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## Original Contributions

### TREATMENT OF HERNIA IN CHILDREN

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THE treatment of any given disease or deformity naturally falls into two divisions, the radical and the palliative. In the former condition the parts may be restored to their normal structure and functional activity, and in the latter class, on account of organic changes or existing intrinsic conditions, a restoration to the normal state is out of the question; our efforts are then directed to secure the greatest medium of comfort by using means to prevent physical disability. Hence, we see that to intelligently direct measures for the relief or cure of hernia it is essential that we should have a correct knowledge of the natural or clinical history of the condition and its causation. For without this data it is possible to misdirect our efforts to establish a cure by instituting some surgical procedure for the cure of a protrusion which if left to itself might possibly disappear.

It is a well known fact that infantile herniæ have a tendency to disappear of themselves in a large percentage of cases as shown by the statistics collected by Malgaigne, sixty years ago. He pointed out that there is one hernia in every twenty-one children during the first year of life, and that this proportion remains the same up to the sixth year of life, when a decrease occurs, so that

at the age of thirteen the ratio is one hernia in seventy-seven children. From this age to twenty-one, there is a rapid increase among males so that there is now one hernia in thirty-two, due, no doubt, to the fact that during these years boys learn their trades, indulge in rough athletic sports and over-exert themselves. In females the increase in the proportion of hernia does not take place until the child-bearing period when there is a great increase in the number.

It follows from this that without surgical treatment 75 per cent. of all herniæ heal spontaneously before the child has reached 12 or 13 years, even if no herniæ formed during the period between the ages of 6 and 13, which, of course, we all know is not the case. Bull and Coley's records show that out of over 15,000 adults with hernia, less than 5 per cent. have been ruptured since childhood. Hence it follows that much more than 75 per cent. of all herniæ in children will heal spontaneously, or at least without surgical treatment, if proper conditions are secured.

In a paper written by T. C. Martin he shows that during the development of the child certain changes take place which tend to a natural cure of hernia. He points out that in the enlargement of the pelvis, the parietal peritoneum increases at the expense of the mesentery; the latter is thus shortened, and so prevents the entrance of the intestine into the inguinal or crural canals. A displacement of the internal abdominal ring and the widening of the emunctory canals also help in curing the rupture. A faulty development of the abdominal walls and the natural defect resulting from the descent of the testicles in the male, particularly when the processus vaginalis remains patent, must be considered most potent predisposing causes in the formation of herniæ. Macready places this hereditary tendency or defect in 25 per cent., and Malgaigne in 33 per cent. of all cases.

Beside anatomic reasons for the prevalence of hernia in children, Eccles, Langton, Ochsner and others have pointed out that the factor of increased intra-abdominal pressure is a most important cause. This may be due to habitual constipation, requiring great straining during defecation; primosis, causing strain during micturition; severe coughing, and lastly, intestinal disturbances from unsuitable food, resulting in flatulency and

indigestion, which, in turn causes pain and crying, and a constant rise in the intra-abdominal pressure.

The habit of applying a tight abdominal binder during infancy no doubt predisposes the child to the formation of a hernia, even if it is not actually responsible for the condition. This binder serves no useful purpose, except during the separation of the cord and the practice should be discontinued.

Congenital inguinal, or femoral hernia, in females is rare, though the umbilical variety is common, and is readily cured in both sexes by simple means. A retentive apparatus in the female is only necessary when the hernia becomes rapidly larger or is painful. There is a singular tendency in female babies to the escape of the pelvic organs of generation through the canal of neck. Strangulation is very rare in infancy or young children.

A truss on a diapered infant is a great nuisance, is continually soiled, difficult to keep clean and, if not perfectly fitting, is a source of misery to the little patient.

Ochsner has shown that a large percentage of herniæ in children will heal spontaneously if the increased intra-abdominal pressure is relieved. This is accomplished by means of trusses, or better and more rapidly by placing the child in bed with the lower end elevated to an angle of 20 or 30 degrees with the floor, the time usually required not exceeding six weeks. The mother must not carry the child but nurse it by leaning over the child's crib, or at least place it back in bed in its inverted position as soon as fed. Coughs, constipation and phimosis should be cured, and by the administration of a suitable diet, given at regular intervals, gaseous distension of the bowels and increased abdominal pressure are avoided.

All herniated children should be kept on their backs or buttocks as long as possible. The prone position or sitting posture is most favorable to recovery. The creeping posture distributes abdominal pressure, and so relieves tension on the herniated region, and promotes a cure. The child should not be allowed to walk for this brings the weight of the superincumbent abdominal viscera on the weakened areas.

Among the poor, the writer has had ample opportunity of judging from an extensive experience gained at the out-patient department of the Hospital for Sick Children, Toronto, the treatment of infantile hernia is very unsatisfactory. It is almost im-

possible to have the parents carry out the instructions given and particularly when a truss is advised. All forms of retentive apparatus, fitted with every care have been tried, but with very indifferent results. It is practically impossible to treat the large numbers of these patients by the rest cure in the hospital on account of limited accommodation. In private practice, the results have been very satisfactory indeed. If a properly fitting truss which perfectly controls the protrusion, be worn night and day, for at least six months, and precautions taken to guard against increased intra-abdominal pressure from any cause whatever, the prospects of cure, in infants, are good.

Operation is indicated only in strangulated hernia, in irreducible hernia and in very large hernia which a truss will not hold. In the two former classes all that is necessary is the operation devised by Mitchell Bank's which consists in simply dissecting out the sac, ligating it, and allowing the stump of the sac to return within the abdominal cavity and closing the wound in the skin. In large herniæ, one of the classical and well-tested procedures, such as Bassini's, should be adopted.

I have not attempted in this short paper to cover the broad subject of hernia, but simply to present, in a very imperfect manner, the general principles underlying the treatment of a condition which is so prevalent in children, and which if left too long untreated may cause much misery, and in time often difficult to cure.

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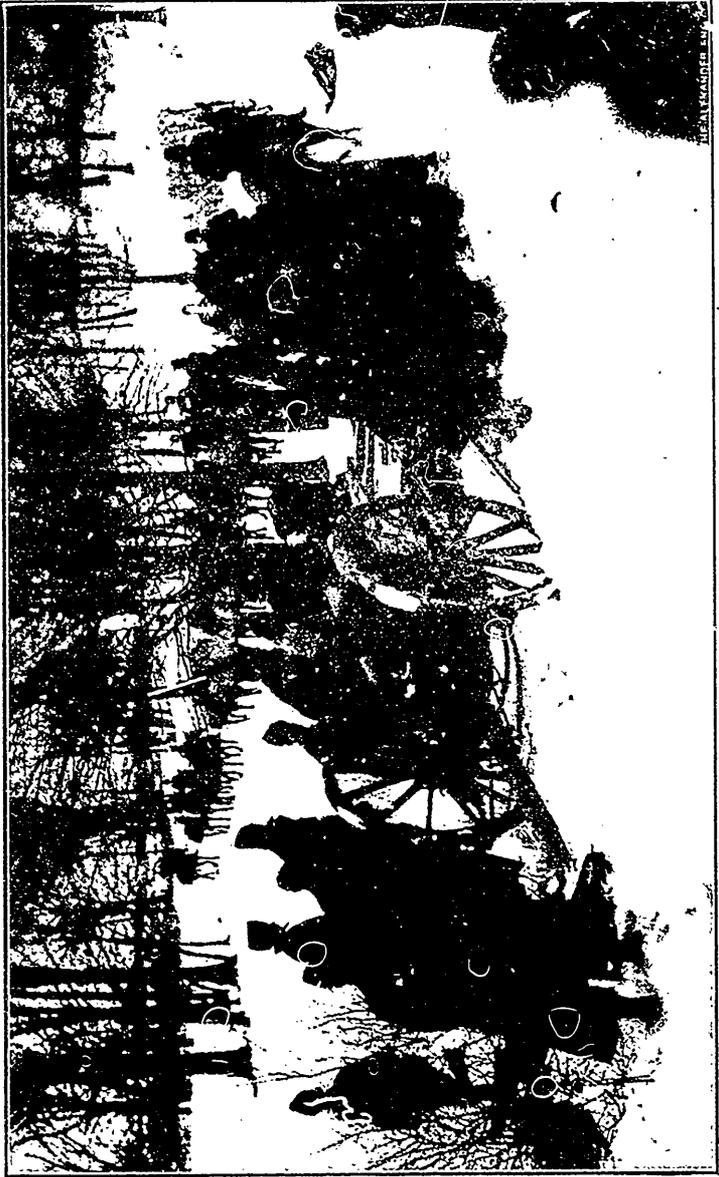


## THE WINTER MARCH OF THE ROYAL CANADIAN HORSE ARTILLERY

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A BRIEF notice of the winter march of the Royal Canadian Horse Artillery will be of interest to our readers, from the standpoint of military hygiene. The route march detachment consisted of 150 men, 140 horses, 4 twelve-pounder guns, 6 eighteen-pounder Maxim guns, 7 teams, and 1 ambulance. About twenty-five of the mounted men carried snowshoes strapped to their backs, to be used in the North country where the snow was deep. The men wore fur caps and buckskin gloves. Every man and officer wore "beef" moccasins. The guns were mounted on bob-sleighs and skids, so that both could be thoroughly tested. The ammunition (300 rounds) was carried in the boxes of the limbers, no special sleigh being used for the purpose.

The march began at the artillery barracks, Kingston, Ontario, at 9 a.m., February 15th, 1910, and when the detachment was about twelve miles out from the city, both batteries went into action in the broken country lying between the inland lakes and the Rideau Canal. The roads traversed by the batteries were, in many places, covered with deep drifts of snow, and the haulage was heavy. At noon the detachment had a good cold lunch by the wayside. Neither liquors nor beer were served, the fluids con-



ROYAL CANADIAN HORSE ARTILLERY IN WINTER CAMP.

sisting of hot tea and coffee. As the country passed through was under local option, alcohol could not be obtained. At 1 p.m. the march was resumed, and continued until the detachment arrived at Murvale, where a camp was prepared and a hot meal served. The horses, which were double-blanketed, were picketed along a fringe of wood, where they were sheltered from the wind. No tents were used by the men; each man received five blankets and two rubber sheets, and the men slept in these. A good many preferred to spend the night by the camp-fires, singing songs and exchanging yarns with each other. The fires were kept burning all night. During the night, rain, hail and sleet fell freely for hours, and the wind blew a hurricane.

After a breakfast of tea, coffee, bread, with boiled ham and bacon, the march was resumed at 9 a.m., February 16th, the detachment going north in pursuit of the imaginary enemy they had compelled to retire from the neighborhood of Kingston. A hot meal was served at noon. A camp was made at Verona and supper was served. Verona is about twenty miles from Kingston in a northerly direction. All stood the march well, and no sick were reported at the Medical Officer's parade. About 8 p.m. the temperature at Verona was near zero, with moisture in the air. No tents were used at night.

On the following day, February 17th, after breakfast, the detachment marched to 14 Islands Lake, in order to perform certain manœuvres in attacking a guerilla force. At 3 p.m. dinner was taken. After

supper the night was spent in camp, at Verona, without tents. Neither man nor horse was reported the worse for roughing it, although the night was very stormy. About 8 p.m., snow began to fall, and the camp-fires were gradually extinguished. Snow fell and the wind blew till the small hours. The men were buried beneath the snow, and, on rising at *reveille*, at 6.30 a.m., they looked like spectres, until they threw off their snow-covered blankets.

At 9 a.m., after breakfast had been taken, the detachment began a forced march back to Kingston. Reaching Murvale at noon, the detachment halted for lunch and to rest the men and horses. The haulage was heavy, as the snow lay deep on the road. At 1 p.m., the march was resumed, and the detachment reached Kingston about 4 p.m. Every man was in the pink of condition, and the horses showed no signs of having passed through one of the hardest trials ever imposed on any mounted corps in Canada.

Inside of an hour after arriving at the artillery barracks, Kingston, every transport team was unloaded, the guns were stored, and all material used on the march replaced in the Quartermaster's stores. Although the men of the detachment were all young, hearty, well-drilled artillerymen, still it must be acknowledged that the tests they endured were unusually severe. They stood the tests well, thus proving that, with picked men, well fed and well clad, campaigning can be carried on in Canada during winter. The ability of the men to sleep in the open in wintry weather, when, during one night, the tempera-

ture sank to near zero, and, on another night, a heavy snowstorm extinguished the camp-fires, is also worthy of note. Alcohol was not used at all, and is evidently not necessary to keep soldiers in good condition, even when they are exposed to great fatigues.

