# The Canada Lancet

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## EDITORIAL.

### THE ONTARIO MEDICAL COUNCIL.

We invite every medical practitioner to study the reports given them by the registrar. This study will reveal some very interesting facts.

In the first place will be seen that the medical council is running behind. It is spending more money than it is receiving. This must cease, and it lies with the medical practitioners of the province to insist upon more careful methods. The council should require no compulsion in this matter. It should feel the situation to be one of trusteeship and act accordingly. We have shown in former issues that the funds have decreased by several thousands of dollars.

The next thing is that the announcement contains too many speeches, but too few facts. The members of the College of Physicians and Surgeons are not told in very clear terms where the money has gone. We would like very much to see the personal account of each member of the medical council. If there be nothing wrong why not give this? One does not like to hear rumors that there has been any overcharging for mileage or per diem. The only way the council can down these rumors is to breast the whole matter and tell the whole truth. So far as the *Canada Lancet* is concerned it is determined to get at the facts in some way.

Another matter of importance is that the announcement comes out altogether too late. There is absolutely no necessity for this. In a few days the stenographer can have the report in the hands of the printer, and we all know that modern presses do not sleep on such a job. The medical council must be more prompt in future. It must be remembered that the property, funds on hand, the income and expenditures are matters for every practitioner to know. The medical council occupies the position of a trustee only. It must be learned that the elected members of the council are responsible to the medical profession.

But there is a duty resting upon every registered practitioner to see that the representative of his district shall stand firmly by the rights of the medical council. Let us give an instance. When the Medical Bill was up for consideration it had passed the committee with the clause

that colleges that do not teach should not have a representative on the medical council. At this stage the University stepped in, and we are informed that the chancellor, Sir W. Meredith, and Mr. Z. A. Lash interviewed Sir James Whitney, with the result that the clause was struck.

As far as we can find out some sort of an understanding was laid down that the medical council and the University would meet and discuss this whole matter with the object of coming to some arrangement upon this subject. So far we have no information to offer as to whether any steps have been taken, and, if so, what has been the outcome. One thing, however, is clear that the direct representatives of the medical profession must hold the balance of power. It is the clear duty of every practitioner to use his influence with his representative to urge upon him to take a firm stand for the rights of the medical council.

The elections will be on, and it will be necessary to secure such candidates as can be depended upon under all circumstances. We must have economy, a full statement of affairs, and a firm council.

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## A CANADIAN MEDICAL COUNCIL.

We have for years urged the establishment of a Dominion Medical Council. The older the country becomes the more difficult will it be for such a body to be created. Already there is an act that would enable the provinces to unite in matters medical, but jealousy, that fiend that has caused the death of so many things, and filled the world with rapine and murder and blood came on the scene and so far has prevented the desired end.

But the desired end must come; for it is right, and in the interests of the medical profession, as a whole, and the country, that there should be a national medical board, and not eight. It is true that some parties would have to yield a little. There would have to be some give and take. The rights of those now in practice must be protected, and the entrance into the profession for the future properly laid down.

We have on several occasions said that the act might be so amended that if four or five of the provinces united, these could have a common council and standard. The other provinces could come in as they might see fit, and, no doubt, would ere long when they saw how well the plan operated.

Then there is the method of the various provinces agreeing upon plans of reciprocity in medical qualifications, so that they would accept each others standard, or agree upon a common standard.

There is the other plan still by which the provisions of the General Laurie Act of the British Parliament may be made use of to bring about interprovincial reciprocity. We have fully explained this on former occasions.

But this further can be done. Establish a Dominion Council as provided in the Roddick Bill; but with the understanding that it should be only optional to take its examination. If a student studied in Laval or McGill, and wished to remain in Quebec Province, he would have no further examinations. If, however, he wished to practice in Ontario he would be required to pass this standard. Such a student must, as things are now, pass the Ontario Medical Council examinations before he can practise in Ontario. He might just as well pass the Dominion examination. This would not be interfering with any one now in practice, nor would it in any way interfere with the condition or status of any college or university.

If any one now in practice wished to move to another province he would be required to pass the examination. He cannot now go to another province without qualifying in that province; so that no hardship would be done him. The only difference would be that he would qualify by a Dominion examination instead of a provincial one.

As years went by the numbers not holding a Dominion qualification would grow less and less. If any one did not wish a Dominion diploma he need not take one. Age and death would in time level down all irregularities arising out of those now holding licenses good for only one province.

This subject requires a vast amount of agitation and education. If the general practitioner would take it up and urge the matter on the medical councils, the colleges, and the governments of the various provinces, the whole matter would soon be settled.

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## CHARGES AGAINST A HOSPITAL.

The press despatches, a few day ago, contained some startling statements regarding a series of experiments that were alleged to have been performed on the orphans in St. Vincent's Home and in Blockley Hospital, in Philadelphia. The *Herald* of New York published an attack upon these investigations.

If the statements of the *Herald* are to be trusted the whole affair is a most painful one and demands a most thorough investigation, which cannot be made too severe. According to the *Herald* those experiments

were conducted by some of the physicians in connection with the William Peppler Clinical Laboratory of the University of Pennsylvania.

The experiments were entirely on tuberculin. This was employed in search of the reaction. The tuberculin was instilled into the eyes, was used as an ointment and rubbed on the skin, was injected under the skin, and was introduced through scarifications. We are informed that both bovine and human tuberculin was employed.

Following upon these investigations, three of the physicians published a report. Among other things we gather from the statements of these physicians as to the work that was done we take a few quotations:—

"Practically all our patients were under eight years of age, and all but 26 of them were inmates of St. Vincent's Home."

"Before beginning the application of the conjunctival test (the eye test) we had no knowledge of any serious results from its use."

It is unquestionably much easier of application than the other tests, but it has the great disadvantage of producing a decidedly uncomfortable lesion, and it is not infrequently followed by serious inflammation of the eye, which not only produces great physical discomfort and requires weeks of active treatment, but which may permanently affect the vision, and even lead to its complete destruction."

"These words would seem to indicate that a goodly number of eyes had been tried; for note the words "it is not unfrequently followed by serious inflammation of the eye." Two of the eye cases were "severe and purulent." "Two developed corneal ulcers."

The physicians in their report state that "In fact we are strongly of the opinion that any diagnostic procedure which will so frequently result in serious lesions of the eye, irrespective of the way in which it produces them, has no justification in medicine."

Dr. John M. Cruice, the medical superintendent of St. Vincent's Home, contends that the experiments were justified at the time. Only one child had its eyesight permanently impaired. All the other recovered.

On experiments of this sort there should be the utmost caution. No well person should be subjected to an experiment, the effects of which may be so serious as to impair vision. An adult may voluntarily submit to certain experiments, but to subject infants, indeed, mere babies, to them is quite another matter.

We hope the physicians in this case may be able to show a good account of themselves. In the meantime such experiments as that of a noted French surgeon, who, on removing a cancerous breast inserted a small piece into the sound breast to watch the result of the implantation;

and that of a celebrated French physician who once bled some smallpox patients to note if venesection would help or harm them, cannot be too vigorously condemned. The medical profession cannot afford to lower itself by doing things that do not commend themselves to the reason of the world.

## THE COST OF TYPHOID FEVER.

This is a disease that comes high. Man is one of those sort of animals that are their own worst enemies. Man does things that no other animal will do. In his search for comfort he erects houses, places in these closets, and from these lays pipes to the nearest river or lake. This is not all. He then pumps the water from these back to his house for use.

The ordinary value placed on the lives lost through typhoid fever, male and female, is an average of $1,700. This is the result of British investigation and was adopted by the committee of one hundred in the United States.

Now, allow that in an outbreak of typhoid fever in a city there should be 100 deaths, the monetary loss thus caused would be $170,000. To this must be added the loss of time and expenses incurred by those who were ill, but recovered. This is usually estimated at more than the loss in money caused by those who die.

Then we have those who are ill from the bad water, but who do not have typhoid fever. Professor Hazen has estimated that for every one who is ill with typhoid fver, the sewage polluted water causes three other cases of sickness. It is time great cities began to think seriously about this matter.

But the governments must act. It will not do for towns and villages and cities to be allowed to pour their filth into the natural waters of the country. If man will live in herds, that is in the urban fashion, he must be compelled to properly dispose of his own offal. The cry of cost will not do for an answer. It would cost something to procure a chain and a stake for a savage dog; but then it must be done, if the owner wishes to keep him.

## THE CANADA MEDICAL ACT.

We have much pleasure in quoting the following editorial remarks on this very important subject from *The Montreal Medical Journal* of April. These comments set forth the condition of affairs very succinctly,

and, we think, convey to the profession the views of Dr. Roddick himself regarding this important question. We feel that Dr. Roddick should receive every encouragement and that the various provinces should show the true spirit of compromise, using that term in its very best sense, meaning adjustment for the good of all, yielding a little here and a little there in order that the whole country may gain thereby.

"It will be remembered that at the meeting of the Canadian Medical Association, held in Winnipeg in August last, the question of reviving the Canada Medical Act, 1902, came up for discussion. It was found that for certain reasons, three of the provinces refused to join the others in beginning the work made possibly by this Act. A large and influential committee was therefore formed, consisting of representatives of all the Councils, and of the profession generally throughout the provinces, for the purposes of assisting Dr. Roddick in obtaining, from the Dominion Parliament, an amendment, to the effect that when five or more of the provinces agreed on the terms of the Act, the scheme of registration, so far as they were concerned, could be established.

"The committee met in Montreal on the 16th November last, all the provinces, with the exception of Alberta and Saskatchewan, being represented. A lengthy discussion took place, in which the delegates from one of the larger provinces objected strenuously to any such amendment, contending that, unless all the provinces consented, the Act would be unconstitutional. After a time, however, it was found possible to come closer together than had been anticipated, and a series of amendments were drafted to satisfy those provinces previously objecting. These amendments were subsequently printed and sent to the various councils for their approval. In fact, everything was practically ready for presentation to Parliament, when the executive in British Columbia telegraphed, urgently pleading for delay, being unwilling, in fact, to go further wtihout submitting the amendments to the entire profession in that province. As the time for presenting bills had already nearly expired, there was no alternative but to postpone the introduction of the Amended Act. Dr. J. B. Black, member for Hants, had kindly consented to take charge of the Bill, and had practically secured the co-operation and support of the medical men in the House. The disappointment was, therefore, universally felt.

"As to the amendments proposed by the committee, these had reference chiefly to the subjects of preliminary education, to the scheme of representation, and to the so-called retroactive clause. It was originally intended that the Dominion council should take some cognizance of preliminary education. It is now proposed to leave that subject entirely to the provinces, whose councils, or whose representatives on the Dominion

council, shall be obliged to satisfy themselves that the matriculation passed by candidates for the Dominion license is of a sufficiently high standard. While this concession may seem, to the casual observer, to be a matter of vital importance, there is every reason to believe that it will work out to the satisfaction of all.

"The scheme of representation, originally based on census returns, will now give two representatives, on the Dominion council, to each of the provinces, and on account of their greater size, one additional to Ontario and Quebec. The universities, as originally proposed, shall each have one representative; and the Governor-General-in-Council shall appoint three members, each of whom shall reside in a different province. In addition, there shall be three members elected by such practitioners in Canada as by the laws of the province wherein they practice are now recognized as forming a particular and distinct school of the practice of medicine; and as such are by the same laws entitled to practice in the province. Each of these shall also reside in a different province.

"As to the retroactive clause, so-called, the original draft practically read that when a person properly qualified had been engaged for six years in the active practice of medicine in one or more of the provinces of Canada, he shall be entitled to be registered under this Act as a medical practitioner, without examination. The amendment extends the period to ten years; but further provides that if the medical council in any province be not satisfied with the period of years thus prescribed, it may exact an examination in final subjects from the practitioners seeking registration in that province.

"With reference to the vital question of examination, it is thought now that the Dominion council will relegate to a corps of assessors the supervision of the primary examinations as they are being held in the various universities of Canada; while the Board of Examiners, to be known as the Medical Council of Canada Examination Board, shall undertake the examination of all candidates in the final subjects only. This will greatly lessen the expense, besides economising time. The examinations will be held only at those centres at which there is a university or college actively engaged in the teaching of medicine, or having hospital facilities of not less than one hundred beds.

"It is not the intention by the Act to disturb the *status quo,* so far as the provincial boards are concerned. These will remain practically unchanged. For instance, they will still be expected to satisfy themselves by examination or otherwise, regarding the qualifications of candidates seeking a license to practice in one of the provinces only. Doubtless, in time, some of the smaller provinces especially, will refuse to examine,

thus obliging all to come armed with the Dominion license. Besides, there being nothing in the Dominion Act to regulate taxation and the discipline of the profession generally, it will be seen that the provincial bodies must, for purposes of that kind, also continue to exist.

"It is earnestly to be hoped that the delay in bringing the Amended Act before Parliament during the present session, will not seriously endanger the future of the measure. It is desirable that all the Provincial Councils shall be well represented at the meeting of the Canadian Medical Association in Toronto, in June next, when the work of the Winnipeg Committee will be fully reported and discussed."

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## HOSPITAL AND CHARITY WORK.

In all large towns and cities there must be hospitals and there must be some sort of charity organization. The poor, ye shall always have with you.

Dr. Bruce Smith speaks out again on this subject. His experience as Inspector of Hospitals for Ontario gives him opportunities for seeing the real conditions and needs in hospital work and in the granting of relief.

We agree with him when he condemns the hospitals in Toronto, but better things are near at hand. The New General is now under way and will afford, all told, 550 beds. Of these, 450 are for poor patients. This building will be modern and fire proof. St. Michael's Hospital is actively engaged in building. The new additions are of up-to-date construction. The Toronto Western Hospital has a new wing almost completed. This is quite modern in every way. Another wing will be gone on with at a very early date. This will bring up the accommodation somewhat, but still it will be very far from enough. A city the size of Toronto should have accommodation for at least 1,500 adult patients.

The conditions in Toronto are a warning to other cities not to allow themselves to go so far behind before they begin to do something. One of the best assets any community can have in its midst is a well managed hospital.

With what Dr. Bruce Smith has to say on charity in general we have no quarrel. There is far too often a very foolish and injudicious dispensing of aid to the so-called poor. All the schemers in this world are not found among those who amass millions. Some of the worst type of schemers are to be found among those who would like to live on the millions of other people.

There is a tendency, and it must be resisted, to secure aid as soon as they feel ill, or even when only out of employment. There must be a definite plan of organization in all cities so as to prevent overlapping of aid, and the granting of aid where it is not merited. It is almost as bad to pauperize a person as to refuse aid to one who has just claims to assistance. On this point we have very strong views that a great deal of good money and valuable time have been thrown away upon those who should have been made work instead of doling out to them help.

Dr. Bruce Smith deals with the question of sanatoria for tuberculosis. This is very urgent; but there is a solution at hand. In a previous issue we give our readers the circular letter issued by the Canadian Antituberculosis League and signed by the Rev. W Moore and Prof. J. G. Adami, asking the hospital to arrange some accommodation for tubercular patients. This we think is the solution. There should be some sanatoria for the care of early cases; but for the advanced and dangerous cases we think hospitals should make some provision. We all know that under proper care there is no danger to the nurse or other attendant, but to the ignorant public these advanced cases are very dangerous.

We go further, and contend that the government should compel hospitals to make provision for some cases of tuberculosis.

This would bring a sanatorium within the reach of all. All this can be done with very little cost, as the hospitals have the organization already. There can be such a degree of isolation as will dispell all fear among the other patients. To our mind this is the shortest known route to the goal. Let us quit being foolish and sentimental, and become practical and do something. It is going to take a very long time to secure sufficient sanatoria for the country. In the meantime thousands are dying and infecting tens of thousands. "Let the dead past bury the dead, act, act in the living present." If hospitals would act in this way the wealthy would see something useful being done and would give. So would municipalities and governments. Fear has killed people; yes, and many a good cause.

Outworn ideals are fading fast away,
Beyond its burried past the world has ranged,
New influences shape its trend to-day,
But truth still lives and mankind bides unchanged.

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## MEDICAL INSPECTION OF TORONTO SCHOOLS.

We have long urged that there should be medical inspection of schools in the larger cities. It is in the large cities that the worst condi-

tions are likely to arise. The foreign element brings with it the foreign conditions. These must be picked out as soon as possible and corrected. The assimilation of the new with the old cannot be accomplished too rapidly.

It is also in the cities that poverty and dirt are so likely to prevail in the poorer districts. There are none who cannot procure soap and water, and they should be made to use them. Medical inspection, we think, will do good in this direction.

But, then, there are many departures from health that do not receive any attention from the careless parents, and that, nevertheless, should not be allowed to go on uncorrected. The value of health and the prolongation of life are matters of the first importance.

In Toronto a step has been in a forward direction in this matter. Dr. Helen MacMurchy has been appointed medical inspector of the school children. There is no doubt but that she will do her work well; and that good will come of her efforts to raise the standard of health among the school children.

Miss Lina L. Rogers, who has had much experience in the work, has been selected as the nurse in charge of the work. She is to have two assistants, Miss Robertson and Miss Jamieson. With these four trained persons on constant duty there will no doubt be some important results.

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## JUDGES ON MEDICINE.

There is probably no more interesting reading anywhere to be found than to peruse a series of judgments from the law lords on medical questions. The moment a lawyer or judge deals with a medical question he is only an educated gentleman dealing with what in reality he most likely knows very little.

This is readily made self evident when we note that eminent lawyers and judges have been devoted homœopaths, osteopaths, Christian Scientists, etc. If they had been in possession of any knowledge of pathology and therapeutics worthy the name such could not have been passible. Imagine any one who has the merest knowledge of Pott's disease resorting to osteopathy with its ignorant pulling and twisting of parts, or to a Christian Scientist for cancer of the breast, or to a homœopathist for the treatment of ague with infinitesimal dose of quinine.

When the educated can make such mistakes, there is abundant excuse for the general public being led astray by the claims of those ilks. uttered more loudly often that the roarings of "the loud sounding sea by the Aegean shore."

A few weeks ago Judge Morson gave judgment quashing the conviction of the police court against an osteopath. Judge Morson quoted a previous judgment of Mr. Justice MacMahon to the effect that practising medicine entailed the giving of drugs for curing or mitigating disease. Judge Morson said: "There appears to be no case holding that medicine can be practised without the use of medicines. There was no medicine administered in this case and if the Ontario Medical Council desire the meaning of the word 'medicine' extended to cover the present or like cases, they must apply to the Legislature.

This is the view the lawyers take. Drugs are only one of the agencies in the hands of the trained physician; and many times he does not use them at all. The surgeon could not follow his work without the use of splints, and yet it is only in a small percentage of his cases he requires. A man is not practising medicine if he is not using drugs say the lawyers; therefore, a man is not practising surgery if he does not use splints. Just as sound would be logic to say: Because all men are bipeds, and all geese are bipeds, therefore, all men are geese! The false element in the foregoing syllogism is once apparent.

So is the false reasoning of our legal friends when they deal with matters medical. As the occasion arises the doctor makes use of fresh air, sunshine, water, food, medicines, exercise, massage, etc. This does not make him an air doctor, nor a sunshine doctor, nor a water doctor, nor a massage doctor. But the lawyers "have us in the wind."

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## TORONTO MEDICAL HEALTH OFFICER.

Now that Dr. Charles Sheard has resigned, the city council and the people begin to realize that he was a really efficient, independent, and upright public official.

There have been several very capable aspirants for the position. Among these we may mention Dr. J. W. S. McCullough, of Alliston. But he had the disadvantage of not knowing Toronto conditions as some of the others, and being an outsider.

Dr. C. A. Hodgetts, the first choice of the Board of Control, would have made an admirable medical health officer. He has had great experience in sanitary matters, and always prepares his reports in very fine form. He has good executive ability and much energy.

Dr. J. A. Amyot, the provincial bacteriologist, would also have made a good official. But he did not receive the nomination of the Board of Control. We understand that Dr. Amyot did not press his application, and is well satisfied in his present position.

