

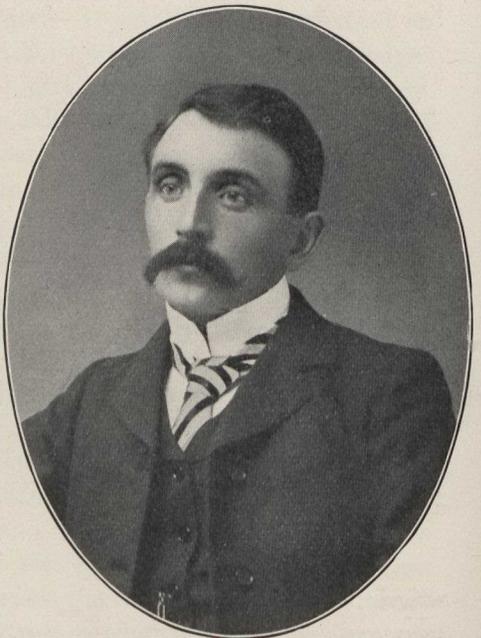




THE LATE D. GILBERT GORDON, B.A.,  
M.D., C.M., L.R.C.P., TORONTO.



THE LATE SURGEON LT.-COL. C. R. MACLEAN,  
M.D., MEAFORD.



THE LATE ANDREW HALLIDAY, M.B., C.M.,  
GLAS., D.P.H., DUR., HALIFAX, N.S.

# THE CANADA LANCET

VOL. XXXVI.

MAY, 1903.

No. 9

EPHRAIM McDOWELL.

BY WILLIAM LANE LOWDER, B.S., M.D., MCKINNEY, KENTUCKY.  
Abstracted from *The Physician and Surgeon*.\*

## THE HISTORIC OLD BUILDING.

**T**HIS historic old building, of which the accompanying picture is a good representation, was a model house in its day ; but the ruthless hand of time has robbed it of much of its former grandeur. It has seen "yon weary winter sun twice fifty times return," though yet in a fair state of preservation. Within this building, in the midnight darkness, Ephraim McDowell lighted the torch which has shone forth with resplendent glory in this brilliant noonday of abdominal surgery. Beneath this time-worn roof was laid the foundation for a great revolution in the *ars chirurgica* ; and as a sequence there goes forth a benediction to every hamlet in the known world ; from every hearthstone in Christendom there returns a blessing to the memory and the last resting place of Ephraim McDowell.

"Chirurgica's towers, thy lights resplendent blaze,  
Dries woman's tears and lengthens out her days.  
McDowell and Sims, of our Columbia's clime,  
Began the work, moved onward, nigh sublime.  
To woman, then, these blessings shall be given,  
Queen of the home, and home the type of heaven."

"Within this home the soul has fared,  
And from this throne its ventures dared.  
What bounteous visions filled this spot ?  
What dreams of pleasure long forgot ?  
Nor hope, nor joy, nor love, nor fear,  
Have left one trace of record here.

It was within this sacred precinct that the operation was first performed which carried the light of life into the shadows of impending gloom—the message of hope into the realms of despair ; opening the prison to them that were bound and giving beauty for ashes—the beauty of a newborn existence, of youthful and happy maternity, in place of ashes for which the inevitable urn seemed already waiting.

"Within these walls was life's retreat  
This space was thought's mysterious seat,"

where the origin of the great thought, and still greater courage, that gave expression to the thought that, without the sanction of precedence,