J. J. C.

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#### ARE FOMITES PRODUCTIVE OF CONTAGIOUS DISEASES

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PRACTICAL sanitarians pay great attention to woollen or cotton goods, or mixtures of the same, feathers, etc., and to the walls of sick-rooms, as possible sources of infection, and they spend time and material in disinfecting them, because they think that contagion sticks to them for a long period, and may be transmitted by them to the well. In most instances, however, experience teaches that contagion comes directly from an infected man or an infected animal, and not through their belongings, in an indirect manner, after a considerable interval. Although the poison of smallpox may survive for a short time on clothing, yet it dies in time and ceases to propagate that disease. Hence it is probable, that cases of smallpox formerly supposed to have been contracted from infected clothing, long after convalescence, were really instances of infection from newly-imported cases of that disease. Vaccinated physicians, who attend smallpox cases, do not communicate that disease to their families or friends; so that vaccinated contacts may be considered harmless.

In scarlet fever a similar argument does not apply, because there is no vaccinal protection against scarlet fever, and contacts cannot be deemed safe, unless they have already had the disease. Fomites may, however, be blamed for spreading scarlet fever in instances in which the real sources of contagion were unrecognized infected persons. Scarlet fever without a rash, though well known to medical science, may confront a practitioner and yet pass unrecognized, spreading scarlet fever among unsuspecting persons.

Besides, the contagium of scarlet fever is unknown. If it were known, its life history, communicability to fomites, length of period during which its activity might persist, could be tested in the laboratory and settled, instead of allowing sanitarians to trust to conjecture on these points. A similar line of argument applies to the contagium of measles, to that of varicella, or to that of mumps, all of which are as yet unknown. The contagium of diphtheria is communicated directly from the sick or convalescents to the well, as the bacilli of diphtheria do not live long on dried surfaces, such as the walls of sick rooms.

Until it was shown by actual experiment that yellow fever is caused by the bites of *stegomyia fasciata*, contagion was believed to emanate from the bodies of yellow fever patients; and their bed-clothing, clothes and the rooms they occupied during an attack were believed to be contagious. Since the crucial experiments of Drs. Reed, Carroll, Lanear and Agramonte, were made in Cuba, it has been

demonstrated that fomites reeking with the vomit, urine and feces of yellow fever patients have nothing whatever to do with transmitting the contagion of that disease.

One need not go so far as to say that, in the transmission of scarlet fever, measles, varicella and mumps, fomites have no active part. It is largely a question of evidence, and the fomites theory is on trial. The discovery of the true vehicle of a contagious disease dispels doubt, because it shows whether contagion is communicated directly from the sick or convalescent to the well, or indirectly through fomites.

J. J. C.

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#### THE GALVANO-CAUTERY IN THE TREATMENT OF MALIGNANT GROWTHS

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REFERRING to the effects of the galvano-cautery in preventing the return of cell growth in uterine carcinoma, John Byrne, of Brooklyn, who had operated with the electric cautery in 367 cases of carcinoma uteri, stated, "that there is hardly any doubt that the developmental activity of the cancer cells or germs, in certain stages, or under certain conditions, may be arrested or permanently destroyed by a degree of heat much below that which is detrimental to, if not destructive of, normal tissue." He believed that the thermal agent exerts a modifying influence much deeper than the surface actually cauterized. He said, further, "I have never known

an instance of relapse in which the disease had returned to the part from which it had originally been excised, or very close to the cauterized surface from which the cervix uteri had been removed by the galvano-cautery." If this observation proves correct, as is very likely to be the case, for the experience of several recent writers confirms it, then the value of the electric cautery over any cutting operation yet devised, without the aid of heat, must be apparent.

In the great majority of cases of hysterectomy done for carcinoma, in which the knife is used, recurrence takes place in the parametric tissues, extending to and invading the bladder and rectum. When the galvano-cautery is used in removing a carcinoma uteri, every portion of tissue surrounding the uterus, and near to it, is subjected to intense heat, which seals up the lymph spaces, and the influence of the heat is extended to the parametric tissues. Dr. Gillette, of Toledo, who discusses the use of the electric cautery in carcinoma uteri (*New York Medical Journal*, Jan. 1, 1910), says, "In my experience, the recovery is usually prompt and the mortality low, the pain and shock being surprisingly little. I am fully convinced that the cautery exerts a most beneficent influence over cancer of the uterus, an influence other than any which can be obtained with the knife alone."

In the January, 1910, number of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY, Dr. J. Price Brown, of Toronto, published a paper dealing with

the treatment of sarcoma of the nose by the electro-cautery. He had treated seven cases successfully by this method. The main contention held by the author of the paper was, that, although sarcoma of the nose is a very malignant disease, and may recur after removal by electro-cautery, yet, by persistent effort, the control being retained by the surgeon, and the cauterizations being repeated, as required, the disease can be eventually conquered and the tendency to return eradicated.

The author says: "Three out of the seven have permanently recovered—that is, after intervals of fourteen, seven, and two and three-quarter years there has been no return. The fourth died from toxemic poisoning. The fifth has had no return in seven months, the sixth no return in the last two months, the seventh no return in the last two months—that is, out of the first four cases, there was a recovery of 75 per cent., and a death-rate of 25 per cent. We may consider the last three too recent to be reported upon positively as cures."

Dr. J. Price Brown's explanation of the *modus operandi* of the electro-cautery in preventing recurrence of malignant growth is as follows: Sarcoma of the nose is an intensely hemorrhagic disease. The blood vessels and blood spaces contained therein possess no contractile power. Hence, when cut by knife or cautery, they bleed profusely at once. The heat of the electric knife, however, coagulates the fibrin in the adjacent external tissues and stops the bleeding, putting an end to exosmose and endosmose,

so that, while checking the flow of blood, it also checks the absorption of cell life, and is a strong barrier against the local extension of the disease."

Thus, the modus operandi of the electro-cautery in checking hemorrhage from severed living tissues offers a working basis to explain the reason why malignant growths, which have been removed by the electro-cautery, rarely if ever grow again in tissues adjacent to the site of the primary growth.

J. J. C.

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#### HOW LONG WILL IT BE BEFORE THE COLLEGE OF PHYSICIANS AND SURGEONS IS BANKRUPT?

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THE Ontario Medical Council has for some months past been the subject of a great deal of criticism on the part of, not only the Profession itself, but the Medical Press throughout the Province. There are some, no doubt, who feel that this criticism is not altogether deserved, whereas others are of a different opinion. It should be distinctly understood, however, that the Profession are not objecting to the Council as an institution, as the Council has unquestionably done the most valuable kind of work for the Medical Profession ever since its inception, it having upheld the status of the Profession in every way. *It is not to the Council as a corporate body that objection is being taken, but to its methods of doing business.*

Some correspondence appears on pages 238 and 239 of this issue of the Journal, which will no doubt

interest our readers. The writer, thinking that every member of the college in good standing had access to the books of the college, wrote first to the Treasurer and then to the President asking for permission to verify certain statements that had been made regarding the Council's expenditures. As will be noticed, refusal was given in each instance to the request made. Why is this the case? What have the Council to conceal? Are they afraid of any disclosures that might be made? Would it not be very much better to grant access to the books and by that means, perhaps, save further criticism?

The following facts regarding the business methods of the College of Physicians and Surgeons certainly make interesting reading, and, were the same facts applicable to any business concern, it would be a very short time before the services of an official assignee would have to be called in. In 1905 the Medical Council had a cash balance of \$62,580.56, which during the year 1906 grew to \$66,161.44. In 1907 the college purchased their new building on University Avenue, reducing their balance to \$48,359.41. In 1908 we find that their balance fell to \$44,745.17. We fear very much that when the statement of 1909 appears this balance will be still further reduced.

*The expenses of the Council seem to have steadily increased out of all proportion to the increase in its income.* During the years 1906-1907, the income amounted to \$25,577.69, and the expenditure to \$21,997.11.

In 1907-1908 the income amounted to \$25,790.58 and the expenditure to \$25,538.86, in other words, *the Council expended within \$251.72 of its income*, in addition to the sum of \$18,053.78 spent for its new building.

In 1908-1909 the income of the Council amounted to \$27,748.77 and the expenditure to \$31,363.01. During this year *the Council spent \$3,614.24 more than its income*.

It will at once be seen that *the net profit* of \$3,580.58 in 1906-1907 *was changed* in two short years to a loss of \$3,614.24.

*There is but one ending to this state of affairs and that is bankruptc y.* The members of the Council in 1906-1907 drew for Council and Committee meetings the sum of \$4,322.50, in 1907-1908 \$5,953.95 and in 1908-1909 \$8,782.10. Why, may we ask, should this more than double in two years? It is little wonder that Dr. J. A. Temple said regarding this (vide Annual Announcement, 1909-1910, page 322). "We should try and save and show to the public in general and our Profession that we are not grafters."

We think that it is but due the Profession that a full and *detailed* statement of the Council's financial dealings be furnished to each and every member of the college. It seems to us that there is something seriously wrong, and the sooner the present state of affairs is put to right the better.

W. A. Y.

### THE RABIES OUTBREAK

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THE subject of Rabies has been uppermost in the minds of the Medical Profession of Canada for some little time past. The recent enactment as to the compulsory muzzling of dogs has been the cause of a good deal of caustic correspondence and criticism in the lay press, many people considering that the law was entirely uncalled for, as the majority of the cases of so-called Rabies on human beings were more hysterical than otherwise. Others claimed that the muzzling of canine pets was nothing short of inhuman. That the former argument is however incorrect is proven by the correspondence to be found in this issue from Veterinary Director General J. G. Rutherford, of the Department of Agriculture, Ottawa, and Dr. Chas. Hodgetts, Chief Medical Officer of Ontario. These gentlemen are in a position to speak on this subject, having data that cannot be questioned, as far as Rabies in Canada is concerned.

We had the privilege of reading recently an abstract of an article by Dr. Langdon Frothingham of the Department of Bacteriology in Harvard Medical School. In the article, the author discusses the history, prevalence and prevention of rabies and its relation to animal experimentation. The article is a strong argument in favor of the muzzling of dogs, and valuable statistics are given to show the effect of muzzling orders in eradicating the disease. Since the introduction of proper dog laws and compulsory

muzzling, Dr. Frothingham says, the disease has greatly diminished in most of the German states, a yearly average of about 700 rabid animals being reported from 1866 to 1902, usually near the border line of countries where muzzling is not enforced. With such laws, Denmark, Sweden and Norway have not known rabies for more than 50 years, and it has recently been eradicated from England and Switzerland. It has never been known in Australia, probably owing to the strict enforcement of a six months' quarantine for dogs.

Statistics are given of several outbreaks of the disease in the United States. Between 1876 and 1882 in Massachusetts, 44 people died of hydrophobia, and between 1888 and 1894, 45 people died. From 1895, when the Pasteur treatment was introduced, the number of well authenticated cases of rabies with the number of persons treated shows surprising results:

	Mortality dogs.	Mortality People.	People ex- posed and given treatment.
1895 .....	4	0	11
1896 .....	12	2	7
1897 ... ..	19	0	8
1898 .....	25	2	11
1905 .....	98	2	12
1906 .....	356	8	133
1907 .....	741	2	165
1908 .....	511	5	144

The preventive treatment has reduced the mortality of persons bitten by rabid animals from be-

tween 6 and 14 per cent. to a fraction of one per cent. Pasteur institutes, says Dr. Frothingham, will cease to exist as soon as properly enforced dog laws eradicate rabies, for no infectious disease can so easily be eradicated. At the Tunis Institute in 1906, 489 persons were treated with no deaths. At the University of Bucharest, in 1903-5, 3,091 were treated and none died. In 1905 there were treated in forty Pasteur institutes 104,347 people, of whom 560 died of rabies later than 14 days after treatment ended. According to the location of the bite, head or hands, the mortality of the treated varies from 1.99 to 0.36.

In Canada, during the twelve months ending February 28th, 1910, "234 dogs were placed in quarantine and *in 41 additional cases rabies was definitely diagnosed*, in 38 of them by animal inoculation" at the Biological Laboratory of the Department of Agriculture at Ottawa.

For the past few months the Province of Ontario has been very much upset by the apparent increase in rabies, more so among cattle and dogs than among human beings; and, sad to relate, there has been at least one case of hydrophobia, namely, that of a child in Hamilton. At that time there was not a branch of the Pasteur Institute in Canada, where patients bitten by animals suspected of having rabies could be treated. It was necessary to send these patients to New York to undergo a system of treatment. Needless to say, this incurred a much greater expense than most people could afford.