Dr. J. F. Goodchild, the nominee of the Board of Control, will give a good acount of himself. He has had a good training for the work. He understands thoroughly the main questions now before the city council, such as the filtration plant, the installation of septic tanks, the management of infectious diseases. We are glad the council has made him the choice for this important position.

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## ROUTINE INDUCTION OF LABOUR AT TERM.

A. Magnus Tait, raises the question, *New England Medical Monthly*, Feb., 1910, as to whether the routine induction of labour at term is good obstetrics; or is justifiable; and whether it conserves the best interests of mother and child, is what the author discusses in this paper.

He defines full term and meaning that a period of 270 days from conception, or 280 days from the end of the last menstruation has elapsed from the time of conception to the date of birth of the child.

The means of foretelling the expected date of labour are uncertain, there being a number of methods at our disposal which will not permit an accurate forecast, but allow of some degree of certainty.

If the patient passes the expected time of labour her anxiety and nervousness increase. This latter point is dwelt upon at length by the author in his paper. Interfering with the husband's business plans is mentioned as a matter of serious consequence.

The prolongation of pregnancy means a larger child, a more tedious and difficult labour, greater danger of toxaemia and placental changes, all exposing the life of the mother and child to greater danger .

Records are given of several cases of what might be called "missed labour," all of them showing abnormal conditions of the placenta.

The author concludes from his observations that many lives of children and mothers could be saved by the judicious induction of labour at term. "Select, and study a case and use sound judgment, and by so doing many a puerperal period could be changed from the tedious, complicated to the normal."

Induction of labour may be performed by the introduction of the bougie into the uterus and gauze packing of the vagina.

(The subject of this paper is to be classed with the "removal" of cases suffering from inoperable cancer. There are some people in this world who suffer from marked impairment of judgment!)—*Reviewer*.

# ORIGINAL CONTRIBUTIONS.

## VENEREAL DISEASES IN WOMEN.*

S. M. HAY, M.D., C.M., Gynæcologist to the Toronto Western Hospital.

THE venereal diseases in women are three in number, namely, Chrancroid, Gonorrhoea and Syphilis. These are usually acquired by sexual intercourse.

The chrancroid, or soft chranre as it is sometimes called, is a strictly local disease and is usually multiple in women. It is a contagious, inflammatory, destructive ulcer. It has no period of incubation and is auto-inoculable, and the inguinal glands are apt to suppurate. On the mucous membrane it begins as a minute yellow spot, surrounded by a red ring. The epithelium is lifted so as to form a pustule, which ruptures and leaves an ulcer of round or oval shape, but by the confluence of several the contour may become irregular. On the skin the ulcer may form without the development of a pustule. The edge is clean cut as if made by a puncher, somewhat jagged and undermined. The floor is uneven and covered with yellow debris. If properly treated chrancroids heal in a few weeks, if neglected the ulcers spread and the patient becomes very ill and may even die of exhaustion. Chronic chancroid is somtimes called lupus. The chronic condition is usually caused by uncleanliness, and is a condition peculiar to women. The chancroid, unlike the hard chancre, is rarely seen on any other part of the body than the genitals.

Treatment of chancroid. The acute chancroid should be cocainized and then cauterized at once to convert it into a non-specific ulcer and thus prevent auto-inoculation. They may be cauterized by strong carbolic acid, followed by the application of alcohol, or by strong nitric acid, or by the thermo-cautery. The labia should be kept separated by strips of gauze soaked in Keith's dressing or the Peru dressing.

Although it is not the intention to take up the subject of syphilis at the present time, we will, however, consider its initial lesion, chancre, as it may be important to diagnose it from chancroid. Very frequently the hard chancre in the female is not found on the genitals. The infection may take place on the breasts, lips or perhaps on the cervix uteri. The characteristic induration is more frequently absent in women than in men. In men the chancre nearly always appears on the penis, while in the female it more often appears on some other part of the body than it does on the genitals (Ashton). The frequent absence in the female of induration should make us cautious about giving a positive diagnosis. It may be well in some cases to wait until secondary symptoms appear

*Read at the Academy of Medicine.

before deciding positively. To place a case of chancroid in the category of syphilis and subject the patient to the usual two or three years' course of treatment would be a mistake, which it is well to guard against.

The first period of incubation in chancre, that is, the time elapsing between infection and the appearance of the chancre, lasts from 10 to 70 days. The second period of incubation, the time from the formation of the primary lesion till the outbreak of constitutional syphilis, occupies from 40 to 70 days. The two together generally lasts from 2 to 3 months. In 5 to 10 days after the development of the chancre the inguinal glands begin to swell.

The syphilitic poison may come from a hard chancre, from secondary productions, especially mucous patches, or be inoculated with blood, lymph or saliva.

The chancre itself is a superficial, flat, reddish erosion, which soon changes into a round superficial ulcer of dark red or grayish color, with smooth floor and scant serous secretion. The base of the true Hunterian hard chancre is very hard. This hardness is not so common in the female. If a patient be simultaneously infected with chancroid and chancre we have the so-called mixed infection. The chancre is usually single, and generally heals in a short time.

The chancre should not be cauterized but simply kept clean and dressed with a mild antiseptic solution of acid carbolic or bichloride of mercury. Excision of the primary lesion is not usually resorted to, the damage has been done, the local manifestation is merely the recoil of the gun. Commence constitional treatment as soon as you are positive of the diagnosis.

CHANCROID.

1. Local ulcer.
2. A distinctly venereal affection.
3. No incubation, lesion observed within a few days.
4. Starts as a minute yellow spot.
*5. Commences by a red ring ulcer.
6. Ulcer looks as if made by a puncher, clean cut or undermined edges.
7. Usually multiple.
8. Essentially destructive, no tendency to heal.
9. Base not usually hard or indurated.
10. Secretion purulent and abundant.
11. May recur again and again.
12. Auto-inoculable.

*Commences and continues as an ulcer.

13. Phagedena frequent.
14. Buboes in 65 per cent. of cases.
15. Buboes usually suppurate.
16. Swollen glands usually soft.

CHANCRE.

1. Local sign of a constitional disease.
2. Usually a venereal affection.
3. Incubation from 10 to 70 days before first induration of lymphatics.
4. Dark red or greyish in color.
5. Commences as a papule or erosion.
6. Ulcer superficial and flat.
7. Usually single.
8. Constructive, tends to form new growth, tend to heal.
9. Base may be hard or indurated.
10. Secretion slight, serous or bloody.
11. Usually occurs only once in same patient.
12. Not auto-inoculable.
13. Phagedena infrequent.
14. Buboes in nearly all cases.
15. Buboes do not usually suppurate.
16. Swollen glands usually hard.

We now come to what is perhaps the most important of all venereal diseases in women, that is gonorrhoea.

Gonorrhoea is an acute infection involving especially the mucous membranes of the genito-urinary organs. It is the most frequent cause of those grave pelvic lesions which result in loss of life, sterility or chronic invalidism. When the infection attacks the urethra, the affects are the same as in men. When the disease attacks the vulva it is liable to enter the ducts of the vulvo-vaginal glands and cause an abscess or a chronic form of gonorrhoea. Its most serious results, however, are found when it enters the cervix, the Fallopian tubes and the peritoneal cavity. The vagina frequently escapes infection, this being due to its absence of glands, and to its mucous membrane being covered by squamous epithelium.

Not only are the mucous membranes affected by this disease, but the deeper tissues are frequently invaded by continuity, or tissues quite distant, by the lymph stream. Hence, we have serous membranes affected as the peritoneum, pleura, etc., and the gonorrhoeal joint is quite familiar to us. Long after the disease has apparently disappeared

from the mucous surface it may be found in the minute follicles around the meatus, urethra and vulva. Also the gonorrhoeal germ may be found in the uterus and tubes long after it has disappeared from the vagina. Dudley says, "The pavement epithelium of the vagina, and the acid secretion of the fluid normally found there, make the vagina relative immune." I do not imagine that the acid secretion of the vagina is the cause of this immunity. I would rather consider it due to the pavement epithelium and the absence of glands in the vagina. It is generally conceded that the gonococcus flourishes best in an acid medium as is indicated by the alkaline treatment employed for its cure. It is known that the acid medium is unfavorable to the growth of about 90 per cent. of all pathogenic microbes, and this makes the vagina a barrier difficult to pass. The bacillus coli communis is a well known exception, it thrives in the acid medium and easily finds its way through the acid secretions of the vagina into the uterus. It is quite probable the gonococcus also frequently passes through the vagina, without lodging there, and infects the uterus and tubes beyond. Again, the urine is normally slightly acid and we endeavor to render it as early and as decidedly alkaline as possible, in order to prevent the progress of the disease towards the kidney.

As has already been stated the gonococcus may remain inactive in the mucous crypts for years after a cure is supposed to have been effected, and still it may be communicated to another. I take the following quotation from Dudley p. 166) : "A direct experiment with pure culture from a gleety discharge of two years standing gave the following interesting results: 1, Attempted reinfection of the original urethra with this culture was always a failure. 2, The culture when transplanted to a coccus free urethra produced typical acute gonorrhoea. 3, The infection from this back again to the original urethra gave a fresh gonorrhoea, which after a typical acute course of five or six weeks, again subsided into a chronic gleet. Thus, by passing the gonococci through another individual, that is, through a new culture ground, they became again virulent to the urethra which was invulnerable to them before."

Thus, we see a man with gleet, may infect his wife, she in turn reinfect him with an acute attack, which gradually subsides into gleet again. Gradually they each become immune to the other's infection, but either of them will still be capable of communicating the disease to another healthy individual.

By continuity of mucosa the disease may spread from the vulva to the meatus, the urethra, bladder, ureter, and on into the kidney, or by the same method it may travel from the vulva to the vagina, cervix, uterus, tubes, ovaries and peritoneum. Or the germs may, by way of the lymphatics and blood stream, enter the deeper tissues and involve the pericardium, plura or various joints.

"It has been said that 80 per cent. of deaths from pelvic disease in women are due directly or indirectly to gonorrhoea, as well as one-half of the cases of involuntary sterility." (Park, p. 158.)

The symptoms of gonorrhoea in the female depend on the part of the genito-urinary tract involved. To take up the symptoms of the disease as it extends beyond the tissues around the vulva is quite beyond the intention of our present undertaking. The early local symptoms may be described briefly, as follows: Within a few days after suspicious coïtus the patient complains of slight irritation about the genitals. The parts feel dry and hot with a slight burning sensation. The discomfort increases and an irritating discharge appears. There will probably now be painful and frequent urination. On examination the vulva and vaginal orifice will be found reddened, swollen, painful, irritated, and bathed in a yellowish discharge. A stripping of the urethra will probably yield a few drops of pus. The finding of the gonococci by microscopic examination settles the diagnosis beyond question.

The few remarks on the treatment of gonorrhoea will be confined to conditions as found in its early local manifestations. The chief object of treatment should be: 1, To prevent extension of the disease upwards to the uterus and Fallopian tubes, also to prevent its passing up the urinary tract. 2, To completely stamp out the infection while it is still in the lower genital tract. 3, To relieve discomfort, and prevent infection in others.

No measures of treatment should be employed that interferes with the natural protective influences—in tact hymen, closed external and internal os, and the cervical mucus—these are some of nature's barriers. Be careful not to carry the infection farther by treatment than it has already gone. If the infection be confined to the vulva, treat only those parts, and so on as it extends farther. It is often possible to eradicate the trouble, while yet confined to the external genitals. Never irritate the parts by instruments or applications. After you secure a specimen for microscopic examination cleanse the parts by gently wiping off the discharges with small pledgets of cotton soaked in warm boracic acid solution. Use dressing forceps for handling the cotton. Next, paint the parts over freely with a 25 per cent. solution of argyrol, dry the parts carefully and apply some non-irritating antiseptic powder. Place some absorbent cotton between the inflamed surfaces and cover the vulva with a large pad of the same material held in place by a T bandage.

If the examination shows that the process has extended up into the vagina, which extension is generally accompanied by a very profuse discharge, and if the tenderness has subsided sufficiently to allow the speculum to be used without pain, the speculum is introduced and the

affected parts painted thoroughly with a 25 per cent. solution of argyrol. The vagina is then dried and a mild antiseptic powder dusted in.

While the disease is acute the patient should be kept in bed, and she should be given in alkaline urinary antiseptic, which tends to prevent the extension of the trouble along the urethra, and on up the urinary tract.

The bowels should be freely moved each day by internal laxatives, with the object of avoiding the carrying of the infection into the rectum. Rectal suppositories should not be used.

Each time the patient or nurse changes the vaginal dressing she should carefully wash and disinfect her hands. In giving your instructions be careful to arouse no suspicion that might lead to domestic unhappiness. We should endeavor to lessen suffering in the home, as well as in the patient, not to cause it. This is not with the view of protecting the miserable man from well-deserved suffering, but to protect his innocent wife.

When a young women has once contracted gonorrhoea her future life, especially the menstrual part of it, is beset by many dangers. It may cause disease of the vulva-vaginal glands or ducts, Skene's glands, vagina, uterus, tubes, ovaries, proctitis, rectal stricture, urethritis, cystitis, pyelitis and nephritis. If the history of these troubles could be written, it would tell of an apparently cured gonorrhoea in the husband.

The one child sterility is probably, in many cases, the result of gonorrhoeal infection. The woman conceives and becomes infected at the same time, and probably the organs never again become healthy enough to conceive.

One reason why prostitutes do not conceive readily, is because the tubes are continually in a more or less actively infected condition.

A badly inflamed or infected tube will not conceive, but as time goes on, the tube gradually improves and becomes sufficiently normal to receive the conception, but still not healthy enough to pass the ovum on to the uterus, hence, we have an ectopic gestation following a period of sterility.

Again, parturition or miscarriage may by stirring up a latent infection cause pelvic peritonitis, followed by invalidism, or even death. In more fortunate cases a serious operation may partially restore health.

Frequently, gonorrhoeal patients are sterile. They are not apt to become pregnant, while syphilitics conceive readily, and abort as readily.

Many years ago syphilis was considered a more serious disease, in women, than gonorrhoea. It appears evident now, however, that gonorrhoea, since its pelvic complications have become better known, as well as its more remote effects upon the kidneys, serous surfaces, heart, joints, etc., is a much more serious disease in womankind than is syphilis.

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# NOTES ON AFFECTIONS OF THE BLADDER.

By WILLIAM F. WAUGH, A.B., A.M., M.D., Dean of Bennett Medical College, Chicago, Ill.

EVERY human being has his or her weak spot, his *locus resistentiae minoris,* and as the years roll by, the pristine vitality is spent, and the effects of life with its cares and labors, its remainders from disease and hardship, collect in the aging frame-work, and the points least protected begin to show the strain. In many cases, especially of men, it is in the bladder that age first makes its unwelcome presence known. When the detrusor weakens and the urinary outshoot relaxes, tending toward the suspicion of a dribble, one should take heed. When the clink of gold sounds louder than the swish of silk, when the air of spring brings no lure of the water and the forest with it, investigation will probably reveal some gray hairs, and possibly a bare spot about the crown.

Woe is impending if it is the bladder that gives out first. Well it is if the earliest warnings are heeded, and a close watch kept on this section of the defenses. Vesic force is to be cared for, saved, developed, by wise tendence, and the evil day postponed by every known means. As the writer is not so young as he was some 20 years ago he has found peculiar interest attaching to case reports of the clinical observations of such maladies, especially those of Burggraeve, who despite a sensitive bladder, lived to round his century in comparative health and comfort.

To the younger member this does not appear especially desirable; but these records are presented for the edification of those who have passed the mid-period, and to whom living out the century appears in every way an agreeable proposition.

*Strangury Bladder.* The more age advances the more necessary is it to watch the health; the slightest attack may be the grain of sand which, as Pascal said, may derail the care of life. He was constantly tormented with pains in the abdomen, that induced a black melancholy. Did his dispute with the Jesuits react on an imagination eminently religious? We physicians consider rather the abdominal engorgements. Our disputes do not interefere with our well-being, but we are very sensitive about our bellies.

In the hot season, having had the imprudence to drink Louvain beer, which is cold and sour, Burggraeve was seized with rectovesical tenesmus, degenerating into strangury. Baths and leeches to the perineum gave no relief. He took strychnine, cicutine and hyoscyamine, a milligram each. The effect was quickly manifest, in dryness of the throat and mydriasis, then slight drowsiness due to the cicutine, and then pressure in the lower abdomen from the strychnine. The tenesmus was dissipated as if by magic.

In strangury as in all difficulties of emission it is necessary to decompose the malady into its factors and combat these by appropriate remedies. This is why we apply the three remedies simultaneously. These are therapeutic antipathies to those who do not know the method. Each has its specification, strychnine on the motor fibers, cicutine on the sensory, hyoscyamine on the circular or sphincters.

*Paresis of the Vesical Neck.* Rives describes a case, a woman who since the birth of a child five years before had lost control of her bladder. She was ordered strychnine a milligram night and morning, adding one-half milligram every three days, with soda arsenate at meals. In twelve days she reported marked improvement, and in ten days more she was cured.

*Cystalgia.* Pena said that a woman aged 50 suffered from retention of urine, with severe hypogastric pains extending to the stomach and kidneys, tenesmus and frequent efforts to urinate. Miction was difficult and scanty, so painful that the patient had to brace herself to the furniture to expel a few drops. Then urine was normal. Strychnine and hyoscyamine were given, half a milligram each every half hour. Relief was felt by the second dose, and was complete by the fifth. The malady did not return.

*Vesical Catarrh.* Pire tells of a Cuban girl, aged 16, who after a hard labor ended by forceps—babe dead and perineum torn—was affected with general debility, pulse 104 and feeble, temperature 99.3 deg. F., no appetite, insomnia, enuresis, acute pain aggravated by passage of urine, the latter bloody with mucopurulent sediment and clots. Treatment, hyoscyamine and strychnine arsenate, half a milligram each every two hours; alternating with a centigram of benzoic acid and intestinal lavage with laxative salines.

By the following day the enuresis was gone; and quinine hydroferrocyanide a centigram every hour, was added.

Third Day. Pulse 84, urine normal, face more animated. The remedies were stopped except strychnine; and quassin 2 milligrams iron arsenate, 1½ milligrams, was given at meals. Recovery ensued speedily.

*Retention of Urine.* Benito records a case of urine retention, complete for two days. The means previously effective had failed. The patient had been so severely injured by the catheter that she declared she would rather die than have it used again. She had fever, pain, anxiety, and tetaniform convulsions. Prescribed hyoscyamine and cicutine, half a milligram each every 10 minutes. At the third dose the patient was able to empty her bladder without further aid.

Bonsirven says he was awakened by a sense of malaise, nausea, pain in the kidneys and desire to urinate, but found himself unable to do

so. He took hyoscyamine and strychnine arsenate, ½ milligram each, alternately every twenty minutes. After fifteen doses of each the urine was passed in full stream.

Burggraeve's case was a man of 42, who had retention and nocturnal enuresis, spasm of the neck and paralysis of the body of the bladder. Ordered cicutine, hyoscyamine and buricine, of each half a milligram four times a day. In two or three days he was relieved and could dispense with the catheter. Benzoate of soda was added for cystitis. Hyoscyamine relaxed the spasmodic sphincter, cicutine sedate the spinal reflex, brucine energized the detrusor.

Carle's patient was 60, with a history of five years' difficulty in emptying the bladder, passing a little urine every quarter hour; while any stimulant, cider, coffee or wine, arrested it immediately. Prescribed hyoscyamine, cicutine, strychnine arsenate, half a milligram each every two hours. In forty-eight hours the function was restored, and in three weeks the patient was completely cured, but dared not use the liquids hitherto found injurious.