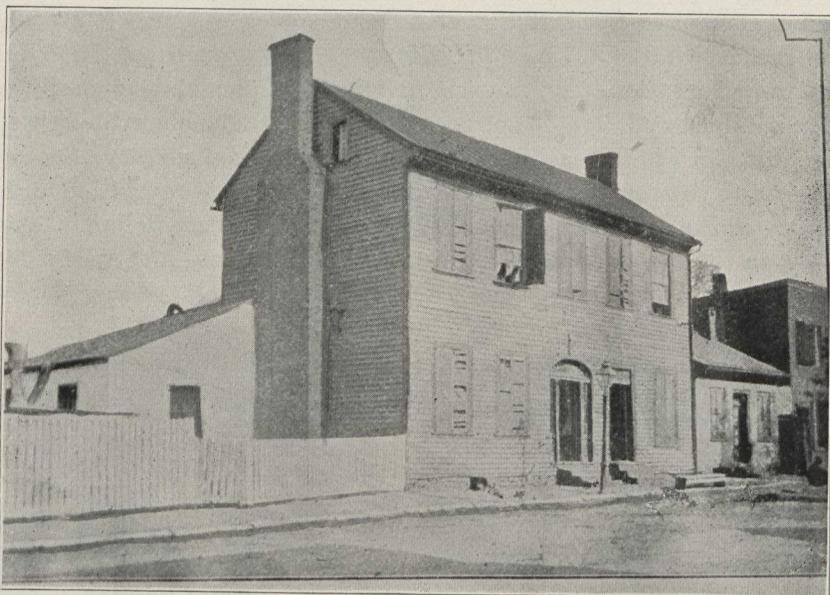
\* The cuts were kindly loaned by Dr. J. W. Keating, the Editor of *The Physician and Surgeon*, Ann Arbor.

and unaided by the advice or sympathy of others, culminated in the institution of an operation by which thousands of *fair women*, heretofore doomed to *early death*, *now live* to revere his name; and when the granite shaft, which a grateful profession has erected above his ashes, to signalize what he was, and what he did, shall have fallen into decay—

“His silent voice will plead for thee  
When time unveils Eternity.”

And these hands which have wrought so untiringly for science and humanity—

“These hands a richer meed shall claim  
Than all that wait on wealth or fame.”



House as it appears in Danville, Kentucky, to-day, in which Doctor Ephraim McDowell, in December, 1809, performed the first ovariectomy.

On a bleak and barren December day, in 1809, when the wood—the oak, the aspen and the willow were leafless; and not a thrush had yet essayed to clear the furrowed brow of winter; history tells us that this symbol of alarm, as a sentry perched on the office door of a village surgeon, witnessed the gathering of an excited and angry mob. The sheriff of the county at that time interfered, and effected a compromise; if such it might be called; in which he stated, that in case the patient recovered from the effects of the operation, all would be well with him; but in case she succumbed to the results of the surgical procedure about to take place, he would be at the hands of a merciless mob. Chill and

cheerless must have been the comfort around him. His feelings, no doubt, were expressed by the following couplet :

“ Truths would you teach to save a sinking land  
All shun, none aid you and few understand.”

Chagrin and disappointment appeared to hang frowning around him, and its very apparition seemed to haunt his every motion, but soothed and charmed by the fitful visits of the happy reflection of self-sacrificing deeds done for the good of suffering humanity, and crowned as in a vision, with the holy wreath, he seemed to warton in a fairy land, and view the Elysian fields of Paradise. The operation was successfully completed ; and the wild flowers of sunshine sprang as it were beneath his boyish tread ; opening in advancement, expanding in maturity, and enriching his pathway with all the richness of luxuriance. This household genius alarmed the threshold of a happy and an honorable home, whose master, as he had bravely answered to signals of duty here below, so when the greater summons came, he as truthfully answered that, and laid down the milk white flower of a stainless life.

“ His deeds will shine forever bright,  
When sun and stars are set in night.”