The Hon. W. J. Hanna, Provincial Secretary, as

member of the Cabinet in charge of the Public Health of the Province, placed in the supplementary estimates for 1910, the sum of \$1,000, for the specific purpose of providing for the antirabic and antimeningitic treatments, and thus had anticipated the representations of the Academy of Medicine of Toronto. In respect to the Pasteur treatment, and in view of this financial provision, arrangements were made by the Minister, for the administration of the treatment, two special clinics being established, one in the Toronto General Hospital and the other in Sick Children's Hospital, by the courtesy of the governing Boards, where the treatment is administered daily by the Medical Staff of the Provincial Board of Health. The charge for the treatment in each case is \$25.00, being the amount paid by the Department for the vaccine in New York.

To date (9th of March), there are about twenty persons receiving daily inoculations of this serum, and, so far, we are pleased to say, none have shown any symptoms of rabies. The process of inoculation is simple. The skin is cleansed as for a hypodermic injection, and the inoculation made into the subcutaneous tissues of the abdomen and subsequently sealed with absorbent and collodion.

On the first three or four days, the patient is given two injections, each containing three cubic centimetres of the serum, and this is followed for three weeks with one injection of three or two and a half cubic centimetres each day. So far, none of those inoculated have manifested any inconvenience from

this inoculation, which, in itself, amounts to very little, but whose results are so very beneficial.

As Dr. Hodgetts states, "The disease does exist in animals, and during the past two years evidence has been gradually accumulating, which clearly indicates that rabies has been spreading in that portion of Ontario now covered by the rabies regulation." It will be at once seen, therefore, that the outcry as to this terrible disease, as regards animals, "is no myth or hysteria," and, "looking at the question from a public health standpoint, it is not one as to whether we have rabies in the human being, but with the knowledge that it is in the animal kingdom and can be communicated to the human being, as a wise step in preventive medicine, the muzzling order is most essential."

W. A. Y.

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#### THE DOWNEY TUBERCULOSIS BILL

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THIS Bill came up once again for discussion in the Ontario Legislature a few weeks ago, and a considerable part of one afternoon was spent in going over its clauses. As the profession are aware, Mr. Downey's Bill aims at dealing with the proper care of tubercular cases. In his address before the House, Mr. Downey claimed that nearly twenty-seven hundred people died in the Province of Ontario during last year from the White Plague. His Bill, he said, provided for the compulsory notification by the attending physician, and also the sending of printed instructions from the Provincial Board of

Health as to the best method of treatment. Mr. Downey added that this notification was intended to be quite confidential; that there would be no placarding, and therefore no publicity. He said that there was no provision at present in law for the removal of indigent tubercular patients by Boards of Health. Several of the medical members of the House spoke on the Bill, expressing approval of its main ideas, though differing somewhat in details. Mr. R. R. Gamey declared, from the experience he had had in his own family, that he did not believe that the people would object to compulsory notification, or any other means having a tendency to ameliorate conditions, and claimed that the Province should even go further than the Bill provided. Dr. Godfrey, member for West York, said that he considered that, in view of the different opinions held upon this subject, a very careful investigation should be made of the entire subject before the Bill was finally passed. Sir James Whitney, however, put both feet down upon the Bill in toto. He took the stand that no patient should be taken from his own doctor who diagnosed the case and "given over to a bunch of printed matter." Sir James said, most emphatically, that he would just as soon trust the ordinary physician to deal with a case of tuberculosis as any specialist he knew of, and he went on to say that he did not propose to make it possible for any poor man's home to be broken into under the pretext of benefit to the community at large. The Bill, therefore, received a hoist.

W. A. Y.

AMENDMENTS TO THE ONTARIO MEDICAL ACT, PROPOSED BY THE ACADEMY OF MEDICINE

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DR. J. S. HART, representative for West Toronto on The Ontario Medical Council, called a special meeting of the Profession at The Academy of Medicine, Queen's Park, Toronto, on March 2nd to consider certain recommendations to be made to the Ontario Legislature regarding Council matters. The meeting was fairly well attended, those present taking quite an active part in the discussions. The following recommendations were passed to be duly presented to the Cabinet of the Ontario Government:

(1) That the Legislature of Ontario pass the necessary law preventing those colleges who are not now actively engaged in Medical Teaching having any representation in the Medical Council, the colleges specially referred to being The Regiopolis (Kingston), Trinity Medical College, Trinity College and Victoria College.

(2) That the total representation of the Council should be reduced to the colleges now actively engaged in medical teaching, three in all, two Homeopaths and nine Territorial representatives, reducing the total number of members of the Council to fourteen.

(3) That the Medical Council be requested to furnish every member each year with a detailed financial statement of their affairs.

At the date of writing (March 16th), it is under-

stood that the Ontario Government, it is said at the instigation of the University of Toronto, will not act upon any of the above recommendations for the current session. They have decided, however, to give the Executive of the Medical Council the necessary power to erase from membership the name of any Medical Practitioner who is found to be guilty of unprofessional conduct in a criminal sense. Why Sir James Whitney should ignore the recommendations as made by the Academy of Medicine is quite incomprehensible. It has been shown beyond question that certain colleges, at present represented on the Council, have no right under the Act to such representation. We trust that the Legislature will undoubtedly take further steps in this connection next Session.

W. A. Y.

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#### EDITORIAL NOTES

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##### **Dean Clarke Complains of the Teaching and Organization in Some Departments of the Faculty of Medicine of the University of Toronto.**

An extract from the Report of Dean Clarke, which appears on page 21 of the Report of the Board of Governors of the University of Toronto, for the year ending 30th June, 1909, contains an attack on the organization of some of the departments of the Faculty of Medicine; a disapproval of methods of teaching followed in some departments; an approval of a higher matriculation standard, and a suggestion that the older members of the Faculty should take a friendly interest in the social welfare of medical students, so as to assist in preventing them from straying from the right path.

Defects in organization are ascribed to a plethora of professors, due to the effort of the University of Toronto to find places in its new Faculty of Medicine for the professors of Trinity Medical College, who had agreed to sink their individuality as an independent Faculty and work with their former rivals under a common flag. Dean Clarke advocates but one head for each department of medical teaching. If each of these departments were to be looked at as an office for the despatch of business, public or private, it would seem that a single head, supported by competent assistants, should carry on the work with less friction than if several co-equal rivals were striving to outdo each other in the same department. An army works well under one general; a railway company succeeds best under one general manager; a cabinet thrives under one premier. These are self-evident propositions. However, genuine rivalry among medical lecturers is not in itself a bad thing, or a common thing, either; and although it may not seem consistent with that beautiful regularity which appeals to many minds, is preferable to the stale uniformity of an inferior lecturer in an important department, who, according to the one head theory, has no corrective influence brought to bear on him, unless it be the unflattering inattention of his listeners.

If lecturers in a department of medical teaching were allowed to advocate conflicting methods of diagnosis and prognosis; if, worse still, an allopath, a homeopath, and an osteopath, in rotation, were allowed to lecture on treatment, to the same class, the effects of their rivalry would be confusing. But, as the medical teaching of the University of Toronto is homogeneous and representative of one school of medicine, it is not at all clear how a plethora of competent lecturers and teachers accounts for the badly equipped condition and poor showing of some of the undergraduates at the examinations of the University of Toronto and the Ontario College of Physicians and

Surgeons during the past two years. Some other explanation is necessary.

Dean Clarke objected to the giving of lectures on two subjects by one teacher. In the main, this is obviously true; but, if a lecturer on surgery is able and willing to teach, let us say anatomy, there is no good reason why he should be restricted to one or the other of these subjects. The real point at issue in allowing him to teach two subjects is his fitness for the work, and not that he interferes with the appointment of another lecturer. Fitness is the test, and not mere sub-division of labor.

Dean Clarke does not favor didactic teaching in medicine. Didactic teaching reminds one of a set speech in parliament; clinical teaching, of committee work. The former, formal, correctly phrased, demanding continued attention from the audience; the latter, informal, expressed in plain words, and permitting intervals of complete mental relaxation. In estimating the value of either method as a means of aiding students to acquire some inkling into the art or science of medicine, or any of its branches, allowance has to be made for the grip a good lecturer takes on an audience. The teaching of a good lecturer is absorbed and assimilated by bright students with astonishing rapidity; his very words remain graven on their brains. A poor lecturer is tolerated, because his hearers get tired soon, and have to sit out the dance. A lecturer is made, just as the poet is made, and, because the genus, good medical lecturer, is a very rare one, it is plain that a conversational, familiar style of imparting instruction in medicine is the more generally useful one; didactic lecturing the exceptional one.

Whatever praise may be given to a scheme for raising the standard of medical matriculation, there should be no relaxation on the part of examiners in the enforcement of the present matriculation standard in medicine. If carried out without fear or favor, it is a guarantee that the preliminary training of

undergraduates in medicine is sufficient. More should not be asked for.

Dean Clarke's remarks respecting the supervision that should be given by the older members of the Faculty of Medicine to young students who, in many instances, are removed from parental control and allowed to follow their own devices in a great city, are in excellent taste.

#### **Report of the Milk Commission.**

There is very much, indeed, that commends itself to physicians in the carefully-prepared Report of the Milk Commission, and our readers would do well to ask for copies of this report from the Chairman of the Milk Commission, W. K. McNaught, M.P.P., Toronto.

Referring to the question of a general milk supply in Ontario, it is shown that, to be pure and wholesome, milk should be treated in a clean, sanitary way. To accomplish this desideratum, every city and town should have a proper system of inspection, and the work of inspection should be done by a veterinarian. If possible, a man should be employed who could give all his time to the work. In the case of small cities and towns, a veterinarian might be employed to do the work, during a portion of his time. The Report shows that, in Ontario, the inspection of dairies has not been done properly, as regards places where milk is sold and, scarcely at all, as regards farms where milk is produced.

The plan for securing inspection recommended in this Report is to empower each municipality to look after its own milk supply. Each city or town should be given the utmost freedom to make inspection at every stage, from the cow to the consumer, and should have power to exclude any milk believed to be contaminated. The question should be one of buyer and seller—a matter of agreement between producer and consumer—just as is done between dairymen and dairy companies, or between

dairymen and milk-condensing factories. The milk companies and the condensing factories send their own inspectors regularly to the farms from which their supplies are drawn. The proper officer to look after the inspection of dairy farms, from which milk is sent to a city or town, would be the Medical Health Officer of that city or town. This recommendation, therefore, is directed chiefly to the governing authorities of the Province, and means that law on the subject should be so worded that the municipalities may be enabled, without let or hindrance, to discharge the office of inspecting the dairy farms, where their milk supplies are produced. The inspection of dairy farms by an officer acting for the consumer is found to be in keeping with the expressed opinions of several Ontario medical health officers. In the July, 1909, number of this journal, the same subject was discussed editorially in the following words: "Local boards of health in municipalities which ship milk to Toronto will not oblige their dairymen to tear down old-style byres in order to construct better ones. They will not insist on proper methods of keeping cattle neat and tidy. They will not order an analysis of the well water of a dairy, nor insist on the removal of a privy situated too close to a dairyman's well. Rural medical officers of health receive a mere pittance for attending to the grosser insanitary evils of their municipalities, and cannot be expected to incur loss of local influence, or loss of money in defending suits for damages, for looking after the purity of the Toronto milk supply. The fear of the Lord is the beginning of wisdom, and the fear of an independent inspector from Toronto, backed by a bacteriologist, will teach the dairymen to observe the rules of the Provincial Board of Health. City inspectors should visit the dairy farms regularly, and should have power to enforce the observance of the rules of the Provincial Board of Health by ordering dairymen to discontinue sending milk to Toronto for disobedience to these rules."

As far as Toronto is concerned, the Report of the Milk Commission shows the necessity of the work of inspection, because, "Exclusive of West Toronto and other recently annexed districts, Toronto consumes 2,336 eight-gallon cans a day, from approximately 900 farms, within a radius not exceeding forty miles."

The importance of a supply of milk suitable for infants is also discussed, and a recommendation made that the municipalities should aid in maintaining milk depots for infants.

The recommendation that, in cities of 50,000 population, milk should not be sold in shops, except in bottles or sealed packages, would slightly increase the cost of milk to consumers; but is the surest way by which pure milk sent from a proper dairy farm can be kept pure and uncontaminated after it has been marketed. Besides, if a sample of milk is found on analysis to be dirty or diluted, it can be traced to the bottler, who should be obliged, by law, to place his stamp on every bottle of milk filled at his shop or dairy farm, as the case may be.

#### **Gifts to the University of Toronto**

As the result of discussion of the matter between them, the executors of the Massey Estate have written to the Governors of the University of Toronto, stating that the estate will bear the cost of erecting, as a memorial to the late Hart A. Massey, three buildings, to be of stone and of Gothic architecture, one to contain all that is necessary for the Young Men's Christian Association, and to be administered by them precisely as if built on the University grounds by themselves; a second building, probably of similar size and design, to contain the rooms necessary for the Students' Union, the Athletic Association, and for other purposes in connection with student life. Between the rear part of these two buildings, built so as to leave a lawn or court, possibly closed in front by a wall with a gable, there

will be built a beautiful Gothic hall, also for the use of the students.