In Cassius' case the malady had existed two years. He had a sense of weight in the perineum, fever, very intense pains, *ardor urinae,* a globular hard tumor formed by the distended bladder. Introducing the catheter without encountering any obstacle, the urine dribbled out, aided by pressure. Prescribed two milligrams each of hyoscyamine, cicutine and strychnine sulphate. That evening he had chills; a little blood appeared in the urine forced out. Gradual recovery ensued.

Ceuterick treated a farmer aged 70, for retention of forty-eight hours' duration. The suffering was intolerable. Catheterism was painful and difficult from prostatic engorgement. He was given strychnine arsenate half a milligram every half hour, for ten doses. Next day, no improvement. Changed to hyoscyamine. A little better. Gave a milligram of hyoscyamine every hour, ½ milligram of strychnine every two hours, for ten doses. "The result surpassed my expectation; the catheter was no longer needed."

Coppens was summoned to a man aged 65, with sharp pains, distended bladder, unable to empty it. The catheter withdrew 1½ liters of urine, no obstruction being found. Under hyoscyamine and strychnine he recovered the power of the detrusor in five days. The difficulty here was due to beer.

Juhel encountered a urethral stricture, become impassable, efforts bringing blood; atrocious pain, the bladder reaching the umbilicus. Hot applications gave relief temporarily, then failed. Hyoscyamine a milligram and strychnine ½ milligram were given every half-hour. After five doses micturition was complete and painless.

Lemaire treated a young pharmacist for retention due to a spasm of the sphincter, the catheter having failed. Hyoscyamine and strychnine were ordered, every half hour. During the night the bladder was completely emptied, but hyoscyamine delirium presented. The retention reappeared and the same treatment gave relief. To avoid over-action the granules were continued, but at increasing intervals, and the cure proved permanent.

Mesnard's subject was a man aged 67, in whom repeated attempts at catheterism failed, through spasm of the neck of the bladder. The pains were atrocious. As this case seemed altogether spasmodic, hyoscyamine and cicutine hydrobromide were given, a granule each every quarter hour to effect. The spasm relaxed at the fifth dose, to the amazement of all, who began to realize the powers residing in "the little grains." A little strychnine to steady the bladder completed the cure.

The therapeusis appears scanty in resources, but these cases required no other remedies than the three mentioned. Since these reports were made we have developed that priceless medicament in vesic catarrhs, arbutin, and this has greatly strengthened our hands in the whole group of catarrhal cystitis, even in those old gonorrheal forms that were the despair of patient and physician alike.

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## THE HALF CENTURY LINE IN MEDICINE.

By JOHN HUNTER, M.B., Toronto.

THERE are four quite well defined periods in the life of all those who live to old age. Each of these covers, approximately, a quarter of a century. The first may be called the period of evolution. In it the physical, intellectual, and moral attributes are evolved. The second is the period of service. In it the man must consecrate all his powers of body, mind, and soul, to his vocation, and to the personal, domestic, social, moral, and patriotic obligations, that his needs, and environment place upon him. The third period is that described as transitional. During it, the individual passes from the strength and vigor of mid-life, to the impaired vitality of advancing age. The fourth is that of senile degeneration. During it the veteran has to carefully husband the rapidly diminishing store of vitality; nurse his ailments, and calmly await the coming of the "Grim Reaper."

The first and second quarter centuries, and also the fourth, are lived under an imperative edict. No normal being can live for twenty-five years without physical, intellectual, and moral development. No man can live from his twenty-fifth to his fiftieth year, retain his self-respect,

deserve the approbation of his fellows, or achieve any success who is not prepared to sacrifice himself on the altar of service. For the few spared to see the closing years of the century, physical degeneration, and ultimate dissolution are inevitable. It is only during the transitional period—fifty to seventy-five—that life is more or less governed by the optative mood. In these years a man can do a good deal in either prolonging his physical and mental vigor, or on the other hand, he can hasten on the degenerative changes of senility.

Of all the VOYAGEURS on the "ocean of life," one would naturally think that the physician would be the most likely of all to get accurate "bearings" when passing through life's equatorial region; but, alas, is it not as true in medicine, as in morals, that knowledge alone does not save a man? How many physicians, under the strain of necessity, or lured by a passion for wealth, or distinction, rush on heedless of the signs and symptoms of degeneration until through a cardiac, or vascular lesion, the "silver cord is broken," or a limb lies motionless, and flaccid on the couch!

The half century line in life, marks almost as distinctive a division, as the equator does in the physical world. From the inception of life in the fertilized ovum onward to "middle age,"the functions of the body —physical and psychic—work for the development of a normal manhood. When this period is passed the trend is toward degeneration until in the act of dissolution life becomes extinct, and the body returns to its primitive elements. If we are under an imperative obligation during the first and second periods of life to make use of all that can aid us in the development, and maintenance of a high standard in physical, intellectual, and moral attributes, is the obligation not equally as great during the third, or transitional period, to put forth every effort, not only to maintain the high standard of a well developed manhood, but also, to retard the degenerative changes, or mitigate their evil consequences?

Scientists assure us that the volume of the heart in early life is to that of the arteries, as 1¼ is to 1, and in the adult as 5 to 1. If this be true, it is certainly a wise precaution, especially after fifty, not to tax the heart's action over-much lest an atheromatous patch in an artery be unable to stand the increased pressure. The steadily decreasing functional activity of the organs of digestion, assimilation, and elimination—incident to the oncome of age—calls for a careful supervision of the diet. At no other period in life are holidays, change of climate, travel, etc., of so great a value. An ocean voyage, a hunting expedition, fishing, or bowling—any and all of these help to retard the progress of degeneration. Surely there is evidence enough in practice of the premature breaking down of the most vigorous men from the slavery of

persistent work, to teach physicians the value of rest, and of recreation of a suitable kind.

What of the mental, intellectual, or psychic attributes in this transitional period? This should be the "brainiest" time in a man's life. His intellect should be under the best discipline, and his experience should enable him to manage his affairs with comparative ease, and with increased efficiency. Owing to the physical changes already referred to, he should make a more or less radical change in the acquisition of new knowledge. The rapid increase in the volume of literature in every section of medicine, makes it impossible, with the oncome of age, to keep abreast of the times. It would be safer, and more satisfactory for the physician over fifty, to confine his reading to the better class of medical journals, and to books of a single volume, rather than to those extending over many volumes. He should acquire the art of "gutting a book." It is the time for intellectual recreation. The first few years of the young physician's life are fully taken up in acquiring a broader knowledge of his calling; in working up a practice; in courtship; and in "setting up" a home. When a large practice is established, the demands on his time and strength practically exclude any wide excursions into other, than medical literature. After the half century line has been passed some intellectual recreation becomes essential for the preservation of the mental equilibrium.

The aged physician should be like the church elder, "given to teach." It is the genius of medicine, and one of its outstanding honors, to be willing to impart scientific knowledge for the good of the race. Like Huxley, the experienced physician, has seen many a very plausible theory slaughtered by a single fact. It is his privilege, and his duty to pass on to the coming generations whatever he has found trustworthy in his experience. The progress of medicine, is not aided by anything more than by a truthful record of the facts established in the sick-room.

Should a physician make any very radical change in his work after fifty? It would be a waste of time for any individual, or for even a number of persons, to attempt to frame specific regulations as to what changes should be made, for no man was ever intended to be merely a duplicate of another. However desirable, it is for every physician "to stand on his own feet," and "to hold on to well grounded convictions with good natural inflexibility; the more so, when the cry of voices is against him," yet it would well repay every physician on reaching the half-century period to get—in nautical terms—his exact latitude and longitude in his professional career. The practice of medicine is just as vulnerable to its environments as are other callings. A few decades ago, in commercial, and in industrial life the business was under one man's

name. To-day it is the "A. B. Co., Limited," with its great plant. The trend is steadily toward co-operation, *e.g.*, "Confederations of Labor," etc. Something of this kind is being felt in medicine, although it may be said of the physician—

"He should not be the first by whom the new is tried,
Nor yet the last to cast the old aside."

We see on an ever-increasing number of doors, a second plate. With the on-come of age some form, and degree of co-operation, is well worthy of careful consideration. When a physician has been in practice for twenty-five or thirty years, he ought to know what section in medicine his experience and aptitude best qualify him for. Now, if he could arrange a partnership with a young man, or enter into some mutual agreement with another physician as to some exchange of work, many of the advantages of co-operation could be realized.

Co-operation has revolutionized commercial and industrial life and doubtless could do much to remove or mitigate many undesirable factors in medical practice. It would help to lessen the drudgery of practice. It would create a better spirit between those mutually assisting each other. It would give more time for travel and recreation, so that both would be in far better form and spirits for doing good work. Professional intercourse between old and young would be mutually beneficial, and respect would supplant jealousy,—age with the fervor of youth, and youth the serenity of age.

"He loves when age and youth are met,
Fervent old age and youth serene,
Their high and low in concord set
For sacred song, Joy's golden mean."

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## THE ETIOLOGY OF LATE AND POST-OPERATIVE EYE INFECTIONS.*

By M. MORAX, Paris. Translated by G. STERLING RYERSON, M.D.

UNDER the name late post-operative infections are comprised all those cases which appear from the 3rd to the 4th day. There are three types of such infections.

First, those which are attended by a reopening of the wound; second, those which develop without reopening of the wound, and third, those which occur with a fistula of the wound.

*Read at the Academy of Medicine, Toronto.

This paper deals with those under the second head, especially those which develop without apparent opening of the wound, which comprise the greater number of cases. The clinical evolution of these complications allows one to subdivide them into three groups: 1st, Iridocyclitis arising late with the evolution of benign symptoms; 2nd, severe iridocyclitis which may give rise to sympathetic ophthalmia, and 3rd, a form attended by intraocular hemorrhages appearing late.

The etiology of these iridocyclitis cases is still hypothetical. The mildness of the symptoms, their aggravation by all intervention, do not permit the determination of microbic infection. M. Morax discusses the role played by the saprophytes, a sporulated micro-organism which has been accused of causing these complications. He is forced to admit the conjunctival origin of the infection because of the fact frequently established that these complications repeatedly arise in the same subjects after fresh intervention, but he attributes the infection, which appears only after a more or less prolonged period, to a micro organism which is not yet known. He holds the same view with regard to iridocyclitis which gives rise to sympathetic ophthalmia. A certain number of cases of malignant iridocyclitis can be studied from the bacteriologic point of view. Here the infectious nature of the complication is demonstrated by finding in the pus various pathogenic microbes, for example, staphylococcus, pneumococcus, and the bacilus of Pfeiffer. The reason of the subacute evolution escapes us. Have we to do with an exogenous or with an endogenous infection?

Without denying the possibility of a metastatic infection, in an operated patient, it is possible that this localization of infection is exceptional and that more often an exogenous post-operative infection is the cause of the symptoms. It does not appear that in the chronic experimental infections that the traumatism has a manifest localizing action.

In post-operative infections with fistulization of the wound it has been demonstrated that tags of iris and capsule present obstacles to the perfect reunion of the wound, and that fistulization is facilitated by the rupture of the epithelial layers thus permitting the entrance of pathogenic organisms from the conjunctival sac, especially the pneumococcus and streptococcus.

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## A METHOD OF RENDERING THE EYE-BALL COMPLETELY ANESTHETIC IN CATARACT AND GLAUCOMA OPERATIONS.

By DR. FUKALA, Vienna. Translated by G. STERLING RYERSON, M.D.

It is of great importance in cataract, glaucoma and pupil operations that the patient should be perfectly passive and should not resist the

surgeon, otherwise there is great danger of injuring the capsule of not cleanly abcising the iris. In cataract operations there is the additional danger in unruly patients, and there are many such, of losing vitreous. Especially is this true of extraction of the lens in myopia operations. Such accidents unfortunately often happen by imperfect local anesthesia.

The two per cent. cocaine solution is not sufficient to produce total loss of sensibility. For the last 18 months Dr. Fukala has used the following method, which he states is very successful. He injects with a Pravaz syringe under the conjunctiva, a fifteen per cent. cocaine solution. A large bleb forms which soon disappears, and after fifteen minutes it will be found that the eye is entirely insensitive. He uses also a solution of Adrenaline chloride of the same strength separately or mixed with the cocaine solution. This method should not be used in children up to fifteen years, in marasms and in severe heart affections.

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## OPERATIONS FOR ENTROPION.*

By GEORGE H. MacLAREN, M.D.

ENTROPION or inversion of the eyelid is due to some organic change in the conjunction or tarsus, to spasm of the palpebral portion of the orbicular muscle or may be congenital.

Congenital entropion is a rare condition which, if required, may be operated on in the same way as the acquired form.

Spastic entropion is met with mainly in elderly people with flabby lids, and is favored by deep situation, dimunition of size or absence of the eyeball or the wearing of a bandage and may therefore often be met with after cataract operations, when several of these conditions are present. It is almost invariably restricted to the lower lid and may very often be relieved by removal of the bandage. If this is impossible a roll of adhesive plaster should be placed upon the lower lid near the margin of the orbit, which is left pressed against the lid by the bandage, and this may relieve the inversion. If not, probably the best operation for spastic entropion is what is called the skin and muscle operation, which depends on its efficiency to the weakening of the orbicularis muscle and the removal of some of the abundant and relaxed skin. By means of a T-shaped forceps the lax skin of the lower lid is seized, and by taking a deep grip the muscle can also be caught. With a pair of scissors this skin and muscle is cut away, care being taken that the upper edge of the wound is close below the free border of the lid. The amount to be

* Read at the Toronto Academy of Medicine.

removed must be judged so as to relieve the entropion without producing ectropion. The edges of the wound are united by means of some sutures and a collodion dressing applied. This operation relieves the condition, and the result is usually permanent, although recurrences of the entropion may take place from stretching of the skin when a more radical operation would be necessary.

Cicatricial entropion is the commonest and most important form, and is caused by cicatrical contraction of the conjunctiva from trachoma, burns, etc. As a result of the turning in of the lids the punctum lachrymale may be out of place, causing epiphora, the lashes may be rubbing against the cornea and liable to cause nebula and blepharospasm may be another disagreeable result.

In certain cases of entropion which are very slight the only symptom may be epiphora from the displacement of the punctum.

For these cases it may not be needful to do an operation for entropion, provided the causes which originally produced it are quiescent and not likely to cause further inversion, all that is necessary being to slit the canaliculus more anteriorly than usual, and this may cure the epiphora.

Cicatricial entropion is more common in the upper lid, though it may be met with in either or both, and the operations suggested and practised for its relief are very numerous, showing what a difficult condition it is to cure permanently. It is not necessary to mention all these operations, but I will describe the ones that appear to me most suitably.

For the upper lid a slight modification of Snellin's operation suggested by MacCallan is most satisfactory. Snellin's operation in turn being a modification of Stratfield's, who, in 1858, advised the removal of a wedge-shaped piece from the tarsus. The modified operation may be described as follows: A general anaesthetic is advisable, though the operation may be performed under cocaine and adrenalin injected under the skin of the lid, the parts are thoroughly cleaned and the lashes cut short, except any which are displaced inwards. A metal spatula the width of the lid is used instead of a clamp, as the hemorrhage is never very serious. An incision is made through the skin of the lid 2 or 3 millimeters from its free border, and the upper lip of the wound is allowed to retract upwards, which it will readily do on freeing it slightly. The muscle bundles are now cut off with a pair of scissors, having the tarsus clean. A wedge-shaped strip of tarsus is next excised by means of two oblique incisions, extending almost to the posterior surface of the tarsus, care being taken not to button hole the conjunctiva. This slip is taken from the tarsus immediately above the root of the lashes and the width will depend on the amount of entropion it is required to relieve. The sutures are next inserted by passing a needle threaded with silk-worm gut verti-

cally through the lower lip of the incision, next horizontally through the tarsus above the groove, and then passed vertically from behind forwards through the lower lip of the incision again. Four such sutures are inserted and ties thus forming a mattress suture. The higher the horizontal bite in the tarsus, the greater will be the result. The skin edges are brought into apposition, no sutures being required for them as a rule, though they may be employed. The sutures are left in three days and then removed.

This operation can be easily and rapidly performed, a great effect can be produced in the way of eversion of the lids, and it appears to be permanent.

In the ophthalmic hospitals under the control of the Public Health Department of the Egyptian Government, where Trichiasis and Entropion are very frequent, out of 2,355 operations for the relief of these conditions in 1906 1,885 of these Snellen MacCallan operations were performed, and in 1907, out of 1,501 operations for entropion and trichiasis 1,198, or in the two years 80 per cent. of the operations for these cases were this modification of Snellan's operation.

I might mention here a favorite operation used by native quacks in Egypt for Trichiasis. This is the "reed" operation, and consists in tying two pieces of reed round a piece of loose skin from the upper lid, just above the lashes and leaving them there until the fold of skin necrosis and drops off with the reeds, leaving a raw surface to granulate over. The result of this operation may be sufficient eversion of the eye lashes to relieve the Trichiasis, but very often the upper lid is so shortened that it produces lagophothalmos. For these cases Van Milligan's graft operation probably gives the best results.

Though the operation above described can generally be relied on to cure entropion of the upper lid it is not so satisfactory for cases of the lower lid, in fact, these cases in the lower lid are sometimes very difficult to cure with certainty.

This is due to the tarsus being so small that it is difficult either to get a large enough wedge to excise or to get the stitch in far enough below it.

Probably the most satisfactory operation for entropion of the lower lid is a combination of Hotz and Agnostaki's operations. The lower lid is put on the stretch by a metal spatula and an incision is made through the skin about 3 m.m. from its free border. A second incision is made slightly below the first and the skin, with the muscle below it, is removed. A wedge-shaped piece of cartilage is next removed from the tarsus near its upper part. Sutures are inserted through the upper lip of the wound, then passed vertically through the lower part of the

tarsus below the groove and are then brought out of the lower lip of the wound through the skin. Four or fi-'c of such sutures are used and tied, but the eversion of the lid is not usually sufficient. Should this be the case the condition may be correct by splitting the free edge of the lid along its entire extent and separating the cilia bearing portion from the tarsus, great care being taken not to cut any of the roots of the lashes which becomes exposed.

These operations are usually sufficient for most cases of entropion, but as trichiasis is frequently the reason for operating certain methods of treating it may be briefly mentioned. Epilation is unsatisfactory as it is a temporary relief, the lashes grow again, and though the patient may learn to remove them himself it is better to destroy the follicle so that it does not grow again. This may be done by excising the follicle or perhaps better by electrolysis. Finally, transplantation of the hair follicles (Arlt's method) may be mentioned as another alternative.

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## PEMPHIGUS NEONATORUM.

Labhardt and Wallart, (Ueber Pemphigus Neonataroum Simplex Congenitis. *Zeitch. f. Geburt. und Gyn.* Bd. LXI. Hft. 3), record three cases of simple congenital pemphigus which came under their observation within one week.

The condition is extremely rare. They give a record including their own, of 16 cases. The disease usually runs a simple course, contrary to that of syphilitic origin.

He criticizes the various cases discussing the question of diagnosis. In the blebs one usually found Staph. Aureus, in some streptococci, and in others diplococci. Usually the disease runs its course without fever and without any marked effect upon nutrition.

He then raises the question as to whether the pemphigus of intra uterine is also of bacterial nature. In one of their cases they found staphlococci and streptococci, while in another the culture was sterile. As to origin of the bacteria in the last case the possibility of infection of the amniotic cavity after the rupture of the membranes is raised. Under abnormal conditions the amniotic cavity may become infected by toxines even before rupture. The infection may also occur through the placenta. Unfortunately for the latter theory most of the mothers were healthy.

He suggests the possibility of the interference of toxic material into the maternal system through the tonsils or as a result of an angina.

# CURRENT MEDICAL LITERATURE.

## MEDICINE.

Under the charge of A. J. MACKENZIE, B.A., M.B., Toronto.