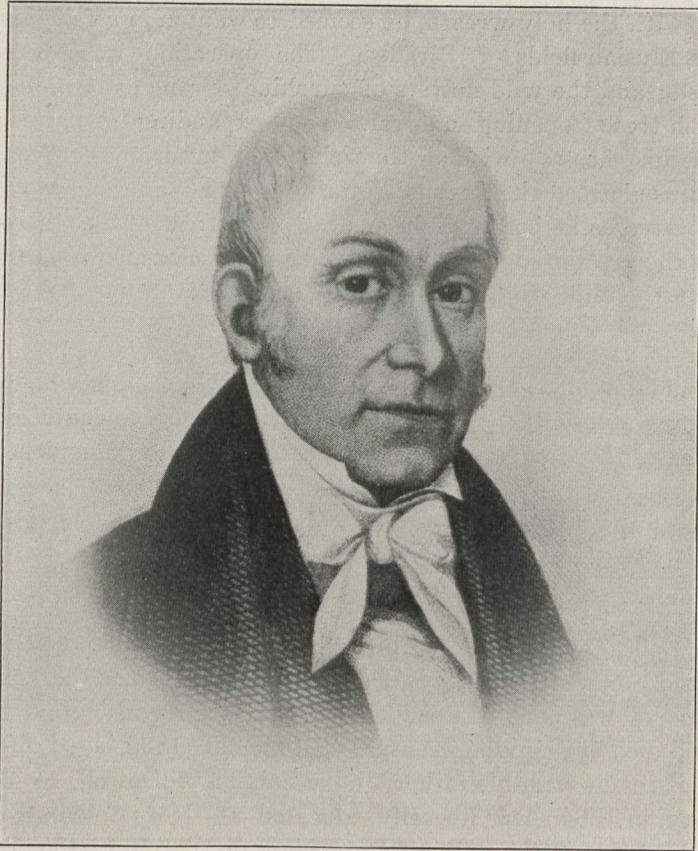
Should a student of medicine, in centuries hence, ask who first performed ovariotomy, the answer would be ready and unequivocal. The noble men of this class responded to the summons of Providence for a glorious work, and, like the chosen of old, many closed their work with the blood of martyrdom. Greater heroism was never displayed by man or woman.

#### BIOGRAPHY OF McDOWELL.

Dr. Ephraim McDowell, in his day, the greatest surgeon of Kentucky, and renowned in the history of medical science as the “ Father of Ovariotomy,” was born in Rockbridge County, Virginia, November 11, 1771, and died at Danville, Kentucky, June 20, 1830, aged fifty-eight years. He came with his father, Judge Samuel McDowell, to Danville, Kentucky, in 1784 ; was liberally educated at Georgetown, Kentucky, studied medicine in the office of Dr. Humphreys, of Staunton, Virginia ; went to Europe in 1793-4, and studied medicine in the University of Edinburgh, Scotland, and during part of that time was a private pupil of the famous Dr. John Bell ; returned to Danville in 1795. In a hallowed spot, a typical American home, November 11, 1771, Ephraim McDowell first saw the light, and doubtless on a night when nature was in her wildest mood. Outside of the immediate household it was an event of no moment, and about which none seemed especially to care. Little did they dream that the occasion was prophetic of a genius des-

tined to lay the foundation for a great revolution in the *ars chirurgica*, and to become one of the greatest benefactors of the human race.

It has been truthfully said that great men, like great mountains, stand alone, with the valley of ancestry on the one side, and the gulf of posterity on the other. But history tells us, however, that this towering character did not stand alone, for the foothills of his ancestry were of decided magnitude. Excepting Doctor Brashear, of Bardstown (the first



EPHRAIM MCDOWELL, M.D.

surgeon in the United States who successfully performed amputation at the hip-joint), early Kentucky and the West had no surgeon of distinction. The fame of Doctor McDowell's foreign tour and study drew to him a large practice; and for nearly a quarter of a century, until Doctor Benjamin W. Dudley, of Lexington, rose to eminence, he had almost undisputed possession of the surgical field of Kentucky and the Southwest "He was monarch of all he surveyed." He occasionally operated in the

adjoining states; and patients came to him from hundreds of miles of distance. But his imperishable fame—that which has made him distinguished in every land, throughout the world, where medicine is cultivated as a science—sprang from the fact that he was the *first surgeon in the world who performed the operation for the removal of diseased ovaries.*

At Danville, Kentucky, he removed an ovarian tumor from a Mrs. Crawford, in December, 1809, thus inaugurating an operation for the cure of a hitherto almost inevitably fatal affection, one that had repulsed every assault of science. McDowell performed this operation thirteen (13) times, with eight (8) recoveries (over sixty-two and one-half per cent); this, too, long before the days of anesthesia—chloroform, ether, et cetera, and when Danville was a mere village. The average length of life in a woman, after an ovarian tumor is discovered, which is not removed by operation is but two years, and those of much suffering. This wonderful operation has, within ninety-three years past, 1809-1902, in the United States and Great Britain alone, directly contributed more than ninety thousand (90,000) years of active and useful life to the women thus relieved. A remarkable fact and coincidence in medical history is—that while Kentucky's earliest great surgeon originated ovariectomy, Kentucky's recently deceased great surgeon, Doctor Joshua T. Bradford, *excelled the whole world* in successfully performing it, ninety per cent. of his cases recovering.