Behind these three buildings, the Governors will, at the expense of the University, erect in a style of architecture, consistent with the buildings in front, the gymnasium, swimming baths, etc., so much required by the students, the present gymnasium being absorbed in the group of buildings. The site will be the land in front of the present gymnasium and Students' Union, and southward for the necessary distance.

The part to be borne by the Massey Estate in this new arrangement is a very large and costly undertaking, one of the most important, if not the most important, ever made for the benefit of the public in Toronto.

Handsome residence buildings have also been presented to the University, in one case by Mr. E. C. Whitney, and in another by several other friends of the University.

J. J. C.

#### **The Academy of Medicine to Have a New Home.**

We understand from good authority that, owing to the University of Toronto being unable to give the Trustees of the Academy of Medicine permission to put up the desired buildings, the same to include an auditorium and stack-room, there is every probability, of the Academy having a new home in the very near future. It seems that the University intends taking up all of its leases as they fall due, on account of the fact that they have very little property left on which to erect the necessary buildings for educational purposes. The Board of Trustees of the Academy have been considering the advisability of spending from twenty-five to thirty thousand dollars on the present property, but the President of the Board of Governors of the University of Toronto, it seems, cannot see his way to giving the necessary permission for the expenditure of a sum greater than fifteen thousand dollars. We understand that the Massey Estate

has once again come to the assistance of higher education, and has very kindly consented to contribute several thousand dollars towards the erection of a new Academy, and which, with the assistance of others who are interested along similar lines, will mean that the Academy, before any length of time, will have a new building and site worthy of our representative medical body in Toronto. We understand that a new site has been placed at the disposal of the Trustees in Queen's Park, and that it is a very much better one in every way than the present, and one to which there will be attached no building restrictions whatever, and be the home of the Academy for many years to come.

W. A. Y.

#### **Ex-House Staff Dinner**

The fifth annual dinner of the ex-house officers of the Toronto General Hospital was held on the 28th ultimo, in the King Edward Hotel, Toronto, Dr. Charles MacGillivray, of the staff of 1890 (now practising at Whitby) presiding.

The number of men still living who have served as internes in the General Hospital now reaches some two hundred and twenty-five, sixty-six of whom practise in the city of Toronto.

Dr. Roland Hill, of St. Louis (of the staff of 1890), gave the usual scientific address on "The Borderland of Medicine and Surgery."

Following the toast list, an interesting ceremony took place—the presentation to Dr. Thomas Cullen of "The Toronto General Hospital Gold-headed Cane." This cane is the gift of Mr. P. C. Larkin, Vice-Chairman of the Board of Trustees, and is somewhat of a replica of the famous gold-headed cane now in the Royal College of Physicians, London, England.

The original cane was carried by six of the leading London physicians in succession, covering a period of 136 years: Radcliffe, Mead, Askew, the two Pitcairns (William and his nephew, David), and Baillie. Baillie died in 1823. His widow presented the cane to the College.

Four years after appeared a book, written by Dr. William Macmichael, bearing the same name as the cane; a second edition appeared in 1828, and a third in 1884. This work is an autobiography of the cane, or a biography of the distinguished holders of it. In it the cane speaks and tells of its experiences with its various owners—in the sick-room of William of Orange, with smallpox; the call to the deathbed of Queen Anne; the intercourse with Hans Sloane, founder of the British Museum; visits to the homes of the leading people in high social standing in the metropolis. Altogether it is a fascinating volume.

As to the T. G. H. cane—it will be carried for one year by the ex-house surgeon who makes the best contribution to medical literature during the preceding year. His name will be engraved upon a disc upon it, and handed on to his successor. For the time, Mr. Larkin is generously providing a silver fac-simile of the cane, to be carried for life by the successful candidate after he passes on the Gold-headed Cane.

Dr. Cullen's contribution was his book on Adenomyoma of the Uterus, and which we hope to review at some length in our May issue.

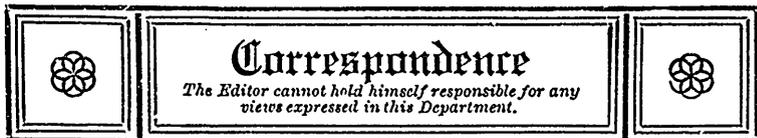
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#### PERSONAL

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We tender congratulations to our collaborateur, Dr. D. King-Smith, on the birth of his firstborn, a daughter, on March 11th.

Dr. E. A. McCulloch, son-in-law of Dr. N. A. Powell, of this city, has been appointed Superintendent of the new Sanitarium for Tuberculosis, to be opened at London, Ontario, on the 1st instant. We wish to congratulate Dr. McCulloch upon his appointment, and feel sure that he will give eminent satisfaction to the Board of Trustees.



264 Church St., February 14th, 1910.

*My Dear Dr. Young.*

I am to-day in receipt of your communication of the 12th inst., in which you express a wish to have "access to the books of the College of Physicians and Surgeons."

The request is of such an unusual nature that I feel obliged to ask you to submit it to the President of the College, Dr. E. A. P. Hardy.

When I receive instructions from him to comply with your request, I shall be pleased to do so.

Faithfully,

H. WILBERFORCE AIKINS.

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Toronto, Feb. 16, 1910.

*W. A. Young, Esq., M.D., Toronto.*

Dear Sir,—I am in receipt of your letter of the 15th. I suppose you refer to page 381 of the 1909-10 Announcement; but I cannot see that the Council agreed with Dr. MacCallum's remarks. The books are open to the inspection of members of the Council at any time, and any member of the College may have the representative of his constituency call for any returns from the Treasurer's Department at any regular meeting of the Council, and these returns will be brought down and submitted to the Council.

You, as a member of the College, have the same rights as all other members—neither more nor less—and you can readily understand that if each of the 4,000 members of the College were to be allowed direct access to the Treasurer's books, these books would be soon defaced and rendered useless for our purposes, if not destroyed by so much handling. Our staff is not sufficiently large to have the Treasurer make out long lists for every member of the College who might demand such lists.

Your territorial representative, Dr. Hart, will receive all the help needed in making out any returns at any time, and you can apply to him to obtain any information, if you wish.

For the above reasons, I cannot accede to your request that you be given permission to examine the Treasurer's books personally. The Council has been criticized lately, I well know; but I have not seen a criticism during the past eighteen months and while I have been President, the subject and object of which has not been considered already by the Council and improvement attempted, whenever and as soon as possible. Such bodies are always open to criticism, sometimes wrongly and oftentimes rightly; but any change or improvement must always come from within and by the actions of those elected to try to carry out the wishes of the majority of the electors. Therefore, I cannot agree with you when you say that those members of the College who are not members of the Council are the ones to supervise our books and control things to suit their own ideas.

With kind regards, I am,

Yours very truly,

E. A. P. HARDY.

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Office of the

Veterinary Director-General and Live Stock Commissioner,

Ottawa, March 11th, 1910.

W. A. Young, M.D.,

Managing Editor

CANADIAN JOURNAL OF MEDICINE AND SURGERY,  
145 College St., Toronto.

DEAR SIR,—I have your letter of the 7th inst. in reference to the number of cases of rabies which have come to the knowledge of the Department in the last twelve months.

In reply I beg to state that, from March 1st, 1909, to February 28th, 1910, 234 dogs were placed in quarantine, and in 41 additional cases rabies was definitely diagnosed, in 38 of them by animal inoculation at our biological laboratory here.

Of the 234 dogs placed in quarantine, strong suspicion existed

in the large majority of cases, although definite knowledge could not be obtained. Many of them have, since being quarantined, either died or been destroyed.

Yours faithfully,

J. G. RUTHERFORD,  
*Veterinary Director-General.*

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Ontario Board of Health,

Toronto, March 10th, 1910.

Dr. W. A. Young,

Managing Editor,

THE CANADIAN JOURNAL OF MEDICINE AND SURGERY,  
Toronto, Ont.

RE RABIES.

DEAR DOCTOR,—Your favor of the 4th inst. is before me, and in reply would state that up to date, so far as I am aware, rabies has only been reported in one case, namely, that of the little boy in Hamilton who died last week.

The disease does, however, exist in animals, and during the past two years evidence has been gradually accumulating which clearly indicates that rabies in animals has been spreading in that portion of Ontario now covered by the rabies regulations.

The evidence of the disease in animals has been verified not only by the laboratory of the Provincial Board of Health, but also in the laboratory of the Veterinary Director-General at Ottawa, in which latter place confirmation has been by animal inoculation.

Since March 1st there have been received at the laboratory of the Provincial Board of Health a number of specimens—generally heads of dogs—and the negri body has been found in specimens received from the following places: West Monkton, Guelph (2), St. Thomas, Toronto, Strathroy, Hamilton (2), Niagara Falls, Rodney (2), Harriston, Forest, Aldershot, Millbrook, Hamilton (boy's brain), Highgate, London, Burgessville, Ingersoll, Waterloo, Goderich and Oakville.

You will therefore see this is no myth or hysteria as regards

animals, and the Hamilton case has also been verified as rabies, Dr. Amyot having found the negri body in the brain of the deceased child.

Looking at the question from a public health standpoint, it is not one as to whether we have rabies in the human being, but with the knowledge that it is in the animal kingdom and can be communicated to the human being, as a wise step in preventive medicine the muzzling order is most essential.

Personally I very much regret the death of the little boy at Hamilton, as it is somewhat of a reflection that the preventive measures of muzzling, etc., were not adopted at an earlier date and thus have saved the boy's life.

Should you desire any further information in this matter I shall be most pleased to give it.

Believe me,

Very truly yours,

CHAS. A. HODGETTS, M.D.,  
*Chief Health Officer of Ontario.*



## THE CANADIAN HOSPITAL ASSOCIATION

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The fourth annual meeting of the Canadian Hospital Association was held in Montreal on Easter Monday and the following Tuesday. Dr. H. E. Webster, Superintendent of the Royal Victoria Hospital, Montreal, is President, and acted as Chairman. Dr. Christian Holmes, of Cincinnati, and a number of other hospital workers were present. The members of the Association made a round of visits to the different Montreal hospitals, and were given various demonstrations on certain special features of their work. All Hospital Superintendents and Hospital Trustees, as also those particularly interested in hospital work, are eligible for active or associate membership. Dr. J. N. E. Brown, Medical Superintendent Toronto General Hospital, and who is Secretary of the Association, will be glad to give anyone interested full information, and will supply copies of last year's Proceedings, on application.

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## DR. LUTHER GULICK, OF NEW YORK, ON MEDICAL INSPECTION OF SCHOOLS

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That Dr. Luther Gulick, of the Russell Sage Foundation, New York, and President of the American Playgrounds Association, is an advocate of fresh air and cleanliness as means to good health, and that the factors should be made important items in the medical inspection of schools, were facts strongly emphasized in his address on March 15th before the Local Council of Women, on "Medical Inspection in Schools."

The address was based on the relation of medicine to education, pointing out the necessity of the co-operation of the Board of Health and the Board of Education in this vital question.

The first need of medical inspection, said the speaker, was as

a protection to the community against the school as a focal centre for the dissemination of disease. Then there was the question of protection of the children, who, if not in physical condition to be educated, were unable to profit by the instruction given. Instances of children afflicted with deafness, short sight, bad teeth, and other physical defects, were given, and figures presented which proved that children in such condition are slower to progress in their studies, thus proving that, even if taken merely from an economical basis, it was cheaper for the community to provide medical inspection than to pay for the extra period of instruction required for children whose defects are not remedied.

The relation of medical inspection to education, coming directly under the jurisdiction of the Board of Education, was pointed out as including such matters as the examination into the hygienic condition of school buildings, arrangement of the course of studies, physical exercise, athletic sports, etc. Emphasis was laid on the preparation of books in such a way as to do the least harm to the pupil's eyesight. A staff of specialists should have the taking in charge of the mechanical make-up of all text-books, so that the proper margins should be left, the type should be of the proper size, and a proper distance should separate the lines. This should be regulated according to the age of the child.

Regarding the need of fresh air in the school rooms, Dr. Gulick declared the present system of heating and ventilating to be utterly inadequate, the air being so dry that there is less humidity in the ordinary school room than on the Sahara desert. Some of the advantages of the fresh air system the speaker referred to, particularly as in the case of the treatment of pneumonia in the Bellevue and Presbyterian hospitals in New York, where, by putting the patients right out of doors, the rate has been materially decreased.