### CHRONIC CONSTIPATION.

J. Russell Verbrycke, of Washington, D.C., says that the treatment of constipation should never be symptomatic, but should treat the cause of the symptoms. He classifies constipation as obstructive and non-obstructive, and then follows out its etiology in his further subdivisions. Mechanically constipation is generally surgical in nature, and is treated by the removal of the mechanical cause. When caused by disease of other organs than the stomach and intestines, as hyperemia of the intestinal mucosa or obstructed portal circulation, the correction of the producing disease is required. Constipation accompanies abnormality of the gastric secretions and intestinal diseases, such as hemorrhoids, ulcers, fissure, etc. Here constipation must be temporarily relieved and then the painful cause removed. Diet, hygiene, exercise, and irritations must be used to relieve the intestinal condition. Here regular small meals are valuable Salt water, icthyol, or hydractis irrigations, and the same drugs used internally are useful. When chronic constipation is not accompanied by any organic lesion the formation of regular habits is important, defecation taking place at a particular time each day. Spastic constipation has to be treated by heat locally, and atropine in full doses during an acute attack. Between the attacks hygiene and building up of the patient is necessary. Simple atony of the bowel is treated by hygiene, careful eating, and abdominal massage.—*Medical Record*, March 12, 1910.

### PELLAGRA.

The sudden appearance of pellagra as a public health problem in this country is one of the interesting points in medical history, according to A. J. Delcourt, Houma, La, (*Journal A. M. A.*, April 2), but he thinks that, through sensational disclosures in the lay press, its importtance has been somewhat exaggerated. Under the circumstances of the incidence of the disease in this country, its novelty, and the fact that most of the observations have been made in hospitals and asylums, where patients have drifted in the last stages of the disease and with various complications, its seriousness is liable to be over-estimated. Hence, the pessimism so largely prevailing in regard to it. However, much want-

ing the evidence may be as to its etiology he thinks it cannot be denied that damaged corn is a cause of the disorder. It is an endemic trophic disease of toxic origin with special vernal manifestations and characterized by gastrointestinal, cerebrospinal, and cutaneous symptoms. In its attenuated or light form, pellagra may be ushered in by languid, tired feelings, more seldom by nausea and vomiting. There may be heaviness about the head or vertigo and general apathy. Most often, however, it is first shown by its skin manifestations which are a sort of solar erythema due not to heat but to the actinic rays. These may recur every spring, leaving, between times, a glossy erythematous condition. In the severe forms, the gastrointestinal symptoms are more marked and the nervous system is affected, depression and melancholia being extreme, and convulsions and epileptiform attacks may occur. There is extreme weakness especially of the back and lower limbs. The nervous symptoms may be associated or not with delirium, acute or chronic, under various forms. The chronic delirium is almost always incurable and has been mistaken in asylums for all sorts of defective conditions. With the attention of the medical profession engaged on the problem, he thinks that a clearer understanding of the disorder will be attained soon.

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## PERICARDIAL EFFUSION.

West speaks of the treatment of purulent pericarditis: If pus has been shown to be present by exploratory puncture it must be evacuated either by paracentesis or by incision. It may seem strange to speak of the cure of purulent effusion by paracentesis only, yet this is well known in empyema, and the pericardium seems even more favorably placed for cure than the pleura. Bearing in mind the fact that the pus in the pericardium may be in a pouch or pocket and not generally in the pericardial sac, it is well to do what is the rule with a localized empyema. After the pus has been found with the needle, to leave the needle in, use it as a director or guide, and follow it down with the knife till the pus is reached. If, however, the case is of such a kind that free choice of site may be made, there are only two places that need be considered. 1, In the left nipple line or slightly outside it within the area of dulness. 2, To the left of the sternum in the fifth interspace. 1, The objections to selecting the left nipple line region are two: (*a*) That the left pleural cavity would be opened. Experience proves this objection is not so serious as theory would suppose, for pneumothorax does not occur, or at any rate collapse of the lung does not, nor if the opening is free does the pus gain access to the pleura. (*b*) After the incision is made and

the pus evacuated the pericardium contracts, and the tube inserted then runs horizontally for two or three inches from the external opening. This objection does not seem to be of much importance judging by experience. It does not seem necessary always to retain the tube, for after the pus has been evacuated it does not usually seem to reform, and the pericardial sac closes in all round the heart, so that in the course of a day or two the sac is completely oblierated, as many necropsies show. 2, The left of the sternum in the fourth or fifth space is the favorite place among surgeons, and perhaps rightly in those cases in which it is fair to assume that there are no adhesions here, and the pus occupies the whole sac. To be sure of this is, however, just the difficulty. It is not the safest place for exploratory puncture, and we cannot be sure that the pus is anywhere else except where it has been found by the needle. Operation in this place may avoid opening the pleura, but not of necessity; on the other hand, it involves trephining the thorax there or excision of a portion of the fourth and fifth ribs. This being done, the operation is simple, for the pericardium can be exposed and carefully *incised and the finger introduced into the sac. If nothing is discovered* then the wound can be closed, but the removal of ribs takes time to recover from. Still, it is generally wiser when pus has been found with the needle to use the needle as a director and follow it down till the pus is reached, and as most exploratory punctures are made in the left axillary line or thereabouts the incision is made here too.—*New York Med. Jour.*, 26 March.

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## SCARLET FEVER: ITS HOME TREAMENT AND PREVENTION.

Robert Milne, M.D., (*Transactions of the Royal Society of Medicine, Epidemiological Section*, 26th November, 1909), gives the details of the treatment advocated by him, as follows:—During the first four days in a scarlet fever case, commencing at the earliest possible moment, pure eucalyptus oil is gently rubbed in, morning and evening, all over the body, from the crown of the head to the soles of the feet. Afterwards this is repeated once a day till the tenth day of the disease. The tonsils are swabbed with 1 in 10 carbolic oil every two hours for the first twenty-four hours, very rarely longer.

The advantages claimed for this mode of treatment are these:—1, When the treatment is commenced early, secondary infection never occurs, and complications are unknown. 2, The infection of others is absolutely prevented. 3, It is estimated that if this treatment were adopted, millions of pounds would be saved annually in England alone.

4, The mother is free to attend to both the patient and her duties, while the father is free to continue at work and the children to go to school. 5, No after disinfection is necessary.

The remainder of the paper is devoted to the substantiation of the method of treatment, and deals with Dr. Milne's personal experience of cases of scarlet fever occurring in Dr. Barnardo's Homes during the past twenty-nine years. When a case of scarlet fever occurs in one of the homes, the patient is either left where he is, or transferred to the general hospital wards, where he is treated alongside other patients, including those who have just undergone surgical operations. After ten days the patients are allowed to get up, and to mingle freely with the other patients. Several epidemics are instanced in which the treatment by injunction is said to have prevented almost entirely the spread of infection, and also to have prevented the occurrence of complications. Dr. Milne explains any exception to these rules on one of two grounds—either the treatment was not commenced in time, or it was inefficiently carried out.

In the discussion which followed the reading of this paper a majority of the speakers seemed to regard with disfavor the views propounded.—*Glasgow Medical Journal*, April, 1910.

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## THE ACTION OF INTESTINAL ANTISEPTICS ON PEPTIC DIGESTION.

As the result of an experimental research Hineberg and Bachmann state in the *Journal of the American Medical Association* of October 30, 1909, the following conclusions:

1. Intestinal antiseptics interfere with peptic digestion *in vitro*.

2. Beta-naphthol, salicylic acid, sodium sulphite, and thymol are the most active in retarding digestion.

3. Boric acid and resorcinol are the least active.

4. The uniformity in the results of their experiments would seem to warrant the inference that intestinal antiseptics interfere with digestion in the stomach and probably in the intestine.—*The Therapeutic Gazette*, 15 March.

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## LEVULOSURIA IN DIABETES MELLITUS.

Koenigsfeld, in *Zeitschriff für Klein. Med.*, reports three cases of levulosuria in diabetes and discusses the literature. In one of his cases the excretion of levulose was urinogenous, *i.e.*, dextrose was inverted to

levulose in the bladder, or after being passed, owing to the alkaline reaction of the urine. There was no alimentary levulosuria. The fact that alkaline solutions will invert glucose has long been known to chemists and explains some of the cases of levulosuria in the literature. In the second case the levulosuria ceased on stopping the administration of an alkaline mineral water, though the urine was acid; here the author believes that dextrose was inverted in the alimentary canal by the action of the alkali and supports this by the following experiment: After 100 gm. dextrose, no levulose appeared in the urine, but when alkaline water was given with the dextrose, levulose was excreted. In the third case the urine was acid and no alkali was given, but the hydrochloric acid of the gastric juice was deficient, and, therefore, there was probably an excess of alkali in the intestine, which might cause the inversion. Since the assimilation of levulose is a function of the liver, the author assumes that in these cases of true levulosuria the liver cells have been damaged by the constant contact with dextrose resulting from the diabetic process. These observations explain the apparent improvement of some cases during an alkaline "cure;" part of the carbohydrate is inverted and excreted as levulose, and if the polariscope is used, too low a reading is obtained, owing to the levurotary action of this substance, or else the levulose, being more easily assimilated by diabetics, is broken down in the body.—*Boston Med. and Surg. Journal,* 24 February, 1910.

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# SURGERY.

Under the charge of H. A. BEATTY, M.B., M.R.C.S., Eng., Surgeon to the Toronto Western Hospital and Chief Surgeon Ontario Division, Canadian Pacific Railway, and A. H. PERFECT, M.D., Surgeon to the Toronto Western Hospital.

## MODERN ANTISEPTIC SURGERY.

W. W. Keen, Philadelphia, (*Journal A. M. A.,* April 2), gives a history of the development of modern antiseptic surgery and of the rôle of experiments in its discovery and growth. He describes the conditions in the preantiseptic period when pus was always "on tap" and considered unavoidable, when surgical fevers were the rule, the secondary hemorrhages were also frequent, lock jaw and gangrene were common, and compound fractures and open joints were in more than half the cases fatal. The details and discovery of the antiseptic method by the researches of Pasteur, Lister and their followers, together with the discovery of the infectious germs of surgical disease, are given in detail. Practically the progressive introduction of the antiseptic method from compound fractures up to deliberate surgical operations was, Keen says,

one vast experiment in the human living body—an experiment justified, as all the world well knows, by its splendid and continuing results. Yet when in 1880 or 1881 Lister wished to make additional experiments on animals to perfect his method still further, so stringent was the law in Great Britain that he was obliged to go to the Veterinary School at Toulouse, France. What the results have been is shown by Keen. Most wounds now heal within a few days, one might almost say without the patient being ill, compound fractures and open joints heal as if there had been no break in the skin. Arteries can be tied anywhere without fear of secondary hemorrhage. The abdomen is now fearlessly opened. When Keen was assistant to Dr. Washington Atlee in the late sixties, 2 out of 3 of his ovariotomy patients died, yet he was then the most famous operator in America. Now any surgeon who loses more than 5 out of 100 is looked at askance by his colleagues, and many hundreds of patients are operated on with a mortality under 1 per cent. The abdominal cavity is almost the surgeon's playground, and it does not contain an organ that has not been subject to operation. In obstetrics the same happy results have been obtained; puerperal fever which used to kill frequently one-half or two-thirds or more of the women in a maternity hospital, is now almost unknown, and the preantiseptic general mortality in maternity cases has been reduced from 10 per cent. or more to 1 per cent. or less. Compound fractures now have a mortality of 1 or 2 per cent. or less, instead of over 60 per cent. and very rarely require amputation. The most striking evidence of the value of antiseptic treatment, and three notable instances occuring shortly after its introduction are quoted, the most extraordinary of which was that obtained by Lister in his own hospital in Glasgow. We are still, however, far from perfection. There are many problems of disease, still waiting solution, which can be solved by the experimental method. A number of organs are as yet inaccessible and there are others of which we have yet to learn the functions. The causes of many diseases are yet unknown, and to dispel this ignorance and to discover a cure is the work of experimental medicine Shall this be favored by the community? or shall we by restrictive legislation call a halt and give disease and death their free course? The answer, Keen says, is clear. It will never be other than an emphatic no to the latter.

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## INTRAPERITONEAL DIVISION OF ONE URETER.

J. Dellinger Barney, M.D., Boston, Mass., in *The Annals of Surgery*, gives the results of his experimental study to determine the effects of the leakage of normal sterile urine into the peritoneal cavity. Bladder urine

is so seldom sterile that he took urine from a ureter. Of the 40 animals used 26 were herbivora and 14 carnivora. Aseptic technique in preparation and operation was rigidly adhered to in every instance. The exposed ureter was ligated with No. 0 chronic catgut at the pelvic brim and divided on the proximal side of the ligature. The cut end of the ureter was left in its normal position on the psoas muscle with urine dribbling from it and the abdominal wall was closed by the layer method. The effects were as follows: Primary union of the abdominal wound occurred in 50 per cent. of the herbivora but not once in the carnivora. Dogs and cats at once become desperately ill and die in from 4 to 11 days. Rabbits are little if at all affected and always recover. Man occupies a place midway between the carnivora and the herbivora in his reaction to an intraperitoneal urinary inundation. Septic urine always kills. The individual resistance in the human is the power that saves.

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## THE OPERATING SURGEON.

Jonathan Hutchinson, Jr., has this to say about the operating surgeon:—

"A well-matured and well-balanced judgment guides the hand of him who shows most skill; he may do well who is bold, but he will do better who has precise knowledge. The surest sense of confidence rests with the operator who knows accurately what he intends to do and how to do it. The least success follows the hand of the man who retains throughout the operation a speculative spirit, who depends largely upon his imagination for conditions and upon the fortune of events for results. A shakiness of the hand may be some bar to the success of an operation but he of a shaky mind is hopeless. In the handling of a sharp instrument in connection with the human body a confusion of the intellect is worse than chorea."

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## BULLET LOOSE IN THE SPINAL CANAL.

Tuffier (*Gaz. hebd. des sci. méd. de Bordeaux,* November 7th, 1909), relates a case in which a woman aged 56 received a bullet in the abdomen and complained, several weeks later, of severe pain in the left thigh. By means of the *x-rays* the bullet was located in the spinal canal, but the first operation failed to extract it. A subsequent examination by means of the rays showed the missile to be movable in the cerebro-spinal fluid, chiefly in the neighborhood of the first lumbar

vertebra. It was extracted during a second operation, with the patient in a kneeling position, and all the nervous symptoms disappeared.—*British Medical Journal*, 26 March.

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## GASTRIC SURGERY.

The distinguished Swiss surgeon, Dr. Theodor Kocher, gives a masterly presentation of the present status of gastric surgery (*Mitteil. aus den Grenzgebieten der Medizin und Therapie*, 1909, xx., 860-897). After reviewing the advances in the physiology of gastric digestion and their bearing upon the clinical and surgical aspects of gastric disease, especially so far as the newer views on the motility of the stomach are concerned, he analyzes briefly his personal experiences with pylorectomy for cancer and with gastroenterostomy for benign pyloric stenosis. In 140 resections for carcinoma there was a more or less immediate mortality of about 28 per cent. This includes cases operated upon years ago. Of the 100 recoveries, 30 per cent. were permanently cured and 20 per cent. beyond the three-year limit. The digestion and nutrition of these cases was practically normal. Free HCl, however, did not return in the gastric contents. In 166 cases of gastroenterostomy for benign disease there was a total operative mortality of only 0.6 per cent. If the proper method of anastomosis was used the majority of these patients were more or less permanently cured.

Kocher's conclusions are about as follows:

1. The danger of early operation in gastric cancer or ulcer is minimal and it is certain that permanent cures can be obtained.

2. Every case in which a suspicion of gastric cancer exists should be at once treated surgically, and there should be no delay on account of a doubtful diagnosis.

3. Ulcers which threaten life by hemorrhages, perigastritis and perforation or interference with nutrition require operative treatment, either excision or gastroenterostomy.

4. Those cases showing a chronic retention of the gastric contents demand prompt surgical intervention to relieve the mechanical obstruction.

5. Chronic ulcers situated at the pylorus, even if medically "cured," frequently require operation on account of the resulting stenosis and adhesions.

6. The operative method is important. In cancer of the pylorus, and in ulcers of this region where there is a suspicion of cancer, or which are constantly bleeding, the best results are obtained from pylorectomy with posterior gastroduodenostomy (Kocher).

7. Where radical operation is impossible or unnecessary, the inferior longitudinal isoperistaltic antrojejunostomy, with large opening, is the method of choice. This should be performed as a posterior retrocolic gastroenterostomy (Hacker), without or with a short loop (Czerny-Petersen).

8. When the posterior retrocolic operation is not feasible, Wölfler's anterior antecolic pastroenterostomy with long loop is to be preferred.

9. Wölfler's and Roux's (posterior Y) methods should be limited to cases of anacidity of the gastric contents and to those cases of carcinoma and ulcer where an anastomosis at the proper site, namely, at the greater curvature of the pyloric portion, is impossible.—*Medical Reviews of Reviews.*, February, 1910.

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## EXOPHTHALMIC GOITRE.

An excellent presentation of the subject of exophthalmic goitre is contributed by Dr. John B. Deaver (*So. Med. Jour.*, Jan., 1910). As regards surgical intervention, the author feels that it is indicated when it becomes evident that cure is not resulting after Nature is given a reasonable opportunity to restore the balance and when palliative methods are shown to be of no value. The author lays particular stress upon the following points:

Selection of the cases and choice of time for operation.

Careful anesthesia, the author's preference being for ether in the absence of definite contraindications.

Avoidance of mental excitement.

Suiting the operation to the case, *i.e.*, not to do an excision upon a patient who can only endure a ligation.

Quick, skillful operation.

The avoidance of injury to the recurrent laryngeal nerve and to the parathyroid glands by preservation of the posterior capsule and of the parathyroid arteries.

Adequate drainage of the wound.—*Medical Review of Reviews*, February, 1910.

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## MALIGNANT AND NON-MALIGNANT TUMOURS OF BILATERAL ORIGIN.

Mr. Roger Williams read a paper on this subject at the British Medico-Chirurgical Society. He said that until in his recent publication on the *Natural History of Cancer* he specially called attention to this subject by making a synthesis of many cases—which was the first of its kind

—very little was heard among pathologists as to the bilateral origin of tumours. Yet no theory of neoplasia which failed to take into account this peculiarity could be regarded as really satisfactory. The now well-established fact of the bilateral origin of tumours, although only an occasional occurrence, certainly indicated that tumour-disease was something more than the manifestation of solitary local aberration. He thought there could be no doubt that the activities of the local cells were largely conditioned by the totality of the forces which determine the integration of the whole organism; and the bilateral origin of tumours specially pointed to perturbation of these latter forces. In many anomalies, but specially in digital redundancy, when two or all four extremities might be simultaneously affected, we had an analogous condition; an underlying developmental disturbance of this general kind was probably the determining factor of most cases of bilateral tumour formation. It accorded with this that most bilateral tumours originated in early life, many of them being obviously the outcome of gross developmental irregularity of antenatal origin. With regard to non-malignant tumours, many remarkable instances of bilaterality, some of which were symmetrical, were cited, comprising papillomas, angiomas, moles, fibromas, odontomas, myomas, adenomas, lipomas, chondromas, osteomas, dermoid and other cysts.

Passing then to the malignant tumours, reference was made to cases of bilateral origin in the mamma, Fallopian tubes, ovary, testis, kidney, adrenal, eye, face, jaws, external ear and extremities; the connection of these malignant instances with obvious developmental irregularity being specially indicated.

It was evident from the foregoing that the bilateral outbreak of tumour disease, in paired organs, was less exceptional than was generally believed, even when liberal allowance had been made for possible sources of error.—*British Medico-Chirurgical Journal.*

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## GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynæcologist to the Toronto Western Hospital, and Consulting Surgeon, Toronto Orthopedic Hospital.

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### THE ABUSE OF HYPODERMIC STIMULATION DURING AND AFTER SURGICAL OPERATIONS.