Doctor McDowell courted, to use a common parlance, a Miss Sallie Shelby, daughter of Governor Isaac Shelby, first governor of Kentucky. His life in simplicity and purity is one well worthy of record. In regard to this courtship but little can now ever be known. Whether it was of the Enoch Arden character, or that of Robert Burns and Mary Campbell, will never now be positively known. History tells us that she was a winsome lady: as well as McDowell was a handsome man. Their ashes repose in the family burying lot at Danville, Kentucky.

It is but fitting in passing, while noting the qualities of this great surgeon, to not overlook the virtues and attributes of his noble wife. His success was doubtless due, in a great measure, to *her* own untiring efforts. She has never been mentioned in history alongside of this great man. Brethren, it pays to note what the thoughtless might call the "little things" of this world. Oftentimes, on the long and lonesome ride, "when twilight dews were falling" and the "evening shades appeared" as a token of "parting days," this little hand lifted the gate-latch to a worn, weary, and an affectionate husband. We can imagine the résumé of their reveries. Fifty years ago the writer sat beneath

the gifted and eloquent voice of Doctor Edward R. Palmer, years since departed, in the old lecture hall of the University of Louisville. From his "Farewell address," which was a matchless production of its kind, I quote a little from memory. Among many good things which he said,



Monument erected to the memory of McDowell by the Kentucky State Medical Society.

in fact all that he said was good, he alluded to the embryonic doctor's future wife. At that time none, or but very few of the class were married. His words are ringing in our ears yet.

## MCDOWELL'S MONUMENT.

Beneath this granite shaft repose the sacred ashes of the "Father of Ovariotomy;" doubtless, scarcely a vestige of his mortal remains could upon investigation be discovered—he having long since, "mingled his bones with the dust."

On the front face of this monument is a medallion of McDowell, and beneath it a tablet bearing the inscription :

"A Grateful Profession Reveres His Memory and  
Treasures His Examples."

On the remaining tablets, on the different sides, are further inscriptions as follows :

"Beneath this Shaft Rest the Remains of  
EPHRAIM MCDOWELL, M.D., the Father of Ovariotomy."  
"By Originating a Great Surgical Operation,  
He Became a Benefactor of His Race,  
Known and Honored throughout  
the Civilized World."

"Born in Rockbridge County, Virginia, November 11, 1771;  
Attended the University of Edinburgh, 1793-4;  
Located at Danville, Kentucky, in 1795;  
Performed the First Ovariotomy in December, 1809.

"When riding along fields of waving grain, from which the ripening odor has filled the air with all its fragrance; along dusty highways beneath the scorching rays of a torrid sun, when the din of the harvester is heard in the distance and the carol of the lark recalls to memory happier days gone by; stop and let the horse graze. Pluck a violet from a hedge near by. Tenderly carry it home and offer it as a gift to that little woman who has been waiting the approach of your footsteps for doubtless many weary hours. Pin it upon her breast—that breast which you once promised to protect and support. The intrinsic value of a little flower, as all well know, is comparatively nothing; a penny would buy it anywhere, were it available. But to her it means a great deal. It makes you know that *you thought of her*. In hanging out your sign let her have a word to say. She knows more than the thoughtless public might imagine. It may be a little *too high*, or a little *too low*, but that *soft hand* that has guided us in matters of more magnitude, can surely guide us in this."

The good people of Danville would honor their town and themselves by erecting, in their court house yard, a monument of marble or statue of bronze to this great benefactor of the human family. In the "Lives of Eminent American Physicians and Surgeons of the Nineteenth Century," Doctor S. D. Gross says of him: "Had McDowell lived in France he would have been elected a member of the Royal Academy of

Surgery, received from the king the Cross of the Legion of Honor, and obtained from the government a magnificent reward—as an acknowledgement of the services he had rendered his country.”