Special stress was laid on the importance of keeping the schools absolutely free of dust, proclaiming dust as one of the most prolific sources of the ever-prevalent colds which are largely responsible for keeping children from school a great deal of the time.

Dr. Gulick spoke with enthusiasm of the anti-tuberculosis campaign of the present day, and proclaimed that, notwithstanding

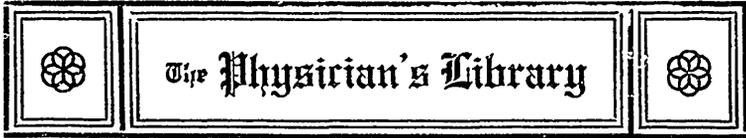
ing the fact that a million people fall victims to this disease in a year, the greatest results of the campaign would not be in the stamping out of the disease, but in educating the community to right living by teaching the primary factors of good health.

Referring to the open-air schools for tubercular children in New York, Dr. Gulick stated that the effect of proper living and continual outdoor air, as there demonstrated, was that these children, below par in vitality, made more rapid progress than the grade out of which they have come, and he asked why it is necessary to wait until a child is afflicted with the disease before the steps are taken which would ensure his health.

After Dr. Gulick's lecture, Mrs. A. M. Huestis, the President of the Council, read a bill that will probably be presented to the Provincial Legislature next session, dealing with special treatment in schools for children physically and mentally defective. The audience included a number of physicians and several members of the Board of Education.

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**McGill University Faculty of Medicine.**—The new buildings which are being erected for the accommodation of the Medical Faculty, and to replace those which were destroyed by fire three years ago, are now approaching completion, and will, it is hoped, be ready for occupation in the early summer. The Medical Faculty has therefore decided, with the sanction and approval of the Principal and the Governors of the University, to hold the next Annual Convocation, for the conferring of degrees in Medicine in the new building and to arrange for the formal opening ceremonies at the same time; and to further signalize the event by carrying out a long contemplated plan for a reunion of all her graduates. His Excellency the Governor-General has consented to be present, and a provisional programme has been arranged, a copy of which is appended. All graduates are cordially invited to be present.



*The Sexual Question.* By AUGUST FOREL, Professor of Psychology at, and Director of, the Insane Asylum in Zurich. English adaptation by C. F. Marshall, M.D., M.R.C.S. New York: Rebman Company. 1908.

Probably no subject in the whole range of medicine presents more difficulties or requires to be treated with more delicacy than the one which Prof. Forel has, in this volume of about 500 pages, attempted to treat. His special training and his previous writings upon psychiatry fitted him for the task undertaken, and no candid reader will deny that he has handled the subject in a masterly and scientific manner. Two central ideas dominate all that is here written—the study of nature, and the psychology of man in health and in disease. In logical sequence, all personal and social aspects of the sexual function are taken up.

Following a clear statement of known facts, we have based upon them scientific and convincing arguments, and, in the main, wise and helpful conclusions.

Even when one cannot agree with the author, as, for example, in his justification of certain anti-conceptual methods which are leading to race suicide, his evident candor and the courage of his convictions entitle him to our respect.

The work does not pander to prurient curiosity. It is as far as possible removed from such pornographs as the "Cross-ways of Sex," for the selling of which convictions were recently secured in a Toronto criminal court.

On the other hand, it has nothing of the robust morality which gave to the writings of Sir James Pajet a charm and a value too seldom found in medical literature. It has long seemed to this reviewer that no more wholesome reading could be put into the hands of his students than the clinical lectures of Pajet upon this as well as upon more strictly surgical subjects.

To expect from a continental writer an equally unreserved upholding of the Seventh as well as the Tenth Commandment may not be quite reasonable, but surely, upon Canadian ears, sentences like the following will strike strangely: "Persons

unable to resist their sexual appetite should be extremely prudent in their extra-nuptial intercourse."

One other quotation, showing how widely a European viewpoint regarding modesty differs from our own, may be given:

"Before engaging in a life-long union, a man and a woman ought to explain to each other their sexual feelings, so as to avoid deception and incompatibility later on."

It is but fair to state that expressions like these are few in number, and that, viewed broadly, the work is the best that has yet appeared, or at least, that has come under this writer's notice. Read with discrimination, its influence will be good. It will help the physician in giving advice which he must give if, toward those who need it, he does his whole duty.

N. A. P.

*Fifth Annual Report of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis.* Feb 1, 1907, to Feb. 1, 1908. Published by the Institute, 238 Pine St., Philadelphia. 1909.

In the Fifth Annual Report of the Phipps Institute, there is a splendid account of the clinical and pathological work done by members of the staff, covering the records of 1,475 patients admitted for treatment during the year. Numerous tables are presented, showing the occurrence of special symptoms, physical signs, and various complications in the 733 new patients admitted, and in 4,466 patients treated during the past five years, this part of the Report being from the pen of the Medical Director, Dr. Lawrence T. Flick. Special studies are contributed by various members of the staff, some of which show much attention to detail and form valuable contributions to the literature of tuberculosis. W. W. Cadbury's article on "The Bone Marrow in Pulmonary Tuberculosis" is the first of these. It is based on the findings in fifty-seven autopsies. Following his conclusions is a bibliography of the more important literature on this subject.

Montgomery has an article on "Percussion Tenderness in Pulmonary Tuberculosis," a phenomenon noted by Larnuec and other French writers, but to which little attention has been paid by clinical teachers of the present day.

Landis contributes a well-illustrated article on "Fibrosis of the Lung"; Staunton, a report on sixty-one cases of pneumo-

thorax, and D. J. McCarthy, a pathological study of the organs and tissues of a man with pre-natal polio-myelitis, dying at thirty-two from tuberculosis. Work such as that recorded in this report should be a great source of satisfaction to Mr. Henry Phipps, whose great benefactions have made it possible—not only the scientific researches, but the practical application of modern methods of treatment to the poor of a great city.

It is worthy of note that the nurses employed by the Institute have all been patients under treatment at the Institute, or at the White Haven Sanatorium.

J. H. E.

*The Practice of Surgery*, with 20 colored plates, 28 skiagram plates, and 707 black and white illustrations. By the late WALTER GEORGE SPENCER, M.S., M.B. (Lond.); F.R.C.S., Eng.; Surgeon and Lecturer on Surgery, Westminster Hospital; Member of the Court of Examiners, Royal College of Surgeons of England; Late Examiner in Surgery, University of London; and GEORGE ERNEST GASK, F.R.C.S., Eng., Assistant Surgeon and Demonstrator of Practical Surgery, St. Bartholomew's Hospital. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

This is the tenth edition of the work originated by the late W. J. Walsham, which has been so long and favorably known to the medical profession. Under the present authorship, the volume, which consists of 1234 pages, has undergone very considerable change, both in the subject matter and in the rearrangement of the order of subjects. This book is written to fulfil the requirements of the modern text-book in surgery, and this object is accomplished in a very satisfactory and complete fashion. In addition to this, however, it will be found a useful guide for the practitioner engaging in surgical practice. There are many excellent illustrations in the text, and 20 colored plates. Reproductions of skiagrams, of which there are 28, have also been used to great advantage in the illustration of diseases of bones and joints, and it may be added that these skiagrams are of quite remarkable excellence.

It is impossible in a short notice to give any detailed account of the merits of this text-book, but it is quite obvious, after a critical inspection, that it covers the ground of modern surgery

in a most concise and clear manner, and one may safely predict that the work under review will soon become a favorite among students and practitioners, to whom, without any reservation, we recommend it very heartily.

A. F.

*The Practical Medicine Series.* Vol. IV.—Gynecology. Edited by DRs. E. C. DUDLEY and C. VON BACHELLE, of Chicago. The Year Book Publishers, Chicago. 1909.

This is one volume of a series well worthy the consideration of every man engaged in general practice. In all, ten volumes are issued yearly, and in their compilation the entire field of medicine is reviewed by experts, who present in concise form all notable advances. Its special advantage is that the numbers are sold separately, so that the physician is able to select only such as appeal to him personally and are likely to prove helpful in the round of his daily work. To but few of us is it given to have ready access to all the leading journals in the language or languages at our command. Those so favored are quite unlikely to have time at their disposal for the systematic study of the ever-increasing supply of journal literature. Hence, it comes about that it is of exceeding value to have others seek out and set in order whatever is of greatest interest and utility. The editors of this section have been most conscientious in their work, and this year, as in past years, they have made us their debtors by exercising good judgment and ripe scholarship in the selections made for our use.

Under the heads of: 1, General Principles; 2, Infectious and Allied Disorders; 3, Malformations and Tumors; 4, Traumatism; 5, Displacements, and 6, Disorders of Menstruation, they give us not alone the leading contributions of the year, coming from English-speaking writers, but also translations from French and German periodicals.

Illustrations of excellent character are used freely throughout the volume.

The writer of this notice has been amply repaid for the time given to this and other numbers of the series, and he commends it unreservedly to the readers of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

N. A. P.

*Manual of Operative Surgery.* By JOHN FAIRBAIRN BINNIE, A.M., C.M. (Aberdeen), Professor of Surgery, Kansas State University, Kansas City; Fellow of the American Surgical Association; Membre de la Societe Internationale de Chirurgie. Vol. 11—Vascular System, Bones and Joints, Amputations. Fourth Edition. Revised and enlarged, with 550 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

This volume of 553 pages, being Volume 11 of Dr. Binnie's "Manual of Operative Surgery," includes the surgery of the vascular system, bones and joints, and amputations. The manual is already well known to the profession at large, and is uniformly appreciated as a most valuable guide to operative surgery. The author has succeeded in a remarkable manner in condensing into a comparatively small compass a description of the vast majority of operative procedures which the general surgeon finds necessary to employ. The description of technique is very clear and adequate, and the book is further enhanced in value by many excellent illustrations.

Without reservation, we would recommend this work as a most trustworthy guide for operative surgery. A. P.

*Studies in Tuberculosis.* By HENRY CLARKE, M.A., M.D. (Cantab.), Physician to the Liverpool Hospital for Consumption and Diseases of the Chest, and Superintendent of the Research Laboratory of the Hospital. Pp. 60+IV., with 9 charts. Liverpool: The University Press.

We have enjoyed reading this recent contribution to the literature of tuberculosis. It is essentially a record of observations upon the use of tuberculin in the Liverpool Hospital for Consumption. There is a hurried review of methods of diagnosis, and a rather broad discussion of preventive measures, but the interest of the work lies in the author's experience with tuberculin. He has found tuberculin of marked service in the treatment of cases. He describes, in fair detail, his methods of administration, and tabulates carefully his results. He relies principally on B. E., and finds it unnecessary to control the dosage by estimation of the opsonic index.

The history forms published on pp. 58, 59 seem very simple

and incomplete, when compared with the elaborate ones generally used in sanatoriums on this side of the Atlantic.

J. H. E.

*La Cure Radicale de la Hernie Inguinale*, leçons professées à l'Hotel-Dieu, par le DOCTEUR LUCAS-CHAMPIONNIERE, Chirurgien Honoraire de l'Hotel-Dieu; Member de l'Academie de Medicine; President de la Societe Internationale de Chirurgie. Avec 53 figures dans le texte. Paris: G. Steinheil. Editeur, 2 Rue Casimir-Delavigne, 2. 1909.

This volume of 192 pages is devoted to the consideration of the radical cure of inguinal hernia by operative means. The author is one of the best-known French surgeons, and has been an outstanding figure in the medical profession for many years. He is best known, perhaps, for the work he has done in connection with the treatment of fractures by mobilization. The present treatise is written with great care and logical argument, and he advocates his special method of dealing with inguinal hernia on excellent theoretical grounds, and backs up his argument by quoting statistics showing the good results of treatment along the lines indicated. The neck of the sac is transfixed, ligated, and the sac removed, whilst the suture constricting the neck is fixed through the abdominal parietes by being carried through the muscular wall. The subsequent steps of the operation are somewhat similar in principle to those of Bassini, using, however, an imbricating method by interrupted mattress sutures in the closure of the incision in the external oblique aponeurosis.

This monograph will be found interesting and useful, and an admirable guide.

A. P.

*Dose-Book and Prescription-Writing.* By E. Q. THORNTON, M.D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Fourth Edition, revised. 12mo. of 410 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1909. Flexible leather, \$2.00 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This little manual of prescription-writing and dose-book has reached its fourth edition in a very short space of time.

It deals with weights and measures, both English and metric

systems, the method of converting one into the other; prescription-writing, including incompatibilities and a table of solubilities, the latter being entirely revised and re-written in this edition.

The official drugs and preparations, with their dosage and methods of administration, are fully dealt with, and it winds up with an appendix of the poisons and their antidotes, a useful section of exercises and answers, a list of synonyms of common drugs and preparations, a table of average doses for adults, in both systems, and a comparative table showing strength of the more important substances and preparations in the preceding and present pharmacopœia.