Dr. Horace G. Wetherill, of Denver, said the best results and the lowest mortality of the busiest surgeons of to-day were attained by the simpliest methods. Careful diagnosis and accurate estimates of the

ability of the patient to undergo the operation were made. He was prepared with great care, the anæsthetic was wisely chosen and skilfully given, he was operated upon without avoidable exposure, delays, or hæmorrhage, he was returned to a warm bed, placed in a favorable position, watched by a competent nurse, and let alone. If he was restless and really suffering from shock or severe pain as he emerged from the anæsthetic he might be given a moderate dose of morphine or atropine, but, notwithstanding its stimulating and soothing effect, he was ordinarily better off if it could be omitted. By such methods, based upon such reasoning and experimental proof, the greatest surgeons of the century were securing the best results and the lowest mortality ever recorded in surgical literature.—*New York Med. Journal,* March 12th, 1910.

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## A DECEPTIVE FORM OF APPENDICITIS IN WOMEN.

Dr. H. S. Crossen, of St. Louis, reported two cases, giving the clinical characteristics, the conditions found at operation, the treatment employed, and the final result. The points of special interest were as follows: 1, The situation of the mass in the tuboovarian region instead of in the appendix region. In the first case, palpation about McBurney's point showed no trouble there, and in the second case simply the edge of the mass extended to the appendix region. 2, The scarcity of inflammatory symptoms. Each patient was sick several months and quite a mass had formed before any acute symptoms appeared, and when they did appear they were comparatively mild. So marked was this feature that the mass, in connection with the history, gave the impression of a new growth, and it was with that diagnosis that each patient came under his care. This was accounted for in a measure by the extreme chronicity of the inflammation and also by its inclusion in the cæcal wall. 3, The apparent intracæcal character of the mass. This was a striking feature and was due to the folding of the cæcal wall about the chronically inflamed appendix. Because of the special relation of the appendix to the cæcum or because of the chronicity of the low grade inflammation, or both, the infiltration and adhesions affected principally the wall of the cæcum adjacent to the appendix. The affected appendix was buried in the overlapped cæcal wall. This was what gave the feel of a mass within the cæcum and affecting its wall, and it was this also which made it so difficult to find and expose the appendix. This peculiarity was important from the standpoint of treatment, for, unless carefully investigated, such a condition might be treated by extirpation of the cæcum under the mistaken supposition that the mass was intracæcal and malignant or tuberculous. This peculiarity helped to account, also, for the dislocation of

the mass. As the cæcum with its mass was fairly movable it naturally dropped downward into the tuboovarian region. Then adhesions formed, fixing it in the abnormal situation. 4, The slow absorption of the infiltration in the cæcal wall, after removal of the affected appendix. In the first case, absorption of the infiltration in the wall of the cæcum required nearly a year. In the second case, in which pus was found, the absorption of the infiltration was more quickly accomplished, requiring only about five months. Fortunately, in both women the abdominal wall was thin and permitted of deep palpation; consequently the diminution of the cæcal induration could be accurately followed. The fact that the condition described was likely to lead to mistakes was illustrated by the following incidents: In an eastern museum a specimen laballed "Absence of the Appendix" showed on dissection the condition mentioned, an overlapped cæcal wall infolding the inflamed appendix. Again, in a case related to him, a cæcum resected for supposed malignant disease, with fatal result, revealed on subsequent examination the condition above described, *i.e.*, the supposed tumor consisted simply of the inflamed appendix surrounded and completely hidden by the cæcal wall.—*New York Medical Journal*, 12 March, 1910.

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## THE MENOPAUSE.

Norris reaches the following conclusions: 1, Menstruation being dependent on an ovarian secretion the menopause is assumed to be due to ovarian change. 2, The age limits in the eastern United States are from the forty-sixth to the forty-ninth year. 3, Among normal women the age limit for the menopause varies within wide limits and is influenced by many factors. 4, Menstrual functions are prolonged by child bearing, marital relations, good nutrition, and hygiene, city life and education: converse conditions tend to an earlier menopause. 5, Climate and race play a definite part in the menopause age but are of secondary importance in the United States. 6, Hereditary influence is often a potent factor. 7, In most cases the chief feature of the menopause is not the cessation of bleeding but the accompanying neuroses. 8, The actual bleeding is, however, the barometer of health. 9, Normally the menopause is established without increased loss of blood. With menorrhagia an examination is indicated. Metrorrhagia should always excite suspicion. 10, In ninety per cent. of healthy women the menopause occurs normally, but among average women a careful examination will be required in thirty per cent. 11, All women should be under the observation of a physician at the menopause. This may result in the early diagnosis of malignant disease of the uterus.—*Amer. Jour. of Surgery*, April, 1910.

## ENTEROPTOSIS: ITS CAUSES, VARIETIES, DIAGNOSIS, AND INFLUENCE UPON THE HEALTH OF WOMEN.

Stone thinks one's first duty is to decide between organic or constitutional disease and displacement of the viscera. Little should be promised if the enteroptosis is congenital or acquired in early life. If of later acquisition much can usually be done by surgical or nonsurgical means. If diet, rest, position and bandaging have failed surgical means are indicated. For uterine and bladder discensus the operations and results are satisfactory and well known. A pendulous belly may require removal of surplus fat and suitable operation upon the abdominal muscles and fasciæ. Operations upon the dilated stomach and prolapsed large intestine, using the omentum as a sling, suturing the stomach or gallbladder to the anterior abdominal wall, restoring the normal outline of the colon are some of the procedures which are now being resorted to with success.—*Am. Jour. of Obs. and Dis. of Women and Children.*

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## KOLPOCŒLIOTOMY AND ITS PLACE IN PELVIC SURGERY.

Sanes contends that this operation lessens the dangers of sepsis and shock, obviates post-operative adhesions and hernias, lightens the burden of convalescence, and permits earlier resumption of work. It has its limitations, however, and is impracticable with a narrow vaginal canal, with pathological structures too large or too firmly fixed for delivery through a vaginal incision, and in cases complicated with abdominal lesions which are inaccessible through the vagina. The posterior route is favorable for the removal or drainage of pathological material which is low in the pelvis, the anterior for operation on the round ligaments, on the anterior and funal portions of the uterus and on nonadherent or slightly adherent annexa.—*New York Medical Journal,* March 5th, 1910.

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## SKIN STERILIZATION BY TINCTURE OF IODINE.

I. S. Stone, *The Southern Medical Journal,* January, 1910.

The author agrees with Grossich and Walther that tincturn of iodine is the best skin disinfectant now known. Both these authors had performed experiments which clearly demonstrated that iodine has the power of penetrating deeply into the layers of skin. The spaces between these layers are occupied by the various forms of bacteria, fat, sweat, etc. The inter- and intra-cellular capillary and lymph spaces all communicate with these layers of epithelium, and it is conclusively shown that

iodine penetrates into all of these various clefts and openings of the skin. The alcohol of the tincture dissolves the fat, while iodine has a special penetrative quality of its own and forms a chemical combination with the fatty acids of the skin, which combination is quickly absorbed. The author believes that the soap and water cleansing is wrong in principle, as the intra-cellular spaces are filled with the soap solution, which prevents the action of the alcohol. After the operation is completed a final application is made over the closed wound before applying the sterile dressing.—*Am. Jour. of Surgery*, April, 1910.

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## SURGICAL TREATMENT OF VARICOCELE OF THE BROAD LIGAMENTS.

S. E. Tracy (*N. Y. Med. Jour.*, July 31, 1909), protests against the removal of the appendages in cases of simple varicocele of the broad ligament. With this condition the patient complains of weight and discomfort or of dull pain in one or both sides of the pelvis, is usually indisposed, tires easily, and suffers from backache. There is usually leucorrhea and there may be dysmenorrhea. As a rule, the bowels are constipated. Ligation of the veins in the broad ligament is all that is necessary. Oophorectomy is as unnecessary as castration of the male for varicocele or amputation for varicose veins of the leg.—*Am. Jour. of Obs. and Dis. of Women and Children.*

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# OBSTETRICS AND DISEASES OF CHILDREN.

Under the charge of D. J. EVANS, M.D., C.M., Lecturer on Obstetrics, Medical Faculty McGill University, Montreal.

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## GASTROENTERITIS IN INFANTS.

J. A. Hulse, Akron, Ohio, (*Journal A. M. A.*, April 2), says that certified milk, notwithstanding its disadvantages of cost, production of constipation, and somewhat inferior nutritive qualities, is the means of saving the lives of many bottle fed infants. He considers, however, that it is a vital matter to have the milk bottles stamped with the date on which they were filled so that the consumer may know the age of the milk when received. Certified milk, however, cannot compare with reasonably clean milk fresh from the cow as a food for infants at any season of the year and he is in the habit of advising families either to own a cow or to get milk from some neighbor's cow for the baby's use, giving instructions as to its preparation and use. He has yet to see a case

of infection from this procedure. If this is out of the question and certified milk cannot be obtained, milk should always be pasteurized and mothers should be instructed how to do this in hot weather. Next to clean milk in importance he considers fresh air, night and day, during hot seasons. Heat is another factor in the production of gastroenteric disease and he generally finds the heat indoors about ten degrees higher than on the downstairs porches. To put a baby to bed in a room at 81 F. invites indigestion from heat depression. Overfeeding is best avoided by giving the baby plenty of fresh boiled water to drink. Freedom from flies is important and good serviceable screens are a good investment. Light clothing and frequent cool bathing are essential and all hygienic precautions should be observed. He enumerates the general principles for gastroenteric toxemia in babies as follows: First, the withholding all food for at least three days is imperative. After that time barley water may be given. Second, the child should rest in bed out of doors and not be allowed to creep or to get up. Third, the toxins should be eliminated by stomach washings, colonic irrigation and catharsis. A physician is usually called in early in these cases and no procedure is so valuable as stomach washing with boiled water at a temperature of from 100 to 110 F., with perhaps a little lime water added. Two drams of castor oil should be given through the tube before its withdrawal and a thorough colonic irrigation should be used. After the stomach is settled cooled boiled water may be given freely by the mouth. This is all that is needed in most cases. In cases seen later, stomach washing is not indicated unless the stomach is very irritable, but colonic irrigation every four hours the first day and twice daily afterward is advisable. This should be followed by nutritive enemata at four-hour intervals. Fifth, to control temperature a tub bath is best. Sixth, other drug treatment recommended is bismuth subnitrate, salol, and opium if there is much pain. It is useful in convalescence when feeding is followed by bowel movement. Tonics are also indicated and change to the country or seashore is advised in cases liable to relapse.

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## CAESAREAN SECTION, ABDOMINAL AND VAGINAL COMPARED AND CONTRASTED.

Porter (*Amer. Journ. of Obst.*, LXI., 1) concludes that vaginal Cæsarean section is a more difficult operation than abdominal. By the abdominal route all obstacles, at or below the pelvic brim, to the delivery of the child are avoided; by the vaginal operation the only obstacle removed is that offered by the cervix. The vaginal operation does not leave an ideal surgical wound, the abdominal does. The abdominal

method consumes less time and the peritoneal cavity is opened intentionally, while in the vaginal this only happens by accident. The loss of blood is about the same in the two operations, except in cases of placenta prævia. Infection is less likely to occur in the abdominal, but if it does, is apt to be more disastrous. There is more danger of post-operative infection in the vaginal. Pre-existing infection adds to the risk of both, but probably more to the vaginal. The maternal mortality of the two operations is about the same, but the abdominal has a lesser morbidity. The fœtal morbidity and mortality in the abdominal is practically nil, that of the vaginal is slightly less than that of *accouchement forcé*. Patients would probably object less to the vaginal operation. Given a living child, the abdominal operation should be the one of choice, except in women with relatively large pelves and vaginæ, while in case of placenta prævia it is doubtful if vaginal section is ever indicated. The vaginal operation should be done in cases in which a quick delivery is necessary, and the only obstacle is an undilated os.—*The Med. Press*, 30 March.

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## SLOUGHING OF THE SCROTUM IN THE NEW-BORN.

The infective processes of early infancy are characterized by a peculiar intensity and virulence. A very interesting example was described in a paper read several years ago at a Bristol meeting of the British Medical Association, by Dr. Newman Neild, on necrosis of the mammary gland in early infancy, with an associated fatal pyæmia. A similar affection is the subject of a paper by Lilla, who describes the case of a male infant, ill-conditioned as the result of mistakes in feeding, admitted to hospital at the age of two weeks. Six days before a small boil had appeared above the pubes; this was practically cured at the time of admission. The child was feverish and very weak, passing frequent green stools. The scrotum and penis were much swollen; on the latter there were several points of inflammation, and on the scrotum a greyish-white area of necrosis was seen, which on incision proved to implicate the whole thickness of the scrotal wall. Both penis and scrotum were opened up and fomented, and the child recovered; not, however, without incident, for two abscesses appeared, one in the right buttock and the other on the left knee. Lilla refers to about a dozen other similar cases which have been recorded. The principal features are the predisposing influnce of malnutrition, the fact that it usually occurs about the end of the first month (which is against the prevailing theory that the portal of infection is the umbilical scar, as it certainly was not in Lilla's own case), its liability to be followed by pyæmia, and the predominance of streptococci as causal agents.—*Bristol Medico-Chirurgical Journal*. March.

## TOXAEMIA OF PREGNANCY.

G. Fieux, and P. Mauriac, writes on *"De la Possibilité d'une Toxemie Villeuse et d'un Sereo-Diagnostic de la Grosse, dans les Premiers Mois de la Gestation"* in *Annal. de Gyn. et d'Obstet.*, Feb., 1910.

Discussing the toxaemia of pregnancy, particulary that of the early period, the authors dwell on the fact that the symptoms appear very early in the course of gestation; that they disappear completely or almost completely, and almost immediately, on the expulsion of the ovum or its death, they diminish or disappear usually at the end of the third or in the course of the fourth month; they often are prolonged and have an exceptional intensity in certain pathological conditions of the ovum, for instance hydatid mole. In the latter instance it is significant that there is no foetus present.

They speak of the ovum as being a true grafting parasite, which may act very much like a malignat tumor when the attack is too active or the defence insufficient. The syncytium is looked upon as the intoxicating agent. Reference is made to the work of Veit, and his syncytiotoxic theroy.

The authors worked in the laboratory following the technique they had undertaken previously upon the Wasserman reaction. They employed villous masses obtained from a living ovum of two months, removed from a patient suffering from pernicious vomiting. They also used fragments of fresh placenta at the fourth month. Their technique is carefully described as to the preparations of this antigene. The most desirable age to obtain the antigene is from the villi of an ovum from 6 to 10 weeks. It is from this period that one obtains the antigene or the specific element.

A record of 55 observations then follows.

Statistics show that in a certain proportion of cases a specific reaction was not obtained although the women were undoubtedly pregnant.

The authors' work recalls the sero diagnosis of syphilis, only in this instance one has to do with hystological instead of bacteriological origin.

There exists apparently in the blood of pregnant women at certain times in the course of pregnancy, a special substance, which, taken in the presence of young villi becomes complement. Here the general law if foreign elements are introduced into an organism they there provoke the appearance of antagonistic substances. Here the antigene would be represented by the ovum or more particularly by the villus masses, and it is the corresponding antibody which gives rise to the reaction studied by the authors.

This antibody is possibly a true means of defence of the organism, its role being to oppose the advance of the foetal elements or to neutralize their toxins. Possibly we may consider this pseudo antibody of pregnancy as the residue of maternal tissues destroyed by the villi in the course of their fixation.

The authors quote Grafenberg, who reports having discovered a proteolytic ferment which appears to attain its maximum activity from the second to the fourth month of pregnancy. He assigns to this enzyme a digestive function as regards the maternal tissues, with the object of fixation of the ovum, and it is not impossible that the antibody concerned in our reaction is nothing but the product of the hystolytic distruction of the maternal tissue by the proteolytic ferment.

Ten non-pregnant women suffering from amenorrhoea gave 10 negative results, so that the authors consider that the serum of woman in the normal state or in certain pathological conditions of the genital organs does not give rise to complement. On the other hand a young syphilitic girl menstruating regularly gave a positive Wassermann reaction, but presented a negative reaction with the placental antigene.

The authors think that there is a strong parallelism between the life history of the yellow body and the presence in the blood of a pregnant woman of the antivillus antibody and they think that it is possible that an internal secretion of this gland presides over the equilibrium between the tumor and the defence for the necessary regulation at the early period of pregnancy.

They conclude their article as follows:—

1. The blood of the pregnant woman contains at the beginning of pregnancy a specific antibody against the toxic element or the true destruction of the young chorionic villi; this antibody is revealed with great distinctness in the course of the second and third months. It diminishes very rapidly in the fourth month and is not present in the latter periods. It is to be obtained sometimes as a result of recent abortion.

There exists in the pregnant woman apparently during the early months a true villo toxaemia which makes possible a sero diagnosis of pregnancy available between the second and third month of gestation.

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## THE STOOLS OF THE NEW BORN AND THEIR SIGNIFICANCE.

T. S. Southworth gives his experience, (*Archiv. of Ped.*, March, 1910), in the Nursery and Child's Hospitals has extended over a number

of years and leads him to consider that the ordinary text book account of the character of the stools of the new born are not in accordance with the facts.

He tabulates carefully a study of fifty infants who have been successfully breast fed, making a careful record of the colour and nature of the stools, etc. Charts are given showing the record of infants with atypical stools making rapid gains in weight.

The author's conclusions are as follows:—

The classical orange-yellow, semi-solid stools appear in the majority of newly born infants later than is usually stated.

Considerable variations in the colour and consistency of the stools of newly born infants are entirely compatible with regular gains in weight.

Such variations in the stools for ten days or more, even with slow, halting, or irregular gains in weight, give no certain indication that successful breast feeding cannot be carried on.

Whatever the character of the stools, weaning is never indicated if the infant is gaining steadily in weight; nor with delayed gains until intelligent efforts have been made to bring mother and infant into physiologic accord.

In the dark-green mucoid stools of insufficient nutrition, which are starvation stools, and not limited in their occurrence to the first few days of life, there is a practical absence of milk residue.

A good yellow colour of the masses of milk residue, or a yellow colour when they are smoothed out, precludes the assumption of indigestion, whatever the colour of the exterior or of the surrounding medium.

Delay gains in weight are very often the result of factors which prevent the infant from securing a sufficient quantity of milk from perfectly competent breasts, and with patience and ingenuity these difficulties may be overcome.

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# PERSONAL AND NEWS ITEMS.

## *ONTARIO.*

Dr. Forbes Godfrey, of Mimico, had a pleasant trip to Bermuda.

Dr. F. A. Clarkson, Toronto, will visit Europe this summer.

Work on the new General Hospital, Toronto, has been commenced. The contractors are at work making the excavations.

Dr. Charles Sheard has resigned his position as the Medical Health Officer of Toronto.

Typhoid fever is still prevalent in Toronto. The water still continues to have marked bacterial infection.

Dr. S. M. Hay has removed to the corner of Bloor Street and Palmerston Boulevard.

It is stated that the Massey Estate will assist in the raising of funds towards a new building for the Academy of Medicine.

Dr. Elizabeth McMaster of the Presbyterian Mission in Central India, visited Toronto. She intends taking a year's rest.

Dr. Joachim Guinane has been appointed a member of the Toronto License Board.

Dr. John D. Wilson, London, is dangerously ill with septicaemia from a cut he inflicted on his finger when performing an operation.

Dr. E. J. Barrick, well known in Toronto, has gone to the Western Provinces on a lengthy trip.

Dr. G. R. McDonagh, Toronto, has been much benefitted by his visit to France.

The treatment of rabies so far in Toronto has been successful. Twenty-nine patients took the full treatment.

The new Nurses' Home in connection with the Hospital for Incurables, on Dunn Ave., Toronto, was opened on 8th April. Earl Grey officiated. The Home will accommodate thirty nurses.

Dr. A. Rose, of Toronto, who has acted as Secretary of the Prince Edward County Old Boys' Association for eight years, was recently presented with a handsome travelling bag with fittings.

Two Medical Inspectors were appointed for Toronto. The two chosen are Drs. Helen MacMurchy and W. B. Hendry. The salary is to be $600 a year.

