due to the advances made and the strides taken by those who have made this branch a specialty. Dr. H. H. Morton is well fitted to write a book upon genito-urinary diseases, his reputation in this line being sufficient to secure a large sale. His work is a very able presentation of the subject in its different phases, and will be found by all to be ably written and concise, and touches upon all the more modern methods of treatment so far adopted.

*The Drug Habits and Their Treatment.* A Clinical Summary of some of the General Facts Recorded in Practice. By T. D. CROTHERS, M.D., Superintendent Walnut Lodge Hospital, Hartford, Conn.; Professor Diseases of the Brain and Nervous System, New York School of Clinical Medicine. Pages 96. Price \$1.00 net. Chicago: G. P. Engelhard & Company. 1902.

Is the so-called "drug habit," which usually means morphia or cocaine, on the increase? I can recall in the last twelve years half a dozen medical practitioners, and an equal number of lawyers, who have gone down under this terrible octopus—young men

who were the most brilliant and promising in their chosen profession. In years now happily gone by it was a common occurrence to know of medical practitioners who were addicted to alcoholics, but I think this has been replaced, not to an equal extent by any means, by a craving for narcotics. Brain workers take morphia for its stimulant effect as well as to quiet nerve and brain fatigue. Cocaine is taken for the mental exhilaration it produces. Dr. Crothers has given us a most valuable little book of ninety-six pages on the treatment of these drug habits, and is one of exceeding interest, and his larger work upon which he is now working will be gladly welcomed.

A. J. H.

*Morphinism and Narcomania from Opium, Cocain, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medico-legal Relations.* By T. D. CROTHERS, M.D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo of 351 pages. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, \$2.00 net. Canadian Agents: J. A. Carveth & Co., Toronto.

There is hardly a subject in medicine which we think requires greater study on the part of physicians than that of morphinomania and allied diseases. It is a bare fact indeed that during the past ten years there has been a most alarming increase in morphinism on this continent, and, alas, it has become too common among members of the profession. This is indeed a sorry admission to have to make, but it is too true. Who is there among us who does not know of a case of narcomania of some form among his own friends who are practitioners of medicine? Doth it not, therefore, behoove us to enter into the study of the disease, if disease it can be termed, and try to solve its successful treatment? Dr. Crothers' work is most timely, and it merits the approval of all, not only on account of the prevalence of the condition, but because the book is exceedingly well written, and the subject treated in such a manner as to make its study interesting rather than dry.

*Johnson's First Aid Manual—Suggestions for Prompt Aid to the Injured in Accidents and Emergencies.* Illustrated. Edited by FRED. B. KILMER. Published by Johnson & Johnson, New Brunswick, N.J. Copyrighted.

This little manual contains a lot of useful hints worthy of perusal as to treatment in accident cases, etc. It also calls attention, secondarily of course, to the value of Johnson & Johnson's various preparations, and makes a very good form of advertisement for the firm.

A *Manual of Ophthalmoscopy*. For Students and General Practitioners. By J. E. JENNINGS, M.D. (Univ. of Penna.), Author of "Color-Vision and Color-Blindness," etc.; formerly Clinical Assistant Royal London Ophthalmic Hospital, London; Member of the American Medical Association, etc. With 95 illustrations and 1 colored plate. Large 12mo. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Price, \$1.25 net. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

This manual is an elaboration of a series of lectures delivered at the Beaumont Hospital Medical College of St. Louis, and gives evidence in its many practical points and hints of being the product of experience, and not merely of the desire to write a book. It is designed for students and general practitioners, but unlike many such books it can be recommended to them. J. M.

*Some Thoughts on the Principles of Local Treatment in Diseases of the Upper Air Passages*. By Sir FELIX SEMON, M.D., F.R.C.P., Physician-Extraordinary to His Majesty the King; Royal Prussian Professor of Medicine. London: Macmillan & Co. 1902. 2/6 net.

These are two lectures delivered by Sir Felix Semon at the Medical Graduates' College and Polyclinic in London, and published in the *British Medical Journal* in November, 1901. Sir Felix—admittedly the greatest authority of the day, European or American—holds strong views as to the rage for operating which seems to animate many rhinologists and laryngologists. These views he expressed freely, and there resulted as pretty a row as one could imagine. The amiable Mr. Lennox Browne scented the conflict from afar and rushed in headlong. Altogether the controversy is most interesting and instructive.

Every practitioner should read this brochure, and learn that there is necessary to be a "specialist" something more than the possession of a cautery and the assumption of a name. J. M.

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**The Cosmopolitan for April.**—"What Women Like in Mën," "What Men Like in Women," and "Husbands and Wives," are the titles of a series of very interesting papers by Radford Pike, the third of which appears in *The Cosmopolitan* for April. The same number of *The Cosmopolitan* treats of Prince Henry's visit, with a series of beautifully printed photographs, under the title of "A Clever Emperor and a Confederation of Nations." F. Hopkinson Smith, Israel Zangwill, Bret Harte, and Maarten Maartens are among the other contributors to this number, which is unusually good in fiction.