The manual is thorough and lucid and cannot fail to be of service to both the undergraduate and graduate in his early period of professional career.

W. H. P.

*Medical Diagnosis.* A Manual for Students and Practitioners. By CHARLES LYMAN GREEN, M.D., St. Paul; Professor of Medicine and Chief of the Department in the College of Medicine, University of Minnesota; Attending Physician, St. Luke's Hospital and the City and County Hospital; Chief of the Medical Clinic in the University Hospital; Member of the Association of American Physicians, the American Therapeutic Association; Author of "The Medical Examination for Life Insurance, and Its Associated Clinical Methods," etc. Third Edition, revised, with 7 colored plates and 248 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1910.

The third edition of Dr. Green's book is certainly a most creditable publication. It contains 7 colored plates and no less than 248 other illustrations. The author has dedicated his volume "To My Students, Past and Present."

There is no doubt that, year by year, such advances are made in almost all branches of Medicine that it is almost essential that just such a work as Dr. Green's should be rewritten from time to time. This the author has done in the third edition of his "Medical Diagnosis," and it can only be a pleasure to the publishers of a Medical Journal to recommend just such a book as Dr. Green's to their readers. The book has been thoroughly re-

vised, the majority of it being re-written. The volume covers nearly seven hundred pages, the different chapters dealing with "Outward Signs of Disease," "Age, Habits and Residence in Disease," "History and Analysis of Certain Common Symptoms," "Diseases of the Thoracic Viscera," "Diseases of the Nose, Pharynx and Larynx," "Diseases of the Bronchi," "Diseases of the Heart and Blood-Vessels," "Diseases of the Abdominal Organs," "Diseases of the Blood and Ductless Glands," "Infectious Diseases," "Intoxications," "Parasitic Diseases," "Rheumatic Affections," "The Nervous System and Its Diseases," "Malingering," "Symptoms and Treatment of Acute Poisoning." The book is printed on the very best of paper and richly bound in leather.

W. A. Y.

*A Synopsis of Surgery.* By ERNEST W. HEY GROVES, M.S., M.D., B.Sc. (Lond.), F.R.C.S. (Eng.), Assistant Surgeon to the Bristol General Hospital; Surgeon to the Cosham Hospital; Senior Demonstrator of Anatomy at the Bristol University. Second Edition, revised and illustrated. Bristol: John Wright & Sons, Ltd. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1910.

According to the preface to the first edition, this is "an attempt to make an epitome of the salient facts in surgical practice." The attempt seems to be in this the second edition an eminently satisfactory one. Probably the last chapter, on "Surface Markings," is the most useful one in the book.

F. N. G. S.

*A Compend of Histology.* By HENRY ERDMANN RADASCH, M.D., Associate of Histology and Embryology, and Demonstrator of Visceral Anatomy in the Jefferson Medical College; Adjunct Professor of Physiology and Instructor in Histology in the Pennsylvania College of Dental Surgery. Second Edition, revised and enlarged, with one hundred and seven illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1909.

In October, 1905, we had the pleasure of reviewing the first edition of this little volume, and now it is our good fortune to be given the opportunity of criticizing its second edition.

We find a number of changes and additions in the circulatory system, for instance, The Bundle of His, Hemolymphnodes, and the Parasympathetic Bodies.

The nerve system has been somewhat re-written and several cuts added.

The histology of the tooth has been much enlarged upon to meet the demand of the dental students, and an entirely new chapter on the development of the face and teeth, with appropriate cuts, added.

The original purpose of the author, viz., to supply an article midway between the existing compends and the text-book seems to have been fully realized.

Students, as well as medical practitioners, constantly require just such a book as this when comparing the normal with the pathological changes in their clinical cases.

W. H. P.

*The Prevention and Treatment of Abortion.* By FREDERICK J. TAUSSIG, A.B., M.D.; Lecturer in Gynecology, Medical Department, Washington University; Obstetrician to the St. Louis Maternity Hospital; Gynecologist to the St. Louis Skin and Cancer Hospital; Fellow of the American Gynecological Society, and American Association of Anatomists. Fifty-nine illustrations. St. Louis: C. V. Mosby Company. 1910.

The general practitioner will find in this book very valuable assistance in the management of these cases. The methods adopted are explained with clearness, and the instructions that are given for the prevention of abortion will be found to many to be very valuable suggestions. The drawings are very good; the type and style of the book are excellent, and the whole book is one well worth the attention of the general practitioner.

There is a short chapter upon the prevention of criminal abortion, a subject to which one would have liked to have seen more space devoted.

The operative technique is explained in a way that everyone who reads must easily understand it.

There is also an appendix on "Missed Abortion" and "Mole Pregnancy," "Therapeutic Abortion" and "Ergot and Its Preparations," which contains the latest ideas on these subjects.

A. J. J.

*Prostatic Enlargement.* By CUTHBERT S. WALLACE, M.B., B.S. (London), F.R.C.S. (England); Surgeon to the East London Hospital for Children, and Surgeon to Out-Patients, St. Thomas's Hospital; Teacher of Practical and Operative Surgery in the Medical School.

This book is a result of investigations which commenced in 1900 and extended until 1907. The first points to be taken up were the structure of the prostate and its relation to its fibrous sheath and to the bladder. It was quite obvious that the normal organ could not be detached from its surroundings by a process resembling that used in the dissecting-room.

Pathological specimens revealed compression, by adenomatous masses, of the outer part of the organ.

The formation of an envelope here seems to afford an easy explanation of the facility of enucleation and the absence of post-operative stricture. The finding of this pathological envelope shows that the operative surgery of any disease must not be considered without reference to its morbid anatomy and pathogenesis.

The book is nicely illustrated and presents the subject in a very scientific and up-to-date manner. It will be found valuable and interesting to surgeons who do prostatic work. It can be had from the Canada Law Book Company, 32 and 34 Toronto Street, Toronto, at 40% discount.

*Surgery of the Brain and Spinal Cord.* Based on Personal Experiences. By PROF. FEDOR KRAUSE, M.D., Augusta Hospital, Berlin. Translated by Prof. Herman A. Haubold, M.D.; Clinical Professor in Surgery, Bellevue Hospital and New York University Medical College; Surgeon to Harlem and New York Red Cross Hospitals, etc. Vol. 1, with 63 figures in the text, 24 colored plates and one half-tone plate. New York: Rebman Company, 1123 Broadway.

An effort has been made by the translator to preserve the peculiarly effective method of expression employed by the creator of the original work. This causes a little involved phrasing, but any added effort to clearly comprehend the text is justified on the ground that the original author's efforts should have this additional tribute shown.

The publisher is to be congratulated upon giving the English-speaking practitioner an opportunity to become acquainted with a work which may be properly regarded as setting a high standard of literary and artistic production.

The subject is dealt with in a masterly fashion, and will well repay the time spent in reading it. The illustrations are particularly well done.

Decompression trephining, craniocerebral topography, brain puncture and puncture of the ventricles, lumbar puncture and radiography are taken up in this volume. Price \$6.00.

H. A. B.

*Examination of the Urine.* A Manual for Students and Practitioners. By G. A. DE SANTOS SAXE, M.D.; Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital; Assistant Genito-Urinary Surgeon, Bellevue Hospital, Out-Patient Department; formerly Assistant Pathologist to the Columbus Hospital; Member of the American Urological Association; Fellow of the New York Academy of Medicine, etc. Second Edition; revised; with text illustrations and colored plates, a number of them original. Philadelphia and London: W. B. Saunders Company. 1909.

This work is well up-to-date on urinary examinations. It is divided into five parts. Part one deals with the urine in health, the selection of specimens and physical properties of urine. In Part two we have the chemical examination, including examination of proteids, carbohydrates, nitrogen, acetone, coloring matters and inorganic constituents. Part three gives the microscopical examinations. Part four, urinary, and Part five, functional renal diagnoses. An appendix gives a list of reagent formulæ, stains, etc.

Throughout the whole work the clinical aspect of urinalysis, as well as the purely laboratory consideration, is kept well to the fore. The plates are numerous and well chosen.

This work is calculated to give the general practitioner or student all he can possibly require in urinary examination.

W. J. W.

*An English Handbook to the Paris Medical School.* (With map.) By A. A. WARDEN, M.D.; Visiting Physician to the Hertford British Hospital, Paris. Second Edition. Price 2s. net. London: J. & A. Churchill, 7 Great Marlborough Street. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut Street. 1910.

This is a small booklet dealing with such subjects as "Post-Graduate Work in Paris," "The Faculty of Medicine," "The Hospitals," "The Pasteur Institute," and the museums, libraries and other institutions in Paris. It is full of information and will be found especially useful to physicians intending to visit Paris during their vacation.

*Living Anatomy and Pathology.* The Diagnosis of Diseases in Early Life by the Roentgen Method. By THOMAS MORGAN RORCH, M.D.; Professor of Pediatrics, Harvard University. Three hundred and three illustrations. Philadelphia and London: The J. B. Lippincott Company.

This volume is undoubtedly one of the handsomest dealing with the Roentgen Ray that has reached our desk in years. It is a volume of 265 pages and includes 303 splendid half-tone illustrations.

During the past ten years the Roentgen Ray has come to be used very largely in surgical diagnosis, so that a book such as the author now favors the profession with will be found immensely valuable to workers along this line. We can safely say that we have seldom come across such beautiful skiagraphs, the half-tone work being of the highest type. Plate No. 2, showing a skiagraph of a premature infant, is undoubtedly one of the best we have seen. The author undoubtedly has favored the profession with a work that should for years to come be looked upon as one of the best on the subject. The book is devoted to the diagnosis of disease, the author not having attempted to pay any attention to the subject of treatment. The volume will be found useful, not only to the surgical practitioner, but to any student who desires to equip himself with an adequate knowledge of the Roentgen method and its application to surgery. The book is divided into nine divisions, the different divisions being devoted to "Living Normal Anatomy," "Illustrative Use of Living

Normal Anatomy," "Diseases of the New-Born," "Diseases of Nutrition," "Diseases of the Head and Spine," "The Bronchial Nodes — Bronchi — Lungs — Pleura — Heart — Pericardium — Aneurism," "The Abdomen," "Foreign Bodies," "Extremities."

We heartily recommend Dr. Rotch's work to our readers, it being worth considerably more than the price asked for it by the publishers.

W. A. Y.

*Modern Astronomy.* Being some account of the Revolution of the last quarter of a century. By HERBERT HALL TURNER, F.R.S.; Savilian Professor of Astronomy and Fellow of New College in the University of Oxford. Popular edition. London: Constable & Company, Ltd., 10 Orange Street, W.C.

Professor Turner's book is a volume of two hundred and fifty pages, and is divided into four sections in all. The sections deal with "Modern Instruments as Used in Astronomy," "Modern Methods," "Modern Results" and "Modern Mathematical Astronomy." The book also contains a number of good illustrations, and will be found very interesting to students of astronomy in general.

*Medical Lectures and Clinical Aphorisms.* SAMUEL GEE, M.D., F.R.C.P., Consulting Physician to St. Bartholomew's Hospital, etc. Second Edition. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Sq., E.C.

This little book of 300 pages is divided into two parts. The first 258 pages are taken up with fifteen lectures, dealing with such subjects as Cerebral Hemorrhage, Coma and Apoplexy, Aphasia, Delirium, Brouchitis, Emphysema, Asthma, Tubercular Peritonitis, Acute Peritonitis, and Sects in Medicine. The remainder of the work is occupied by some 272 medical aphorisms. The writer deals with many matters of the greatest interest to the medical practitioner, though in a necessarily brief but very practical manner. On perusal of the book one is impressed rather with the good common-sense and clinical acumen of the author rather than by anything especially new or original that it contains. It may be read with profit as well as pleasure by physicians generally.

H. W. A.

*A Practical Guide to the Administration of Anesthetics.* By R. J. PROBYN-WILLIAMS, M.D.; Senior Anesthetist and Instructor in Anesthetics at the London Hospital; Lecturer on Anesthetics at the London Hospital Medical College; Anesthetist at the Royal Dental Hospital, of London; lately President of the Society of Anesthetists. Second Edition. London and New York: Longmans, Green & Co.

This revised edition of the first will meet with general satisfaction, as it contains a faithful and accurate description of all the modern methods and appliances, with new chapters on the use of Ethyl Chloride, and Spinal Analgesia.

This second edition, by such revision and addition, commends itself very highly to the medical profession as a source of practical, up-to-date suggestion and information from this well-known authority on anesthetics. S. J.