Dr. J. D. Reid, M.P., of Prescott, had a serious fire in his stables on 10 April. Several valuable horses and other live stock were lost. The building was destroyed. The loss is said to be $8,000 at least.

Dr. A. B. Wickware, of Ottawa, while engaged in conducting an inoculation test in the Dominion Biological Laboratory, accidentally pricked his finger. He took the Pasteur treament in Toronto.

The By-law was carried by the Toronto Electors, approving of a grant of $250,000 to the new General Hospital by a vote of 3,860 for as against 549 opposed to it.

Dr. J. E. Fitzgerald, of the University of Toronto, will spend the next six months working in the Pasteur Institnte in Brussels, also in Berlin.

The nurses of Toronto are making an effort to raise the requisite funds for a nurses' club. A short time ago they gave a very successful entertainment in Massey Hall.

Dr. E. A. McCulloch has been appointed medical superintendent of the Sanitarium for Tuberculosis in London. Dr. McCulloch is a son-in-law of Dr. N. A. Powell of Toronto.

Mr. Nicholas Doyle, who died recently in Brockville, left $1,000 to the Hotel Dieu, Kingston, $1,500 to the Catholic Old People's Home, Kingston, and $1,000 to St. Vincent de Paul Hospital, Brockville.

In the vicinity of Chatham some persons on the Indian List are succeeding in satisfying their desire for drink by the use of a certain patent medicine.

Rev. W. B. Coswell, of Toronto, preaching in Brantford, made a scathing attack on Christian Science, declaring it a total failure in its results.

The management committee of the Toronto Board of Education has recommended Miss Lina Rogers, of New York, for the position of head nurse on the medical inspection staff for the schools of the city. The salary named was $1,200.

The occurrence of rabies among dogs is rapidly disappearing. Very few cases have of late occurred. One person developed the disease, namely, the boy Taylor in Hamilton. The brains of many dogs have been examined with positive results.

The late Mr. Thomas Tedder, of Vaughan township, left the following bequests: Muskoka Hospital for Consumptives, $1,000; Toronto Hospital for Consumptives, $1,000; The Toronto Home for Incurables, $1,000; The Hospital for Sick Children, $1,000.

Several large donations are expected soon for the New General Hospital. One will amount to about $100,000, and several others will be about $50,000. These donations will practically make up the needed amount.

The annual meeting of the Victorian Order of Nurses of Ottawa was a very successful one. The delegates were met at Government House by Earl Grey, who is presiding officer. The finances were in a good condition, and there was a balance to the credit of the Lady Minto Hospital of $6,252.

The Academy of Medicine of Toronto passed three resolutions and forwarded them to the city council. One was that the medical health officer should be a well-trained sanatarian, the other was against overcrowding in the city, and the third opposed emptying the old conduit into the water supply of the city.

The late Mr. E. A. Forster, a lawyer of Toronto, left his estate amounting to $15,000 to the Hospital for Sick Children and the Home for Incurable Children. There are two small annuities to be paid out of the income, but at the deaths of the annuitants the capital sum also

goes to these institutions. The money is to be applied to found a cot in each hospital in memory of his mother, Isabel Forster.

Dr. Cecil C. Ross, of the Village of Hyde Park, Middlesex county, brought action against the township of London and the local board of health for $2,300 for services rendered in attending an outbreak of smallpox. Dr. Ross was medical health officer, and was asked by the Board of Health to attend the patients. Dr. Ross notified the board that he would not attend the cases unless he received $100 a week. The board replied that it would not consent to such a charge. No definite agreement was made. Chief Justice Meredith held that the charge was too high, as Dr. Ross did not not give up his other work, and that he had gone on with the attendance in face of the board's notification. He gave judgment on the basis of *quantum meruit*.

## *QUEBEC.*

The infant mortality in Quebec is very high. The deaths among infants amounted to nearly 17 per cent. of all the deaths.

It is stated that there is considerable increase in insanity in Quebec. Last year there were 193 more cases than the year before.

Many districts throughout Quebec are doing nothing towards the prevention of infectious diseases.

The new medical buildings for McGill University are nearing completion. They will cost $750,000. Lord Strathcona has given more than half the amount.

A joint committee from McGill and Laval Universities have reported that the only way to deal satisfactorily with the typhoid fever question in Montreal is to establish a proper filtration plant.

Dr. Wesley Mills, who has held the chair of Physiology in McGill for many years, has resigned. He was assistant in physiology to Dr. Osler and succeeded him. He is the author of "Animal Physiology" and many articles to society transactions and journals.

The Emergency Hospital which was started in Montreal a few months ago, to meet the demands for accommodation on account of the typhoid fever epidemic, has been closed, as there is no longer need for it. Its equipment has been offered to the city for a permanent hospital.

Dr. Maude E. Abbott, of McGill University, will be granted the degree of M.D., *honoris causa,* at the convocation to be held on June 6. Dr. Maude Abbott was an assistant to Dr. Osler when he was in connection with McGill Medical College. She has been working in the department ever since. She is the first woman in Canada to receive an honorary degree.

## *MARITIME PROVINCES.*

Dr. M. A. B. Smith, of Dartmouth, is on a trip to the West Indies.

The Halifax and Nova Scotia branch of the British Medical Association is doing good and maintaining a keen interest in the meetings.

Dr. A. L. Madder has returned from Edinburgh, and has recovered his health completely.

Dr. Murdoch, of Halifax, is making a satisfactory recovery from a fracture of the humorus.

Dr. W. T. M. McKinnon has removed from Amherst and taken up the practice of Dr. S. Shaw, of Berwick.

Dr. E. N. Payzant, of Wolfville, has been sixty years in his present office. He is still enjoying good health.

Dr. N. F. Cunningham, of Dartmouth, has gone on a trip to Mexico on account of ill health.

The annual meeting of the Nova Scotia Medical Society will meet this year in Yarmouth under the presidency of Dr. Farish.

While Dr. W. J. Kennedy, of Masquodoboit, was returning home across the river, the ice gave way. He lost his horse and instruments, and had a hard struggle for his life.

The Nova Scotia Medical Society last year adopted a resolution that the medical profession of the province be asked if they were in favor of an annual fee of $2. The ballots stood thus: for 274, against 35, did not vote 130, refused to vote 2, total 441.

## *WESTERN PROVINCES.*

Medicine Hat will erect an isolation hospital, costing $10,000, this season.

Regina is going to build an up-to-date isolation hospital. This is a necessity as many infectious cases gather in the city from distant parts.

Saskatoon, Sask., proposes to enlarge its hospital this summer. The accommodation at present is quite inadequate.

Dr. A. B. Stewart, of Rosthern, has gone to Europe for a period of post-graduate study.

Arcola, Sask., is to have a new and modern hospital. The building will be gone on with at once. The Board of Trade, the citizens, and the ladies are uniting their efforts.

Dr. M. M. Seymour, the Health Commissioner for Saskatchewan, is active in a campaign against tuberculosis. Lectures are being given all over the province, with the view of instructing the people on every phase of the disease. These lectures are illustrated by lime-light views.

There appears to be much dissatisfaction with the medical council for Saskatchewan, on account of the fact that there has not been published a report of its proceedings, nor has it issued a register as required by the act.

The *Saskatchewan Medical Journal* condemns in strong terms the present system of registration, and the unfortunate position in which Dominion registration still continues. The contention is urged against compelling a graduate to remain in his own province or pass fresh further examinations.

There was an acrimonious discussion regarding the management of the Regina General Hospital. It appears that one of the governors was a medical practitioner and some remarks made by him caused considerable friction. It is that that in future the hospital will be managed by a lay board, with an advisory committee of three medical men.

## *FROM ABROAD.*

A property containing 50 acres and a large mansion, has been purchased near Edinburgh for the treatment of tuberculosis.

A complimentary dinner was given professor William Welch a short time ago. Very few have done more for medical science than Dr. Welch.

Dr. Tom Williams, the Washington neurologist, has been elected foreign corresponding member of the Paris Neurological Society.

The American Therapeutic Society will meet in Washington, May 5, 6, 7, at the Hotel Raleigh.

Cancer heads the list of diseases which the Bureau of Health finds are causing an increased mortality in New York. Others are appendicitis, cirrhosis of the liver and scarlet fever.

The new General Hospital of San Francisco will cost about $2,000,000. There will be a pavilion for tuberculosis and one for infectious diseases. The site is 866 feet by 760, or about 15 acres.

Professor Wharton Sinkler, a distinguished neurologist of Philadelphia, died on 16th March. He held a number of important appointments, and contributed many articles to medical literature.

Samples of milk taken on the London market and streets yielded over 11 per cent. as infected by tubercle bacilli. Of 4,997 cows examined 147 had tuberculous udders.

The association for the prevention of tuberculosis in Ireland reported recently a marked decrease in Dublin and the surrounding districts.

Dr. Gorgus is still doing splendid work in the canal zone. The death-rate last year was 10.64 per thousand. The population in the past two years has doubled.

The death-rate among children under 5 years of age in England and Wales for the past five years per 1,000 living was in 1901, 54.1; in 1904, 51.6; in 1905, 44.7; in 1906, 45.3; in 1907, 40.9, and in 1908, 40.6.

Sir Thomas Barlow was recently elected president of the Royal College of Physicians of London. Sir R. D. Powell, who held the office for five years, stated that he did not wish his name to go again to the fellows.

Sir David Bruce, who has been so closely identified with the work on the Sleeping Sickness, has adopted the plan of concentration camps. The affected are removed to these camps. By this means the spread of the disease has been markedly controlled.

The Emmanuel Movement for the treatment of disease by the psychopathic method has been given up in connection with St. Lukes' Hospital in San Francisco. The experiment was closely watched by medical men in the city.

Professor M. Verworm, who is the Author of a work on Physiology, has advanced the view that we are in a state of suggestion all our lives. He claims that the thoughts given us in childhood influence us thereafter in spite of our wills. We are thus in a state of continuous hypnotism.

The mummy of Ra Neper, which is in the museum of the Royal College of Surgeons, England, has been carefully studied by Professor Elliott Smith. He claims that it is from about 3,000 years B. C., and is the oldest mummy known. It was brought to London by Dr. Flinders Petrie.

Dr. J. M. Waters, a missionary from Ujjain, India, said in Toronto a short time ago that there were, according to government reports, 97,000 lepers in the country. He said that very little restriction is placed upon the lepers in India. They go about begging and selling where they please.

Sir Henry Burdelt, the English authority on hospitals, has advocated a combination of the voluntary hospital system and aid by the Government Hospital accommodation should be provided for all classes. He thinks that about $5,000,000 would provide the requisite amount of private ward accommodation. He does not believe in Government managed hospitals, and prefers the voluntary plan.

Mrs. Dr. Hunter Robb, of Cleveland, was killed in an electric car accident, on 17th April. She was well known as a prominent medical and hospital woman. She was formerly Miss Addie Hampton, of Welland. She practised medicine, and was at one time Superintendent of the Johns Hopkins Hospital, Baltimore. She leaves a husband, two sons, aged twelve and fifteen years.

At a recent meeting of the Irish medical schools and graduates' Association. The Arnott medal was presented to Dr. Alfred Sheridan for his bravery in saving the life of a person from drowning. A shamrock set in glass was presented to Sir William Church for his efforts in bringing about the formation of the Royal Medical Society. A protest was registered that Irish graduates practising in England were excluded from hospital appointments because of their Irish qualifications.

## OBITUARY.

### SOLOMON SECORD, M.D.

Dr. Solomon Secord, one of the best known physicians in Kincardine, Bruce county, died suddenly 24th April, at his home on Durham Street at the age of 76 years.

He was born near Hamilton and belonged to the same family as the heroine Laura Secord. He went to the county of Bruce about 1859 and practised for a short time in Walkerton and then moved to Kincardine. In 1861 he went to the Southern States just as the Civil War was threatening. When the war broke out he joined as a medical officer and served during the whole of the rebellion. He was captured by the Northern army and was a prisoner of war at Fort Donaldson, but was released that he might attend to the wounded after the Southern defeat at Gettysburg. After the war he again settled in Kincardine and has been there ever since. His widow, who survives him, was a Miss Crable, of London. His only daughter, Miss Belle Secord, is lady superintendent of the St. Clair Hospital, of Cleveland, Ohio. Two sons also survive.

### J. M. DEACON, M.D.

Dr. J. M. Deacon died at his home in Milltown, N.B., on the 20th February, 1910. On Saturday he attended to his professional duties as usual, but in the evening he did not feel very well. He died on Sunday afternoon of rupture of his heart. He was born in Charlotte County, N.B., and studied in St. Stephen's High School. He was a graduate in medicine from the University of Vermont in 1883, with a post graduate course at McGill, Montreal. He started to practise in Grand Manan, but removed to Milltown in 1886. He enjoyed a large practice. At the time of his death he was 46. He leaves a widow

and seven children. He had been Mayor of Milltown, Chairman of the Board of School Trustees, and a President of the New Brunswick Medical Society.

## CHARLES NORTON MALLORY, M.D.

We regret very much to have to record the death of Dr. Mallory, of Delta, Ontario. He died on 24th February, after a lingering illness. He graduated from Queen's University, in 1888. He had been located at Delta practically ever since entering upon the duties of his profession.

## LESLIE NEWELL, M.D.

Dr. Newell died in Sarnia, on 11th February. He was in his 48th year. In 1887 he graduated from Trinity University. Soon after receiving his license he located in Sarnia where he remained till his death. For some time he suffered from rheumatism and Bright's disease.

## G. REID SIMPSON, M.D.

Dr. Reid Simpson, who practised as a specialist in eye, ear, nose and throat work, died 8th April, 1910, after a lingering illness, in his 32nd year. He was a graduate of the University of Toronto. He took a course of post-graduate study in New York and Europe. He leaves a widow and two children.

# BOOK REVIEWS.

## SYMPTOMS AND THEIR INTERPRETATION.

By James Mackenzie, M.D., M.R.C.P., Physician to the West End Hospital for Nervous Diseases, London, author of "Diseases of the Heart," etc., etc. Toronto: D. T. McAinsh & Co. 297 pages, illustrated, price, $2.25. London: Shaw and Sons, 7 and 8 Fetter Lane, E.C. 1909.

Perhaps the most conspicuous figure in the medical world to-day is Dr. James Mackenzie of London. In 1878 Mackenzie graduated from Edinburgh University, and was immediately appointed assistant to the Professor of Clinical Medicine there. In 1879, however, he resigned that

position and took up general practice in Burnley, a town in the north of England. Here he remained for 28 years, a vigorous and determined practitioner and an exact and ardent student. During all these years his closest attention was given to subject of "symptoms," very many of his cases being under observation for a number of years. In 1907 he removed to London, where his fame as a diagnostician had already preceded him, and where, in less than two years he brought out, through the Oxford Press, his great work "Diseases of the Heart." While that book embodies the result of only a fraction of his studies in the field of symptomatology yet it was at once hailed by the medical press of two continents as an epoch-making book.

His new book "Symptoms and Their Interpretation," which has just appeared, covers, within its scope, the whole field of general practice. It comes from the pen of one who is described by a celebrated French Clinician as "one of the greatest pioneers of modern medicine," and is the result of the author's personal observation at the bedside, carried on during a period of over a quarter of a century. It is seldom that we have the pleasure of introducing to the profession a book which will immediately commend itself to every active practitioner.

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## REFORM IN PROPRIETARY MEDICINES.

The Propaganda for Reform in Proprietary Medicines; sixth edition; containing the various exposes of nostrums and quackery which have appeared in *The Journal of the American Medical Association.* Price, paper, 10 cents; cloth 35 cents. Pp. 292. Illustrated.

This book presents in convenient form most of the exposures that have appeared in *The Journal of the American Medical Association* showing fraud either in the composition of various proprietary preparations or in the claims made for such preparations. Not all of the products dealt with, however, are such as are—or have been—used by the medical profession. Many preparations of the "patent medicine" type have been subject to analysis and the results of such examinations appear in this volume. The book will prove of great value to the physician in two ways: 1, It will enlighten him as to the value, or lack of value, of many of the so-called ethical proprietaries on the market; and 2, It will put him in a position to answer intelligently questions that his patients may ask him regarding the virtues (?) of some of the widely advertised "patent medicines" on the market. After reading the reports published in this book physicians will realize the value and efficiency of simple scientific combinations of U.S.P. and N.F. preparations as compared with many of the ready-made, unstable and inefficient proprietary articles.

## DACOSTA'S MODERN SURGERY.

Modern Surgery: General and Operative. By J. Chalmers DaCosta, M.D., Professor of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Sixth Edition, greatly enlarged. Octavo of 1502 pages, with 966 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $5.50 net; half morocco, $7.00 net. Canadian agents, The J. F. Hartz Co., Limited.

This book has now appeared in a new edition for the sixth time. When a medical or surgical has been before the profession, and in the hands of careful and competent critics and readers for a number of years, and the author has made use of these criticisms as well as his own studies, the work may be said to approach a somewhat final and almost perfect form. But very little remains for long in this stage. The march of discovery is so rapid that in a few years marked changes are required in almost every medical book. The words of Carlyle, spoken on a different subject, apply here. "The race of life has become intense; the runners are treading upon each other's heels; woe to him who stops to tie his shoe strings." And so the race has kept up a medical work to date. But it can be said that Professor DaCosta has kept his "Modern Surgery" up to date. We would be sorry that it should be otherwise, as this is one of the very best one-volume works on surgery on the market. The author merits a good deal of praise for the time and thought he has given to this work. In reviewing this book every chapter has been carefully examined. The arrangement is a convenient one. The illustrations are very fine. The author has made a successful effort to simplify methods and operations. This is most praiseworthy. The descriptions are as brief as possible consistent with clearness. In this way in one volume of 1,500 pages the whole field of general surgery is passed under study. The illustrations, paper, binding and presswork reflect much credit on the publishers. The verdict could not be other than that this is a really good work on surgery.

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## ENZYME TREATMENT OF CANCER.

By William Seaman Brainbridge, A.M., Sc.D., M.D. Scientific Report on Investigations, with Reference to the Treatment of Cancer. Published with the authority of the committee on Scientific Research of the New York Skin and Cancer Hospital. New York, 1909.

This is a very valuable report. It goes into the Beard treatment of cancer with trypsin very exhaustively, and the results may be regarded as final. In all, 100 case were carefully treated on this method. Dr. Brambridge states that cases given injections of glycerine and water, or sterile water alone, did as well as those on the enzyme treatment. He further states that the treatment does not prevent metastases, and that it is not a cure for cancer. We will not hear any more of this treatment.

## DISEASES OF THE STOMACH AND INTESTINES.

Diseases of the Stomach and Intestines. By Robert Coleman Kemp, M.D., Professor of Gastro-intestinal Diseases, New York School of Clinical Medicine. Octavo of 766 pages, with 279 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $6.00 net; half morocco, $7.50 net. Canadian agents, The J. F. Hartz Co., Limited, City.

This is a new aspirant for the attention of the medical profession. The author in his preface admits that there are already a number of good works on the same subjects as are covered in the pages of this volume. This is quite true. Nevertheless, the author hopes to be able to present a concise and, yet, complete treatise upon diseases of the stomach and intestines that will justify his essaying into this field as the writer of a new volume. The hope is expressed that all that is really valuable in the literature on diseases of the stomach and intestines will be found in this work. This is no light task for any one to undertake. Part one treats of the anatomy and physiology of the stomach and intestines, and the methods of making diagnosis. The second part deals with the diseases of the stomach, while the third part takes up the diseases of the intestines. Each portion of the book is full and, yet, useless enlargement upon topics is avoided. The work is an excellent one. We have examined it with much care and feel free to recommend it to our readers as a first class work on the stomach and intestines. This is a very important field of every medical practitioner's duties. This book will prove a useful help.

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## DISEASES OF THE EAR.

Handbook of Diseases of the Ear for the use of Students and Practitioners by Richard Loke, F.R.C.S., Eng., Surgeon, Diceases of Ear, etc., London School of Clinical Medicine, Surgeon Royal Ear Hospital. With four coloured plates and 66 original illustrations. Third edition. London: Baillière, Tindall and Cox, 8 Henrietta Street, Covent Garden. 1910. Price 10s.

This little book has made a place for itself. It has now reached the third edition. The author has paid the utmost attention to every sort of detail, while studying conciseness. We congratulate the author in having succeeded in arranging his matter in such form as to cover the field as thoroughly as he has done in a book of 248 pages. It is really an ideal text-book for students, as it is a *multum in parvo* so far as diseases of the ear are concerned. This is the sort of book we need more of for students, who have not the time to wade through a lot of useless matter to get at what they really need. The experienced teacher and practitioner should this for them. In a very successful manner Dr. Loke has performed this task for the student and practitioner.

There is an introduction dealing with the general aspects of diagnosis. This is followed by a classification of symptoms. This is a very interesting chapter, indeed. There the author takes up pain. Much new light is thrown upon this subject which is well worth close study. The whole subjects of the reflexes are there taken up. This very difficult subject is made as easy as possible and always interesting. The organs of the body are then gone over one by one. The symptoms of disease on them and how the organs corelated to each other are handled in a manner that is well calculated to elucidate many difficulties in diagnosis. We are very much impressed with the value of this work.

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## POCKET THERAPEUTICS AND DOSE-BOOK.

Pocket Therapeutics and Dose-Book. By Morse Stewart, Jr. B.A., M.D. Fourth Edition, rewritten. Small 32mo of 263 pages. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, $1.00 net. Canadian Agents, The J. F. Hartz Co., Limited, Toronto.

This is quite a useful little book. It is of such a size as will go into the coat pocket, and is made of thin paper, thus making it light. It deals with prescription writing, abbreviations, doses, metric system, etc., etc. There is a useful classification of medicines. Much attention is paid to hypodermic medication. Formulae are given for inhalations, nasal douches, eye-washes. The solubility of drugs are stated. Instructions are laid down for the treatment of poisons. There is an index of disease, the doses suitable for them. We can speak very highly of this little book. It is an exceedingly reliable ready reference manual.

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## OSLER'S MODERN MEDICINE.

Modern Medicine, its Theory and Practice, in Original Contributions by American and Foreign Authors. Edited by William Osler, M.D., F.R.C.P., F.R.S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia, and of the Institutes of Medicine in McGill University, Montreal; assisted by Thomas McRae, M.D., Associate Professor of Medicine and Clinical Therapeutics in the Johns Hopkins University, Baltimore; Fellow of the Royal College of Physicians London. Vol. VII. Diseases of the Nervous System. Illustrated. Philadelphia and New York: Lea and Febiger, 1910.

The memory of a great work lives for a long time. There are many in active practice to-day who look back with found recollections to the pleasure and profit they derived from the study of Reynold's system of medicine and Holmes' system of surgery. These were

splendid works in their day, and did much to make many a good practitioner in both medicine and surgery. The present system of medicine, edited by Professor Osler, will take a similar place. There will be many—there cannot be too many—who will resort to these well filled volumes for guidance in many a moment of trouble and doubt. Our advice is to go often to this fountain of information and counsel and drink deeply of the knowledge to be found therein.

The contributors to this volume are S. F. Barker, Edwin Bramwell, C. W. Burr, E. F. Buzzard, Joseph Collins, Harvey Cushing, G. M. Holmes, S. E. Jolliffe, D. J. McCarthy, Colin K. Russell, Bernard Sacks, E. G. Southard, W. G. Spiller, W. P. Sprattling, E. W. Taylor, and H. M. Thomas. *This a strong list, and the result justifies their choice* by the editor. Though Dr. Osler has not contributed a section to this volume, he is nevertheless responsible for the character of the articles to be found in. Instead of writing anything himself he chose the other task of supervising and editing.

This volume, like the six that have preceded it, is got up in the very best style. The illustrations are excellent. We can recommend this system to our readers. It *is* a work that will give satisfaction. These volumes, as a set, contain so much valuable matter that they will long remain a high standard, and many there will be who will betake themselves to their pages.

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## DISEASES OF INFANCY AND CHILDHOOD.

The Diseases of Infancy and Childhood. Designed for the use of students and practitioners of medicine. By Henry Koplik, M.D., attending physician to the Mount Sinai Hospital, consulting physician to the Hospital for Deformities, formerly attending physician to the Good Samaritan Dispensary, the St. John's Guild Hospital, New York, ex-president of the American Pediatric Society, member of the Association of American Physicians, and of the New York Academy of Medicine. Third edition, revised and enlarged. Illustrated with 204 engravings and 39 plates in color and monochrome. Messrs. Lea and Febiger, New York and Philadelphia.

This work by Dr. Koplik is a well known authority on diseases of the children. It has now reached its third edition, in an enlarged and thoroughly revised form. The diseases of infancy and childhood are taken up in the usual manner, but are treated of in a painstaking and careful manner. The work is revised up to the present year, and is, therefore, recent in its expressions of opinions and in its teachings on children's diseases. Turning to the treatment of cerebro-spinal we read thus: "One of the greatest advances of modern medicine is, as with diphtheria, the serum treatment of cerebro-spinal meningitis of the meningococcus type. Among the various sera that have been perfected

and proposed, the Flexner serum is now by selection the one utilized. Its action is bacteriolytic and, therefore, the great advantage in its use is the proposal by Flexner to inject this serum into the spinal canal and thus reach the bacteria directly." The work is full of very excellent suggestions on treatment. It is well calculated to form a safe guide to the student, and a first-class companion to the practitioner.

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## CONGENITAL DISLOCATION OF THE HIP.

By J. Jackson Clarke, M.B., Lond., F.R.C.S., Eng., Senior Surgeon to the Hampstead and North-West London Hospital, and Surgeon to the Royal National Orthopedic Hospital, London. Baillière, Tindall and Cox, 8 Henrietta Street, Covent Garden, 1910. Price 3/6 net.

This is an exceedingly well written little book. It is well illustrated, which adds much to the value of any work on such a subject. The method of reduction and fixation are gone into very carefully. No one could wish for a clearer exposition on any subject than this on Congenial Dislocation of the Hip. We could wish for the book a wide distribution and close study.

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# MISCELLANEOUS.

## BILL—AN ACT TO AMEND THE CANADA MEDICAL ACT.

His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. This Act may be cited as "The Canada Medical Amendment Act, 1910."

2. Section 2 of the said Act is amended by striking out paragraphs (c) and (d) and substituting therefor the following:—

"(c) 'medical school' includes any institution recognized by a provincial medical council wherein medicine is taught."

3. Section 5 of the said Act is amended by striking out paragraphs (c), and substituting therefor the following:—

"(c) The determination and fixing of the qualifications and conditions necessary for registration, the examinations to be undergone, and generally the requisites for registration:"

Also by adding at the end of the said the following proviso:—

"Provided that the Council shall not determine or fix any qualifications or conditions to be complied with as preliminary to or necessary

for matriculation in the study of medicine, those being regulated as heretofore by the provincial authorities."

4. Section 7 of the said Act is amended by repealing paragraphs (*a*) and (*b*), and substituting the following:—

"(*a*) Three members who shall be appointed by the Governor-in-Council, each of whom shall reside in a different province;

"(*b*) A number of members not exceeding three representing each province fixed in each case according to the number of practitioners registered under the laws of the province, as follows:—

"For the first fifteen hundred or fraction thereof, two; for all over fifteen hundred, one; "and such members representing each of the provinces shall be elected under regulations to be made in that behalf by the provincial medical council."

Also by repealing paragraph (*d*) and substituting therefor the following:—

"(*d*) Three members who shall be elected by the homœpathic practitioners in Canada, each of whom shall reside in a different province:"

Also by repealing subsection 3 and substituting therefor the following:—

"(3) No province shall be represented upon the council until the Legislature of the province has enacted in effect that as to those who have passed the examination prescribed by the council, registration by the council shall be accepted as equivalent to registration for the like purpose under the laws of the province; and when all the provinces shall have legislated in effect as aforesaid, it shall be lawful to appoint and elect in the manner aforesaid the members of the council: Provided that any province may at any time afterwards withdraw its representation upon the council upon being thereunto authorized by resolution of its provincial medical council carried at a general or special meeting called for the purpose by votes of the members thereof present in person, or represented by proxy, representing not less than two-thirds of the entire membership of the said provincial medical council."

5. Section 8 is amended by striking out the word "appointed" in the first line thereof; also by repealing the second and third subsections: also by repealing the ninth and tenth lines of subsection 4, and substituting therefor the following:—

"If a representative of the homœpathic practitioners resigns, to the remaining homœpathic representatives upon the council."

Also by striking out in the seventh and eighth lines of subsection 7 the words "recognized distinct school of practice of medicine," and substituting therefor the words "homœpathic practitioners."

6. Section 10 of the said Act is amended by striking out the word "twenty-one" in the second subsection thereof, and substituting therefor the word "eleven."

7. Section 11 of the said Act is amended by striking out the concluding words of paragraph (*b*): "and the number of members necessary to constitute a quorum;" also by repealing paragraph (*g*) and substituting therefor the following:—

"(*g*) The establishment, maintenance and effective conduct of examinations for ascertaining whether candidates possess the qualifications required; the number, times and modes of such examinations; the appointment of examiners; and generally all matters incident to such examinations or necessary or expedient to effect the objects thereof;"

Also by striking out the word "Canadian" in the second line of paragraph (8) of the said section, and by adding after the word "colonial" in the same line the words "other than Canadian."

8. Section 12 of the said Act is amended by striking out paragraph (*a*) thereof, and substituting therefor the following:—

"(*a*) No candidate shall be eligible for any examination prescribed by the council unless he is the holder of a provincial license, or unless he is a graduate of a medical school or university recognized by a provincial medical council, nor until he has complied with all the conditions, regulations and requirements necessary to render him eligible for examination for a license to practise medicine in one of the provinces of Canada."

9. Section 14 of the said Act is amended by striking out all the words thereof down to the word "school" inclusive, in the fifth line thereof, and substituting therefor the following:—

"The council shall make such regulations as shall secure to homœpathic practitioners who under the laws of any province possess:"

10. Section 16 of the said Act is amended by adding at the end of subsection 1 thereof the words, "A majorty of the Committee conducting the examination of any candidate shall speak the language in which the candidate elects to be examined;"

Also by striking out the word "and" in the third line of subsection 2, and substituting therefor the word "or."

11. Section 18 of the said Act is amended by striking out the word "six" in the fifth line of subsection 2, and substituting therefor the word "ten;"

Also by adding at the end of said subsection 2 the following proviso: "Provided that if the medical council of any province is not satisfied with the period of years prescribed by this subsection, such medical council

may as a condition to provincial registration exact an examination in final subjects from practitioners registered under this subsection."

Also by striking out the word "Canadian" in the third line of subsection 3 and inserting after the word "Colonial" in the same line, the words "other than Canadian."

12. The following section is added to the said Act:—

"24. No amendment of this Act, or of the Act hereby amended, may be proposed on behalf of the council unless previously accepted by the provincial medical councils."

(See January issue of THE CANADA LANCET for text of bill. The proposed amendments can then be fitted into their proper sections, and their meaning appreciated.—ED. CANADA LANCET.)

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## BILL—AN ACT TO INCORPORATE THE HAMILTON SCHOOL OF ANATOMY.

Whereas Ingersoll Olmsted, Archibald Edward Malloch and Alexander Bryson Osborne, all of the City of Hamilton, in the County of Wentworth, licensed practitioners of Medicine, Surgery and Midwifery, have by their petition represented that they desire to establish, carry on and maintain a school in or near the said City of Hamilton for the advanced study of anatomy and surgery; and whereas the usefulness of such school will be promoted by the possession of corporate privileges and powers; and whereas the said petitioners have prayed that an Act may be passed for that purpose; and whereas it is expedient to grant the prayer of such petition;

Therefore His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:—

1. The said Ingersoll Olmsted, Archibald Edward Malloch and Alexander Bryson Osborne, together with such other persons as may hereafter become members of the said corporation, are hereby constituted a body corporate and politic by the name of "The Hamilton School of Anatomy," and by that name shall have perpetual succession and a common seal, with power to break, alter, or renew the same at pleasure, and may by that name contract and be contracted with, sue and be sued, and may purchase, take and hold any real and personal property which may be granted, exchanged, given, devised or bequeathed to said corporation, and may lease, mortgage, or sell and convey or otherwise dispose of the same at pleasure.

2. The said corporation shall have power to conduct, carry on and maintain in or near the City of Hamilton, in the County of Wentworth, a school for the advanced study of the Science of Anatomy and Surgery, by

the delivery of lectures and by such other modes of imparting knowledge thereof as the said corporation may from time to time deem expedient, or as the advance of surgical knowledge may demand, and all such incidental powers as may be necessary to carry out the provisions of this section.

3. The said school shall be a recognized medical school within the meaning and purpose of *The Ontario Anatomy Act*, and shall be qualified to receive for dissection, for the purpose of the study of anatomy and surgery, the bodies of dead persons upon the conditions and subject to the provisions of *The Ontario Anatomy Act.*

4. There may be elected by and from the members of the said corporation in such way and manner as the said corporation may in their by-laws direct such officers as the said corporation may from time to time deem necessary.

5. The said corporation shall have power to make such by-laws as may be necessary for the conduct of its affairs and business, superintendence, management, improvement, sale, lease, mortgage or purchase of any property belonging to or acquired by the corporation; the appointment, removal and qualification of members thereof; the appointment, removal, duties and remuneration of the lectures, teachers and other officers; the government of the said school; and all other things necessary for carrying into effect the provisions of this Act, as the members thereof shall from time to time deem expedient, but so that such by-law shall not be in anywise repugnant to law or inconsistent with this Act.

6. All the powers of the said corporation may be exercised by a majority of the members thereof present at any meeting thereof or by a majority of such members thereof as may by the by-laws be declared to be a quorum for the transaction of business, and any deed or instrument under the seal of the corporation and signed under the direction of the said corporation by the officers appointed for such purpose by the corporation, or by the duly appointed attorney of the corporation, shall be held to be the deed of the said corporation.

7. No individual member of the said corporation shall in his private capacity be liable for any debt, obligation or act of the corporation.

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## CANADIAN MEDICAL ASSOCIATION.

For the 43rd annual meeting of the Canadian Medical Association in Toronto, on the 1st, 2nd, 3rd and 4th of June, transportation arrangements are in force on the Standard Certificate plan with the exception of British Columbia, where the regular summer tourist rate will prevail. All intending delegates should consult with their ticket agents when pur-

chasing first-class transportation to Toronto, as to rates, dates of sale of tickets, time limits, and routes. For these purposes the Association and the Canadian Dental Association are coupled; and fare will be single for going and returning if three hundred are present at the two conventions holding Standard Convention Certificates, between Halifax and other Eastern points and Laggan and Colman, B.C. The first general session will be held on the afternoon of the first day, when the President-elect, Dr. Adam H. Wright, Toronto, will be installed in office and the opening ceremonies will take place. Following this there will be a report of the Milk Commission by the chairman thereof, Dr. Chas. J. Hastings, Toronto, and addresses by Dr. Evans, of Chicago, Dr. North, of New York, and others. On the evening of the first day, Dr. Herringham, of London, England, will deliver the address in medicine which will be followed by the discussion on Dominion registration. The sections which have exceptional programmes will meet in the forenoons. On the afternoon of the second day, Thursday, there will be an excursion to Niagara Falls, and a dinner at the Clifton House. The address in surgery will be delivered Friday afternoon by Dr. Murphy, of Chicago, followed by a symposium on ex-ophthalmic goitre, and at 5.30 p.m. the annual meeting of the Canadian Medical Protective Association will be held. Friday evening the address in obstetrics, by Dr. Henry Coe, of New York, followed by a symposium on the psychoneuroses. A general session will be held Saturday forenoon, and about eleven an excursion will be taken to Guelph to visit the Ontario Government institutions in the Royal City.

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## TORONTO'S AID TO CHARITIES.

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|---|---|
| The four General Hospitals | $113,269 |
| House of Industry | 32,000 |
| House of Providence and Infants' Home | 13,600 |
| Hospital for Sick Children | 18,000 |
| Sunnyside Orphanage | 3,300 |
| Toronto Relief Society | 1,250 |
| East End Day Nursery | 1,000 |
| Infants' Home | 1,600 |
| Protestant Orphans' Home | 1,600 |
| Boy's Home | 1,000 |
| Girls' Home | 1,000 |
| The Creche | 1,000 |
| Total | $187,619 |

## CANADIAN ANTI-TUBERCULOSIS LEAGUE.

The year 1909 will be marked in the calendar as a red letter year in the history of the crusade against consumption. The movement received a great impulse from the congress of distinguished physicians which was held in Washington, U.S., in the autumn of 1908 to consider the further measures to be taken to stamp out this dreadful enemy to the life and happiness of mankind.

Canada, in common with the rest of North America, perhaps we should say the whole civilized world, has participated in the renewed and increased activity which resulted from the deliberations of the congress.

Never since the organization of the Canadian Association for the Prevention of Tuberculosis has there been such activity displayed in Canada in this fight for life. Older branch associations have been reinvigorated, new associations have been formed which are showing in many cases a vigorous activity. Several new institutions for the relief and treatment of consumptives have been opened and the demand for our literature has been larger than ever. Take it all in all 1909 was a year of great progress in the work of the association.

The Tenth Annual Meeting will be held in Montreal on the 7th of June next and preparations are being made to make this one of the best, if not the best meeting in the history of the Association.

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## DR. LOUIS FISCHER ON PASTEURIZED MILK.

Commercial pasteurization of milk has been condemned in scathing terms by Dr. Louis Fischer, an eminent authority on the nutrition of infants.

He declared that it had been absolutely proven that the use of sterilized milk had produced in infants scurvy, rickets and marasmus, and said it was his opinion that the persistent taking of the pasteurized fluid might possibly produce the same symptoms in a lesser degree, although this had not yet been definitely established by research, as it had with sterilization.

"Pasteurized milk," he continued, "is essentially dead milk, for the life in it has been destroyed. All milk, to be palatable and to be relished, must have life in it. Pasteurization also gives too many opportunities to those who would mix milk from all sources good, bad and indifferent, and by treatment convert it into a seemingly sweet and wholesome product, which, however, still retains all its injurious properties. Contaminated milk can no more be made suitable for food by pasteurization than a piece of tained meat can be made fit to eat by boiling it.

"Milk reeking with bacteria, stale and contaminated with disease germs such as typhoid, diphtheria and tuberculosis," said Dr. Fischer, "can be rendered sweet and apparently as good as fresh milk by the effects of steaming.

"It does not seem plausible that milk containing dead bacteria is fit for the food of healthy persons, and surely it is unfit for delicate infants. We should not forget that disease germs produce a poison, technically known as a toxin, which is deadlier than the germ from which it was secreted."

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## GREATER BRITAIN AND THE ANNUAL MEETING, 1910.

### Colonial Reception Committee.

Sir,—The Colonial Reception Committee is particularly desirous of bringing the Annual Meeting to be held in London in July next to the notice of all medical practitioners residing in the Dominions beyond the seas, as affording them an unusual opportunity of visiting London both for the scientific purposes of the meeting and also for social intercourse with their fellow practitioners throught the Empire.

The Colonial Reception Committee in conjunction with the Colonial Committee of the Central Council, desires, through the medium of the Journal, to extend a very cordial invitation personally to all medical practitioners in the Colonies, and assures them of a hearty welcome to the Annual Meeting and to the capital of the Empire.

Great efforts are being made by these two Committees to arrange such entertainments as it is hoped will meet with the approval of their colonial brethern and so add to the success of the meeting of 1910.

We are, etc.,
EDMOND OWEN,
Chairman,
DONALD ARMOUR,
Honorary Secretary,
of the Colonial Reception Committee.