*Ophthalmic Surgery.* By CHARLES H. BEARD, M.D., Surgeon to the Illinois Charitable Eye and Ear Infirmary; Oculist to the Passavant Memorial Hospital, Chicago; ex-President of the Chicago Ophthalmological Society. Philadelphia: P. Blakiston's Son & Co. 1910.

A peculiar misadventure has befallen this book: while in the hands of the binders pp. 385 to 400 have disappeared and been replaced by the corresponding pages of a work on Medical Jurisprudence. One can imagine the language of the author when he discovers what his publishers have done. The usual introductory chapter on preparation for operation, anesthesia, applications after operations, is followed by a most interesting and instructive description of instruments, and of the features which are essential to a good instrument. Then follow chapters on operations, lacrimal apparatus, extra-ocular muscles, lids, conjunctiva, globe, orbit, and last of all a separate chapter on removal of foreign bodies from the eye. This is really the first book on ophthalmic surgery as representing the American school of ophthalmic surgeons. The Vienna school, the London school and the Paris school have all had numerous exponents. Dr. Beard seeks to give in book form many of the practical and ingenious methods or modifications of standard operative measures which, originating in America, are found scattered in ophthalmic

literature. The result is a book not too concise, yet very readable, full of valuable hints and suggestions. M.

*A Text-Book Upon the Pathogenic Bacteria.* For Students of Medicine and Physicians. By JOSEPH MCFARLAND, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. Sixth Revised Edition. Octavo of 709 pages; fully illustrated, a number in colors. Philadelphia and London: W. B. Saunders Company. 1909. Cloth, \$3.50 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

This, the sixth revised edition of McFarland's Pathogenic Bacteria, covers, in a very careful manner, the ground in general bacteriology. The book is really a carefully edited selection of much that is good, derived from many sources. The drawings and illustrations are quite as good as found in similar works published in English, not, however, to be compared with the German texts which are no more comprehensive. The subject matter is entertainingly written, and for the most part is clear, concise and comprehensive. As a guide to practitioners, as well as a book of reference for students, it can be cheerfully recommended. J. G. F.

*Text-Book of Medical and Pharmaceutical Chemistry.* By ELIAS H. BARTLEY. Seventh Revised Edition. Philadelphia: P. Blakiston & Co.

The scope of this work is very considerable, and the effect will be realized when one consults the table of contents, where it will be seen that the subjects of Physics, Inorganic Chemistry, Organic Chemistry, Pharmacognosy, Clinical Laboratory Methods, Physiological Chemistry, Clinical Bacteriology, etc., are covered in 600 pages. While the book includes much that is useful, it is not one that could be recommended to medical students, since a great many of the topics are treated in an altogether too general fashion and quite too much ground is covered in this way. It is impossible to deal adequately with more than one or two of the subjects discussed. Had the author confined his attention to fewer subjects, the results would have been decidedly more desirable. J. G. F.

*Biographic Clinics.* Vol. VI. Influence of Visual Function Upon Health. By GEORGE M. GOULD, M.D. Philadelphia: P. Blakiston's Son & Co. 1909. \$1.00 net.

Again "a voice crying out in the wilderness," but after all is it such a wilderness as our good friend George M. Gould appears to think? Does the medical profession really not recognize how disturbed visual functions do affect the general health? Are the majority of oculists in America a unit in the belief that the health may not be affected by the condition of the eyes?

In season and out of season, Dr. Gould has never wearied in advocating this proposition. To his advocacy is to a great extent due its general acceptance. It delights him to larrup his fellow-practitioners. The larruping makes fine reading and gives point to many an idea—and how he must enjoy it himself. After all, the bark is worse than the bite. All boiled down, thoroughness of observation is really what Dr. Gould is advocating, and with that no true physician can find fault.

M.

*Atlas of External Diseases of the Eye.* For Physicians and Students. By DR. RICHARD GREEFF, Professor of Ophthalmology in the University of Berlin. Translated by P. W. SHEDD, M.D. New York: Rebman Company, 1123 Broadway.

This is indeed an edition de luxe, in binding, paper, letterpress, and above all, in the illustrations, 84 in all. The plates are in color, made from wax models, and these models are made from masks of the living patient. In nearly all atlases the colors are too garish; in this, one at once appreciates how true to life they are. Nothing could be better than the plates of erysipelas facies, subconjunctival hemorrhage, trachoma, and vernal catarrh, Hutchinson's teeth and rachitic teeth. J. M.

*Electricity for General Practice.* By F. STEWART POWELL and F. DAVIDSON. Price 3 shillings net. Published by F. Davidson & Co., 29 Great Portland Street, London, W.

Under this title, F. Davidson & Co. publish an illustrated catalogue of electrical instruments, chiefly of their own manufacture, prefaced by some useful information regarding electricity.

C. R. D.

*Treasures of Truth.* By GEO. F. BUTLER, Author of "Love and Its Affinities," "The Isle of Content," "Sonnets of the Heart," etc. S. DeWitt Clough, Ravenswood, Chicago. Price 75 cents. Leather bound, \$1.00.

We are indebted to Dr. Geo. F. Butler, of Chicago, for the copy of his small book, entitled "Treasures of Truth." The book is but small, at the same time it contains a good deal of the finest kind of philosophy. Our readers will be able to spend most pleasantly an occasional half-hour in its perusal, with benefit to themselves and to others.

*Surgery. Its Principles and Practice.* In five volumes. By 66 eminent surgeons. Edited by W. W. KEEN, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin.; Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume V. Octavo of 1,274 pages, with 550 illustrations, 45 in colors. Philadelphia and London: W. B. Saunders Company. 1909. Per volume: Cloth, \$7.00 net; half-morocco, \$8.00 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

The contents of Volume V. are: Surgery of the Vascular System, by Rudolph Matas, M.D.; Surgery of the Female Genito-Urinary Organs, by E. E. Montgomery, M.D., John M. Fisher, M.D., and P. Brooke Bland, M.D.; Surgical Technic, by John H. Gibson, M.D.; Ligation of Arteries in Continuity, by Warren Stone Bickham, M.D.; Operations on Bones and Joints, by Peter Warbasse, M.D.; Amputations, by Warren Stone Bickham, M.D.; Plastic or Reconstructive Surgery, by John B. Roberts, M.D.; Surgery of Accidents, by William L. Estes, M.D.; Surgery of the Parathyroid Bodies, by Charles H. Mayo, M.D.; The Intracranial Surgery of the Fifth (Trigeminal) and the Eighth (Auditory) Nerves, by Charles H. Frazier, M.D.; General Anesthesia and Anesthetics, by Hobart Amory Hare, M.D.; Local and Subarachnoid (Spinal) Anesthesia. Local Anesthesia, by Karl G. Lennanler, M.D.; Subarachnoid (Spinal) Anesthesia, by Fredrik Zachrisson, M.D.; The Surgery of the Infectious Diseases, by George E. Armstrong, M.D.; The Use of the X-ray and Radium in Surgery, by Ernest Amory Codman, M.D.; The Local Relations of the Surgeon, by Hampton L. Carson, Esq.; The

Laboratory as an Aid to Surgical Technic and Surgical Diagnosis, by William M. Late Coplin, M.D.; The Surgical Organization of a Hospital, by Albert J. Ochsner, M.D., and The Index.

Dr. Keen announces in a postscript the death of Lennander, who completed part of his work, and Mikulicz, who had not even had the opportunity to begin his task. It is also stated that the completed work covers nearly 5,500 pages (instead of 4,000, as promised in the prospectus), to say nothing of the large increase in the amount of text from using smaller type in certain parts. So far as the interest excited in the reader by the subjects treated of goes, the fifth and concluding volume of Dr. Keen's Surgery is superior to some of its predecessors. A glance over the list of subjects given above will make this assertion clear. The distinguished editor has been sustained by a company of capable assistants, and has every reason to feel gratified at the successful completion of so great a work. . . .

J. J. C.

*A Text-Book of Physiology.* For Medical Students and Physicians. By WILLIAM H. HOWELL, Ph.D., M.D., LL.D., Professor of Physiology. Johns Hopkins University, Baltimore. Third Edition; thoroughly revised. Octavo of 998 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1909. Cloth, \$4.00 net; half-morocco, \$5.50 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

Dr. Howell's book is a volume of nearly one thousand pages, and is divided into ten sections. The different sections deal with such subjects as Physiology of the Muscle and Nerve, the Central Nervous System, the Special Senses, Blood and Lymph, the Organs of Circulation, of Respiration, of Digestion and Secretion, of Nutrition and Heat Production.

The third edition appears to have been thoroughly revised and carefully gone over, notwithstanding the fact that it is less than two years since the last edition of this book appeared from the press.

We have looked carefully through the volume, though not as fully as we hope to, and can say with candor that it is a publication that will be found of the keenest interest not only to the physiologist, but also to the physician and medical student.

*A Handbook of the Diseases of the Nose, Throat and Ear.* By EVERETT S. YONGE, M. D. (Edin.), Physician to the Manchester Hospital for Consumption and Diseases of the Throat; Physician to the Crossley Sanatorium. Edinburgh and London: William Green & Sons, Medical Publishers. 1909.

This is a book of nearly four hundred pages, written in the hope that it will prove a help to the general practitioner. In this the author has very thoroughly succeeded, as he has taken pains to avoid giving too much space to the rarer diseases and major operations, which concern, as a general rule, specialists rather than those whose time is not entirely taken up with nose, throat, and ear work. The illustrations are very clear and well chosen, those in colors being particularly well done. The book is pleasant to read; the type is large and the spacing good.

P. G. G.

*A Text-Book of the Practice of Medicine.* By JAMES M. ANDERS, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Ninth Revised Edition. Octavo of 1326 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1909. Cloth, \$5.50 net; half-morocco, \$7.00 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

The ninth edition of Dr. Anders' valuable work on the practice of medicine has just appeared. It certainly says a great deal for any one work that it can appear in nine separate and distinct editions, and goes to show that it has met with a ready acceptance at the hands of the profession. The ninth edition has been thoroughly revised by the author, and, as he states in his preface, his "aim has been to add the most important practical advances since the date of the previous issue, at the same time eliminating as much of the text as has become more or less obsolete, thus obviating any material increase in the size of the volume."

The work has been divided into eleven sections. Part one deals with "Infectious Diseases"; part two with "Animal Parasitic Diseases"; part three with "Constitutional Diseases"; part four with "Diseases of the Blood and the Ductless Glands";

part five with "Diseases of the Respiratory System"; part six with "Diseases of the Circulatory System"; part seven with "Diseases of the Digestive System"; part eight with "Diseases of the Urinary System"; part nine with "Diseases of the Nervous System"; part ten with "Diseases of the Muscles," and part eleven with "The Intoxications; Obesity; Heat Stroke."

This book covers in all a little over thirteen hundred pages. One thing can be said of "Anders' Practice of Medicine," and that is that it is essentially practical, something which cannot be said of other somewhat similar works. Dr. Anders has paid considerable attention throughout to the relationship existing between Diagnosis and a full knowledge of just such subjects as Chemistry, Physiology, Bacteriology, Morbid-Anatomy and Pathology. The author has paid very considerable attention to Treatment, giving his readers not only the result of long personal experience as a practitioner and teacher, but presenting to the profession the different methods of treatment adopted by others.

*The Practical Medicine Series.* Comprising ten volumes on the year's progress in medicine and surgery. Under the general Editorial charge of GUSTAVUS P. HEAD, M.D. Volume IX. Skin and Venereal Diseases. Miscellaneous Topics. Edited by W. L. BAUM, M.D., HAROLD N. MOYER, M.D. Series 1909. Chicago: The Year Book Publishers, 40 Dearborn St.

This book gives a good review of the most important points brought before the profession during the past year. Many most interesting facts are briefly described, so that the general practitioner can keep well posted in the many new therapeutic methods which are constantly coming to the front. It is a good work to have handy for ready reference.

D. K. S.

*Exercise in Education and Medicine.* By R. TAIT MCKENZIE, B.A., M.D. Philadelphia: W. B. Saunders & Co.

In recent years medical treatment has become much more rational. Whatever philosophical or religious views medical practitioners may have held, their teaching to prepare them for their life work and practice afterward were essentially materialistic. It has been assumed in many quarters that there were no human ills which would not yield to drugs, if amenable

to any treatment. A scientific presentation of the important subject of exercise can do much to aid in rationalizing the treatment recommended for those suffering from functional disorders, and to a less degree for those having some forms of organic disease.

The author has the advantage of having a double qualification. He has had a liberal scientific training, and has long been a specialist in physical education, being the first to be chosen to fill a university chair in the furtherance of this work.

The range and application of exercise, scientifically graded and directed, is as wide as the functional and psychological ills of humanity.