429 Strand, W.C., Jan. 3rd.

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## ADDRESS BY S. WEIR MITCHELL AT THE WELCH DINNER.

*Mr. Chairman, Gentlemen, and You, my Friend, the Sacrificial Victim of the After-Dinner Hour*: Travel in strange lands is the more pleasant for knowledge of the language spoken, and it was the fact of my

lack of tongues which made me doubt how fit I was to appear on this pleasant occasion, where, as I learned somewhat appalled, everybody was expected to talk *Welch.* To stumble bewildered an intellectual tenderfoot in the learned land of Johns Hopkins might certainly give any man pause, but in the court of wisdom there must be of necessity a fool, and so I accept the position of the provider of sentimental folly and make my little venture.

'Tis said that hovering near your infant couch
  The fairy forms of Art and Science flew
In generous counsel o'er the golden gifts
  They bade a joyous future pledge to you.

And if, they said, your life shall fail to give
  What Bacon called the "hostages to fate,"
Unnumbered friends shall challenge love with love,
  And ever through thy happy hours elate.

Fair Nature, coyest of all maids that hold
  Reluctant mysteries from their lovers dear,
Shall on victorious quests divinely smile
  And tell her secrets to thy listening ear.

Not yours shall be, companioned by the stars,
  To soar through space on thought's ambitous wings
To worlds unseen; nay, yours shall be to roam
  That wondrous other realm of little things.

There, half unread, the ever less and less
  Lost in the lessening less, eludes our sight
In space as sunless and more dark with fate
  Than are the baleful planets of the night.

There shall you stand upon the twilight verge,
  Where fades the sight of each material thing,
And baffled wonder, what an hundred years
  To other eyes than ours may haply bring.

A lilliputian world to thee we give,
  Where deadly swarm the grim bacterial blights,
With amboceptors strange malignant priests
  For demon marriage with satanic rites.

Here stegomyia and anopheles
  Are huge behemoths of this lesser sphere
Where gay spirilla wriggle lively tails
  And vexed erythrocytes grow pale with fear.

"Be these your friends," the flitting fairies cried,
  "But who is this that leads a pirate crew?
"Bacterium chronos! Get you gone from hence,
  "Or hungry leucocytes we'll set on you!"

A truce to folly. Long ago for you
  Has rung the fatal hour of Osler's jest:
Still young, the merry smile, the glowing mind,
  No least sad failure ever yet confessed.

Life's summer overflow reserves for you
  The golden days of lingering life's September,
October loitering waits for you, my friend,
  And summer-haunted glories of November.

Perhaps Johns Hopkins has some secret charm
  That lets professors very neatly swindle
The robber time and feel enfeebling days
  Toward youthful vigor quite reversely dwindle!

Alas, a most appalling doom awaits!—
  A pediatric clinic at the end—
Pertussis, measles, teeth to cut, and then
  The bottle—but which bottle? Ah! my friend.

We'll ask of Kelly, he will surely know
  When comes at last your latest, earliest year,
With all of physiology at fault
  How shall you ever gently disappear?

Far be the day for you. One grief I own,
  What science won my art has something cost
Since the clear mind and ever-ready smile
  Were to the bedside visit sadly lost.

Ave et vale! O, magister, take
  Greeting and blessing from our greatest soul!
The rippling sweetness of his echoing verse
  I seem to hear from that far century roll.

Too poor my rhyme to fitly entertain
  The stately splendor of the Latin line;
Ah! happy he to whom this greeting went—
  Thy spirit—kinsman, Harvey, makes it thine:

Vir doctissime!
Humanissime!
Mihi Carissime!
Vale mi' Amantissime!
Tuus ex anima.

—*Journal Am. Med. Association*, 9 April, 1910.

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## DR. HAMILL'S EXCHANGE.

The Canadian Medical Exchange, Janes Building, this city, conducted by Dr. Hamill, Medical Broker, wishes us to announce that he

has from ten to twenty rural villages without a doctor, where the people have asked him to send them one. From the amount of territory without opposition, a practice of from two to three thousand a year could certainly be expected. He will be pleased to pilot any physician, who is looking for a location to these places. This is also a good time of the year for physicians who desire to sell their practices, to list them with him, as he has a number of *bona fide* buyers registered.

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## TYPHOID AS A CRIME.

Should some Chinese traveller, of the type of Goldsmith's Citizen of the World, write home that in Canada men are arrested because they have typhoid fever, and allowed to remain in jail without medical treatment until there is no hope of recovery, he would probably be denounced as inaccurate, if not mendacious. Yet that very thing has happened in Toronto.

Wah Young, doing business on Parliament Street, contracted typhoid fever, and in his delirium began breaking up furniture. Other Chinamen, becoming alarmed, called in a policeman, who arrested him as a person of unsound mind. Asked why he did not call in a doctor, he said that the man did not seem to be suffering any pain. At the jail, the unfortunate man was put in a place called the jail hospital, where there is no equipment for caring for the sick, and no proper hospital diet. The jail surgeon saw him, and judged from his actions that he was insane. Dr. Stead, of the staff of the Toronto Asylum, also saw Young, and came to the same conclusion. He saw no symptoms of physical disease at the time. But under cross-examination, he said that even if he had observed symptoms of typhoid, he would not have deemed it his duty to report them. Young remained in jail five days, and was then removed to the hospital, where he died.

That persons unskilled in medicine should mistake the delirium of typhoid fever for insanity is not surprising. But that there was no proper medical examination is an astounding and shocking revelation. All insane persons are diseased, and may at any moment require medical treatment. The pulse, temperature, and other indications of health or disease should be taken as carefully in the case of insanity as in the case of typhoid fever. If such an examination had been made, the nature of the disease would have been discovered.

The medical examination in this case was absolutely useless. The prisoner was adjudged insane because he was restless and excitable,

fidgetted with a piece of wood, kept taking his clothes off and putting them on again, and claimed to be Col. Denison's cousin. From these actions, an unskilled person would say that the man was crazy, but medical skill is supposed to go a little deeper.

Every jail should have a properly-equipped hospital, and ample provision for medical attendance and nursing. It is a pity that this could not have been discovered before a sick stranger was sacrificed to barbarous and antiquated methods.—*The Toronto Daily Star*, 29 March, 1910.

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## EPILEPTICS SHOULD NOT BE ALLOWED TO MARRY.

Dr. J. J. Williams, Medical Superintendent of the Hospital for Epileptics at Woodstock, whose annual report has just been issued, thinks a law should be passed prohibiting epileptics from marrying until at least ten years had elapsed since the last attack. This subject was referred to before by Dr. Williams, who says in his report: "I refer to this again, because circumstances demand it. There is a very prevalent belief among the laity, and also, sorry to say, among a few medical men, that the married state will improve the trouble in either sex. I have had several cases come under my observation where patients have been advised to marry, believing it would cure the disease. This is a very erroneous idea, and one that tends to produce a great deal of trouble. It may be true in the females that in a few cases the attacks may be arrested, but in later months they will return in an aggravated form, making life most miserable to the members of the home; and besides this wretchedness is to be added the dread and fear of the offspring being affected, as a large percentage of the cases are hereditary.

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## QUEEN'S GRADUATES IN MEDICINE.

Queen's Medical Faculty recently announced the results of the spring examinations. The following new graduates in medicine have qualified for the degrees of M.D. and C.M.:—W. E. Anderson, Kingston, Ont.; R. R. Barker, Forfar, Ont.: J. T. Beete, Henrietta, B.G.; L. C. E. Beroard, Ottawa; E. S Bissell, South Augusta, Ont.; G. L. Campbell, Pembroke, Ont.; J. E. Charbonneau, B.A., Hawkesbury, Ont.; B. J. Dash, Barbadoes, B.W.I.; J. A. Dougan, Lindsay, Ont.; J. N. Dunn, Elgin; D. L. Fee, Camden East; R. M. Fergusson, Smith's Falls, Ont.; T. M. Galbraith, B.A., Thornbury; A. H. Gammon, North Sydney, N.S.;

J. N. Gardiner, B.A. Kingston, Ont.; Wm. Hale, B.A., Gananoque; J. A. Houston, Belleville; J. Jackson, Souris, Man.; D. Jordan, Kingston, Ont.; G. E. Kidd, B.A., Prospect, Ont.; I. F. Longley, Lumsden, Sask.; H. C. Mahee, Odessa; J. D. Neville, Deloraine, Man.; G. W. Meyer, Vancouver, B.C.; S. M. Polson, M.A., Kingston, Ont.; J. A. Polson, Kingston, Ont.: J. G Shaw, B.A., Regina, Sask.; H. R. Thompson, Morristown, N.Y.; T. R. Whaley, Soperton, Ont.; A. B. Wickware, Morrisburg.

Faculty prize in anatomy, C. R. Graham, B.A., Arnprior.

Faculty prize, $25, for highest mark on second year examinations in anatomy, physiology, histology, chemistry, and materia medica, G. W. Burton, Shemogue, N.B.

Faculty prize for highest percentage of marks on second year examinations in materia medica, G. W. Burton.

Dean Fowler Scholarship for highest percentage of marks on work of the third year, C. M. Crawford, B.A., Kingston.

Faculty prize for best written and practical examination in third year pathology, C. M. Crawford, B. A., Kingston.

The Chancellor's Scholarship, value $70, for highest percentage on fourth year course, tenable only by those who take the examinations of the Ontario Medical Council, Stuart M. Polson, M.A., Kingston.

Prize of $25, given by Dr. W. G. Barber for best examination in mental diseases, H. R. Thompson, Ph.G., Morristown, N.Y.

Medal in medicine, W. E. Anderson, Ph. G., Kingston.

Medal in surgery, S. M. Polson, M.A., Kingston.

House surgencies in Kingston General Hospital, following are recommended in order of merit: W. E. Anderson, Ph.G., T. M. Galbraith, G. E. Kidd, B.A. Next in order, E. S. Bissell.

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# MEDICAL PREPARATIONS, ETC.

## SANMETTO IN ENURESIS.

Dr. L. L. Gray, of St. John, Mo., reporting the outlines of a case of enuresis-nocturna, treated with sanmetto, says the case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition, and keenly felt its effects. She acted as though she thought every one she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company. Strangers would ask if she was entirely sane.

He gave her a bottle of sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. He says a second four ounce prescription verified the truth of his statement. It did cure her, and she become a perfectly formed young lady, intelligent and sociable, the downcast countenance gone and life again worth living.

## SANATOGEN.

*The British Journal of Tuberculosis* in its issue of January, 1907, says: "Sanatogen is a valuable dietetic adjunct, as we have proved in a number of instances. Even when the patien are living under the most perfect hygienic conditions of sanatorium life, it is not unusual for them to reach a point far short of full recovery; when appetite fails, weight ceases to advance, and general progress appears to be arrested. For these "stationary" cases we have found Sanatogen of distinct benefit. It is composed of 95 per cent. of pure Casein and 5 per cent. of Glycero-phosphate of Sodium. It is a wholesome, harmless, readily assimilated preparation of marked nutritive value; and experimental research seems to indicate that the phosphorous contained in the sodium Glycero-phosphate of Casein is almost entirely taken into the system. It is certainly a preparation which deserves a trial in all tuberculous cases, and particularly children."

The value of Sanatogen in the diet of the consumptive patient is attested by the weight charts appended. These have been communicated by a physician in one of our leading English hospitals for Consumptives as a result of the extended use of this preparation in his wards. For reasons which the Profession will appreciate we withhold the names concerned. These charts, as will be seen from the history of the cases, are all taken from the worst type of patient, viz., the "stationary" type, mentioned by the editor of "Tuberculosis" in the above extract. The figures here set forth form a striking and conclusive proof that, in Sanatogen, the medical practitioner has the ideal dietetic to increase weight even in difficult cases, and so combat Tubercular disease.

## THIOCOL.

The Hoffman La Roche Chemical Company, of London, Eng., have placed this preparation on the market.

'Thiocol' is a potassium salt of guaiacol suphate. It is chemically pure compound containing 52 per cent. of guaiacol.

It is placed on the market as a powder in bottles of 1, 2 and 4 ounces, and in the form of tablets packed in tubes of 10 and 25, each tablet containing 0.5 gram. (appr. 8 grs.).

All the virtues of guaiacol and creosote are emboided in this salt, and in addition it has the following advantages:—

'Thiocol' is odourless and almost tasteless.

'Thiocol' is readily soluble and therefore easily absorbed.

'Thiocol' reduces the number of tubercle baccilli in the sputum.

'Thiocol' prevents the frequent recurrence of night sweats.

'Thiocol' unlike creosote never irritates the gastric mucous membrane, but actually improves the appetite.

All diseases of the organs of respiration whether acute or chronic:—

(A) Diseases caused by micro-organisms:—Tuberculosis of all organs, pneumonia, whooping cough.

(B) Catarrhal affections:—Acute and chronic bronchitis, pleurisy.

'Thiocol' may be given in solution, as a powder, or in the form of tablets.

The average dose is 8 grs. three to six times a day. In severe and chronic cases of tubercular origin the dose may with great advantage be gradually increased to 15 grs., and when the desired effect has been obtained a gradual return to the average dose is recommended.

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## DIATHETIC ANEMIA.

Although it is considered an axiomatic principle that successful therapy depends upon the abolition or removal of the causative factor of any diseased condition, it is often the part of clinical wisdom to adopt direct restoratives and hematinic treatment while the underlying operative cause is being sought for and remedied. It is of course well understood that the general anemia and devitalization dependent upon and caused by any of the constitutional diatheses or dyscrasiæ cannot be successfully combated by hematics and tonics alone. In Specific, Rheumatic, Tuberculosis, Malignant or Paludal infections, the primal cause must be attacked with all the weapons of modern medical warfare that are likely to be of service, either antidotal or nutritional. At the same time it is quite certain that a perfectly bland, non-irritant and readily tolerable hemic restorative, such as Pepto-Mangan (Gude), is needed. This palatable preparation of iron and manganese, in the form of organic peptonates, can almost always be given with distinct advantage to appetite, digestion, nutrition and general "well-being," while causative therapy is under way.

## SURPRISED AND GRATIFIED.

In relating his experience in the treatment of gouty conditions, Dr. Arthur Bailey Francis, (Queen's College), Balfast, Ireland, reports the case of J. W., a gentleman in advanced life and of marked gouty diathesis who came under treatment complaining of severe pains in the lumbar region and extending down one leg to far below the knee. Dr. Francis says:—"I found that he had received a chill and was also suffering from catarrhal bronchitis. I diagnosed lumbago and sciatica, and put in force the orthodox methods of treatment one after the other, but with little benefit to the patient. Insomnia now became a cause of anxiety, bromides had little or no effect, and I was revolving in my mind the safety and advisability of morphia, hypodermically, when it occurred to me to first try the effect of antikamnia and codeine tablets. This I did, ordering one tablet at bed-hour to be followed in fifteen minutes by a similar dose, and that also by a third at the expiration of half an hour from the administration of the last. On seeing the patient the following morning I was surprised and gratified to find that he had passed a quiet night, slept well, and that the pain in back and legs was greatly modified. I continued the administration of antikamnia and codeine tablets after this and before the end of the week the patient was quite free from pain, slept well, and was, in fact, convalescent. I should mention that this patient is seventy years of age, but notwithstanding this, I could detect no depressing effect on heart or nervous system consequent on the administration of these tablets.

"Since treating the above case I have prescribed antikamnia and codeine tablets for insomnia, lumbago, sciatica, neuralgia in all its forms including tic-douloureux, hemicrania, and that due to dental carries, and always with the most satisfactory results."

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## NOT INCOMPATIBLE.

In an original article written for "Medical Reprints" Dr. George Selkirk Jones writes:—"Another, and most important, subject for study will be that of incompatibility with respect to Antikamnia. At present I have not encountered this difficulty, for in the treatment of rheumatism, for example, with alkalies and potassium iodide, the occasional use of antikamnia tablets appears to act as a most useful auxiliary, and a quiescent condition of nerve, brought about by the action of the latter, appears to predispose towards a more perfect metabolism. In this respect I believe that antikamnia tablets are destined to play a new and important role in medical therapeutics, for if a nerve storm can be controlled

during the course of a painful malady for which the appropriate remedies are being exhibited, the chances are that the simple alleviation of pain for the time being may greatly facilitate the removal of the original cause of the malady. I have a case on hand at present in which this new feature is presented, viz., hemicrania in a woman, the result of periodic attacks of hepatic congestion, nothing appearing to influence the portal circulation so satisfactorily as cascara sagrada. This latter was taken at regular intervals during the day, whilst a single dose of two antikamnia tablets taken at bedtime produced in the mind of my patient a doubt as to which remedy was entitled to the credit. On my part I can attribute the good results already obtained to both, each having its allotted task to perform, the one hepatic, the other central, or neurotic. And so with reference to rheumatism, I am looking forward to a like happy experience. Why should the administration of iodide of potassium or salicine interfere with the action of antikamnia? At present I see no reason, but, on the contrary, shall continue to prescribe the latter as a "night cap," whilst replying upon the therapeutics of anti-rheumatic remedies."

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## NUTRITION IN ANÆMIAS.

Defective or unsuitable food supply is one of the most frequent causes of anæmia. It is clearly manifested that not only must we see that there is an adequate and suitable supply of food, but we must look also to its digestion and assimilation in order to obtain the benefits of the iron which it contains. The digestive secretions in these cases are apt to be defective both in quantity and quality.

The gastric mucuous membrane is atonic and enfeebled; its functions of digestion and assimilation are at low ebb, sometimes entirely abolished in other words, anæmia is but part of the condition of which malmutrition malassimilation and faulty metabolism are the essential features. It will be seen that it is necessary in any rational treatment of these cases to awaken the dormant, torpid, nutritive functions, and restore them to physological activity. The atonic, enfeebled condition of the digestive mucuous membrane, must be remedied. The abrogated digestive and assimilative functions must be coaxed into a proper performance of their duties by something which has a direct selective influence upon them. Until this is accomplished, ordinary food, the natural restorative as well as the natural source of iron, cannot be utilized. With restored activity of the digestive and nutritive functions, the assimilation of iron and food is asured. The stimulant and restora-

tive action upon the digestive organs of supplied blood, has already been shown in many cases and it is indicated as the only rational remedy to restore the atonic, enfeebled digestive powers, and raise the blood to normal quality. Bovinine being perfectly preserved arterial bullock's blood, must of necessity contain every element of nutrition in the proper proportion. One strong point in its favor in the treatment of anæmia is that it requires hardly any digestion, but is immediately ready for assimiliation, thereby giving the stomach absolute rest.

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## CLINICAL REPORTS ON CHROMIUM SULPHATE.

I have used Chromium Sulphate (Abbott) in one case of chronic nephritis with very gratifying results.—Dr. Geo. Baudry, Atchison, Kans.

### PROSTATIC TROUBLE.

The 4-grain tablets of Chromium Sulphate (Abbott) have put to shame all other medicines I have ever used for the reduction of hypertrophy of the prostate in a patient of 75 years. By the time the first 100 were gone, taking four 4-grain tablets (16 grs.) per day his symptoms had all left him. Now he is able to retain his urine from 8 or 9 p.m. to 5 a.m.—Dr. J. W. Dill, Franklin, Ind.

### GOOD RESULTS IN GOITER.

I have used Chromium Sulphate (Abbott) for goiter and prostatic trouble, and it has given complete satisfaction. I think this is one of the best drugs for troubles of this character that we have.—Dr. Charles M. Stemen, Kansas City, Kans.

### CHROMIUM SULPHATE IN SCIATICA.

In the past few months I have cured three cases of chronic sciatica with Chromium Sulphate (Abbott). One of these had been confined to the house for seven or eight months. She was so much improved after three weeks that she could get around the house and is now apparently well.—Dr. M. L. Shine, Winthrop, Iowa.

In lieu of samples, The Abbott Alkaloidal Co., Chicago, will send 2-500's 4-grain tablets, coated, uncoated or one of each on receipt of $1.25.