In the intelligent treatment of backward children—a crying need in Canada—this is the chief method of approach. The obstructed avenues of intellectual perception can best be opened up by “sensorial” gymnastics. Among children there should be no “non-ambulatory cripples”—mental or physical. Practically all, except the very lowest in mental equipment, can be trained not only to help themselves, but to do something to help others. There is no means which can be employed more effectively to accomplish these results than physical training wisely directed by a tactful teacher. Not only is the physical equipment improved, but the mentality is rendered much more alert, and brought to a condition of more effectiveness.

In the treatment of such conditions as lateral curvature of the spine, round shoulders, hollow chest, etc., the treatment by constrictive methods is harmful: while health is invigorated and the deformity cured or improved by the graded use of physical training.

The intelligent, aggressive physician will find here much material for study. The non-progressive need not get the book.

B. E. M.

*Dorland's American Illustrated Medical Dictionary.* A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, and kindred branches; with new and elaborate tables and many handsome illustrations. Fifth Revised Edition. By W. A. NEWMAN DORLAND, M.D.. Large octavo of 876 pages, with 2,000 new terms. Philadelphia and London: W. B. Saunders Company. 1909.

Flexible leather, \$4.50 net; indexed, \$5.00 net. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

The fifth edition of this well-known medical dictionary exhibits fresh features indicative of continuous growth and improvement. It contains new tables, several fresh illustrations, and over 2,000 new terms. The type is clear, and it is an attractive-looking volume, of convenient size, and is deservedly popular with physicians.

J. J. C.

*Clinical Lectures and Addresses on Surgery.* By C. B. Lockwood, Surgeon to St. Bartholomew's Hospital. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Square, E.C. 1907. This book may be procured from the Canada Law Book Company, 32-34 Toronto Street, Toronto, at 40% discount.

As one would expect, this is a most instructive series of lectures. They are taken up under the following heads:

1. An Introduction to the Study of Clinical Surgery.
2. Clinical Reasoning.
3. The Course of Intra-Abdominal Inflammation.
4. On the Recognition and Management of Intestinal Obstruction.
5. The Essentials of a Diagnosis.
6. Secondary Infection of the Lymphatic Glands in Malignant Disease of the Tongue.
7. Carcinoma of the Breast, and its Spread Into the Lymphatics.
8. Varicose Veins.
9. Swellings Above, Below and Within the Neck of the Scrotum.
10. Swellings Above, Below and Within the Neck of the Scrotum—Particularly Inguinal Varicocele and Hydrocele.
11. Exploratory Laparotomy, Especially in Cases of Malignant Disease.
12. Fecal Leaks and Fistulae.
13. The Immediate Microscopical Diagnosis of Tumors During the Course of Operations.

In the "Introduction to the Study of Clinical Surgery" he lays emphasis upon the necessity of a correct diagnosis. He

claims that "the point of honor of the medical man is the safety and welfare of the patient. Now the safety and welfare of the patient cannot be safeguarded without a correct diagnosis of the disease or injury. Clearly it behooves all of us to use our best endeavors to learn that indispensable art. To make a correct diagnosis the patient has to be examined. Now the examination of the patient is guided by a few simple rules. First, and above all, by those of Sir George Humphrey, 'Eyes first and much, hands next and little, tongue not at all.' No one could tell in a few words the meaning of these; but after a while, as their import becomes known, you will learn to use them without thinking and as a matter of habit."

This quotation will suffice to whet the appetite for more, and we would recommend this book to all readers as one of the most delightful that it has been our good fortune to peruse.

F. N. G. S.

*Practical Points in the Use of X-ray and High-Frequency Currents.* By ASPINWALL JUDD, M.D., formerly Radiologist, Post-Graduate Medical School and Hospital; Adj. Professor of Surgery of the Post-Graduate Medical School and Hospital; Consulting Surgeon, St. Vincent's Hospital, Bridgeport; Member of the American Medical Association; Fellow of the Academy of Medicine, New York; Member of the Medical Association of the Greater City of New York, etc., etc. New York: Rebman Company, 1123 Broadway.

The preface starts thus: "This book is intended for the general practitioner, who, having purchased an electrical outfit and desiring to make use of it, finds himself hopelessly at sea, not only in applying his various rays and currents, but in the use and care of the machine itself."

Well, the general practitioner who has been foolish enough to purchase an electrical outfit before he knew how to use one, had better be wise enough to sell it before he does too much mischief with it, because no mere book will suffice to teach him properly, more especially when "not only has no attempt been made at absolute scientific accuracy, but in many instances it has been sacrificed for the sake of presenting a clear picture to the student."

From the faulty diction, bad grammar and some errors in

spelling, such as "Finsten." "ironization," etc., one would judge that the book had been gotten up rather hurriedly; however, a little care in revision should remedy all this.

The chapters on treatment are the best part of the work, and in them the author redeems himself and gives a lot of most useful information in small compass.

C. R. D.

*Oxford Medical Publications. The Operations of General Practice.* By EDRED M. CORNER, M.A., M.C., M.B. (Cantab.), B.Sc. (London), F.R.C.S. (England); Surgeon in Charge of Out-Patients at St. Thomas' Hospital and to the Children's Hospital, Great Ormond Street; Consulting Surgeon to the Wood Green and Purley Hospitals; formerly Erasmus Wilson Lecturer to the Royal College of Surgeons; and H. IRVING PINCHES, M.A., M.B., B.C. (Cantab.), M.R.C.S., L.R.C.P. (London); Clinical Assistant to the Children's Hospital, Great Ormond Street; Late House Surgeon and Obstetric House Physician to St. Thomas' Hospital. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Square, E.C. Can be procured from the Canada Law Book Company, 32-34 Toronto Street, at 40 per cent. discount.

This book of 283 pages fulfils the purpose for which it was written, namely, an attempt to meet a deficiency in professional education. The authors have described in detail the technique necessary for the performance of many operations which are necessary in the everyday practice of the physician or surgeon. Many of these procedures are referred to, but not fully described in the larger text-books. The work under review is to be commended more particularly to the general practitioner, who will find in it much useful information as to the best methods of carrying out various operations and procedures necessary in everyday practice.

Such subjects are dealt with as tapping the abdomen, abscesses in various regions of the body, adenoids, minor amputations, anesthesia, antitoxin injections, aspiration of cavities, boils, bunions, cellulitis, curetting, disinfection, enlarged glands, the use of the catheter, hemorrhage, pessaries, laryngotomy and tracheotomy, massage, skin grafting, asepsis and sterilization,

the use of the stomach tube. minor operations for tumors, varicocele, varicose veins. etc.

Suffice it to say that the authors have produced a book which describes these and many other operations in a manner which will serve as a useful guide to the practitioner who has occasion to perform them. The work is therefore very strongly recommended as a useful addition to one's medical library.

A. P.

*Nervous and Mental Diseases.* By HUGH T. PATRICK and CHAS. L. MIX. Chicago: The Year Book Publishers.

This is one of the practical medical series edited by Gustavus P. Head. It is not so much a text-book as a year-book, giving a summary of the latest articles by specialists in neurology, over a very wide field. Considering the smallness of the book, it is an excellent epitome of such literature, and will be a convenient aid in keeping in touch with what is being done in the various fields of research. On many topics the very latest word is presented, while other subjects which have been much before the profession are passed over all too lightly.

The subject of anterior poliomyelitis has been one of the prominent neurological subjects before the profession for the last three years, yet a single page is all that is devoted to the subject in this work.

Necessarily, the plan of the book prevents anything like completeness, but there is much here to engage the attention of the progressive physician.

B. E. M.

*Medical Gynecology.* By SAMUEL WYLLIS BANDLER, M.D., Fellow of the American Association of Obstetricians and Gynecologists; Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital; Associate Attending Gynecologist to the Beth-Israel Hospital, New York City. Second revised edition, with original illustrations. Philadelphia and London: W. B. Saunders Company. 1909.

The fact that the second edition of this book has been called for shows that it has been appreciated by the profession. It certainly is of value in affording the medical practitioner much useful information regarding the treatment of various gynecological

logical conditions by methods other than operative. At the same time the author has successfully presented very clearly the means that should be adopted in order to arrive at accurate diagnosis, and has been careful to enforce the necessity for employing operations where that is clearly the safest and best means of affording relief for his patient.

The work, which consists of some 700 pages, well illustrated, will be found of great use to the medical practitioner, who should be well informed as to the more modern methods of treating this class of disease, and he will find no treatise on the subject more complete and useful than the one at present under review.

A. P.

W. B. Saunders' Company, the medical publishers, of Philadelphia and London, have just issued a new edition—the thirteenth—of their handsome Illustrated Catalogue. It contains some twenty new books and new editions, and besides numerous black-and-white illustrations, there are two color cuts of special value. We strongly advise every physician to obtain a copy—sent for the asking. It will prove a ready guide to good medical books—books that we all need in our daily work.

*Surgical Emergencies.* By PERCY SARGENT, M.A., M.B., B.C., (Cantab.), F.R.C.S.; Surgeon to Out-Patients, St. Thomas' Hospital; Assistant Surgeon the the Nation Hospital for the Paralyzed and Epileptic, Queen Square, and Surgeon to the Victoria Hospital for Children, Chelsea. London: Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Square, E.C. 1907. This book may be secured from The Canada Law Book Company, 32 and 34 Toronto Street, Toronto, at 40% discount.

This little book may profitably find a niche in the office of the busy practitioner, and would give a student much useful help.

Doubtless, if talking things over with the author, one would find so many things in common that the few disagreements would hardly matter; but when a man states, in speaking of burns, "A bad burn gives rise to little or no pain, because the patient is in a condition of collapse," it leads one to believe that the author has been coddled and carefully nurtured as a

child, or he would know that such a statement is far from the fact.

As to the necessity of early operation in appendicitis, of course all modern surgeons agree. F. N. G. S.

*Age Incidence, Sex and Comparative Frequency in Disease.* By JAMES GRANT ANDREW, Bachelor of Medicine and Master of Surgery; Fellow of the Faculty of Physicians and Surgeons; Surgeon to the Victoria Infirmary, Glasgow; Author of "Tuberculous Disease of the Hip-Joint." Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, London. 1909.

The comparative frequency medical and surgical disease as to sex and age is, in this book, based upon the analyses of more than 42,000 cases that were cared for in one institution—the Western Infirmary, Glasgow—and thus the statements made must be received as authentic. It is convenient and helpful from a diagnostic standpoint to have in one volume such a classification. The various diseases are arranged alphabetically, and the ages in periods of ten years. In every affection the largest number of cases treated in the different decades is given, with the percentage in each decade, and Dr. Andrew, in his careful survey, found quite a number of instances in which the decade of the average age corresponded with the decade providing the largest number of cases. The book is easily read; is very interesting, and can be put to profitable use for even a few minutes at a time without losing a thread of thought.

C. F. M.

### THE MILK QUESTION\*

For some little time past, Torontonians have heard a great deal in reference to a pure milk supply. The agitation that has taken place is most timely, as there is no doubt that the quality of milk that has for many years been supplied to Toronto's population is not what it should be. As medical journalists, we must congratulate those who have been instigators of this agitation, as it is bound to have good results. There is no doubt that good must follow in the wake of an investigation of this kind, and all physicians will feel an interest in the outcome. It is to be earnestly hoped that we will have soon placed upon our statute book in this Province a law giving every municipality the right to control its milk supply. We heartily approve of every medical health officer having the right to send his inspectors to the farms that supply milk to the cities, in order to see that the byres are kept in a cleanly and sanitary condition, the cows free from tuberculosis, and proper cleanliness used in the way in which the milk is transported between farm and city dairy. Just as soon as such a statute is put upon our books the milk supply of every city is bound to improve.

Erindale Farm Dairy has for years tried to use every possible care in the supply of their product, in order that they might be able to give the public the benefit of a pure article. They welcomed the investigation as held recently by the Academy of Medicine, Toronto, being the first firm to receive the seal of that institution. The Erindale Farm is a beautiful place, situated but a few miles from Toronto. The stables are splendidly lighted and ventilated, particular attention having also been paid to the drainage. The cows are examined by a skilled veterinarian once a month, and the moment that any animal is suspected of disease it is at once destroyed. The water supply for the cattle is paid particular attention to, and is quite free from all danger of pollution. Those who undertake to do the milking are insisted upon as being personally clean. The cows' udders are thoroughly scrubbed before milking, and the milk enters the cans through a very fine sieve. Messrs. Price & Sons, proprietors of Erindale Farm, receive regularly from the Milk Commission of the Academy of Medicine a certificate, and just the other day we had the pleasure of seeing their March certificate, in which it was stated that their milk contained but 500 bacteria to the C.C., a result that is exceedingly satisfactory.

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\* Publisher's Department.