The McDowell family, in its various branches and connections, is one of the most distinguished in Virginia and Kentucky. When John McDowell, of Rockbridge county, Virginia, was killed, he left three children. Of these, Samuel, the eldest, with his wife, Mary McClung—leaving in Virginia his eldest daughters, twins and married—emigrated to Danville, Kentucky, in 1874, with seven sons and two daughters. Of these, the sixth son, Doctor Ephraim McDowell and two of his brother John's children, married two daughters and a son of Governor Isaac Shelby, hitherto mentioned. Major General Irvine McDowell, of the United States army, was a near relative of Doctor Ephraim McDowell. Doctor McDowell was a man who lived greatly in advance of his days; to use the language of Tennyson—

“ *He dipped into the future,  
Far as human eye could see.*”

Stepping from the “wearied summit” of fifty-eight years, he passed into that realm of spirit life toward which he had long looked and wondered, and to these celestial employments, which await such souls as his, in the Great Beyond.

“ *At last the rootlets of the trees  
Shall find the prison where *he* lies,  
And bear the buried dust they seize  
In leaves and blossoms to the skies.*”

#### SCENE OF THE MCDOWELL MONUMENT.

It was a cool afternoon in July, and the shadows were falling eastward on fields of waving grain and lawns of emerald velvet. Overhead a few light clouds were drifting, and the green boughs of the dreaming cypress were gently fanned by a light wind from the west. There was the sound of the whetting of a scythe, and near by, the twittering of many birds upon a cottage roof. On either side of the main thoroughfare, which runs like a white rivulet through banks of green, thorny hedges were shining, and the bright sod was spangled with all the wild flowers of a Kentucky summer. An odor of lime trees and of new-mown hay sweetened the air for miles and miles around. Far off to the west, in the horizon's verge, just glimmering through the haze, rises the lofty canopy of old Centre College; and a passer-by tells me this is McDowell Park. If peace dwells anywhere on this earth, its dwelling place is here.

The visitor comes into this ancient churchyard—now known as McDowell Park, having long since been abandoned for burial purposes—

by a pathway leading from a stone turn-stile at the street, through the park; and in one moment the whole world is left behind and forgotten. Here is a scene similar to the one from which Gray's *Elegy* was written. Here are the "nodding elms"; here is the "yew tree's shade"; here "heaves the turf in many a mould'ring heap." All these graves seem very old. The long grass waves over them, and some of the stones that mark them are entirely shrouded with ivy. The lettering on many of the "frail memorials" has become almost obliterated by the passing of the seasons. None of them are neglected or forlorn, but all of them seem to have been scattered here in that sweet disorder which is the perfection of rural loveliness. There never, of course, could have been any thought of thus creating this effect; yet it remains to win the heart forever. And here, amid this mournful beauty, the old church itself nestles close to the ground, while every tree that waves its branches toward it, and every vine that clammers on its surface, seems to clasp it in the arms of love. Nothing breaks the silence but the sighing of the wind in the trees beneath which the visitor muses, and where the brown needles, falling through many an autumn, have made a dense carpet on the turf. Now and then there is a faint rustle in the ivy; a fitful bird-note serves but to deepen the stillness; and from a rose tree near at hand, a few rose leaves flutter down in soundless benediction on the dust beneath. There is no need here of "storied urn or animated bust." The whole place is his monument, and his original operation—giving health and happiness to "countless thousands" yet unborn gives to the soul of the place a form of seraphic beauty and a voice of celestial music—is his immortal epitaph.

" Here scattered oft, the earliest of the year,  
By hands unseen, are showers of violets found;  
The redbreast loves to build and warble there,  
And little footsteps lightly print the ground."

McDowell's life is one of the best ever recorded in the history of medical literature. It was one of the best lives ever recorded in the history of medicine. It was a life singularly pure, noble and beautiful. In two qualities, namely, sincerity and reticence, it was exemplary almost beyond a parallel; and those are qualities which professional character in the present day has great need to acquire. McDowell was averse to publicity. He did not sway by the censure of other men; neither did he heed their admiration as his breath of life. Surgery, to him, was a great art; and he added nothing, or but little, to surgery until he had first made it as nearly perfect as it could be made by the thoughtful, laborious exertion of his best powers, superadded to the spontaneous impulse and flow of his genius. History tells us that the

result of this great operation was recorded on *three sheets of paper*. And Doctor Johnson, editor of the *London Medico-Chirurgical Review*, as that time refused to publish it, on account of the article being so short and illy written. Many voluminous writers have sneered at him because he wrote so little. The most colossal form of human conceit, probably, is that of the individual who thinks all other creatures inferior, who happen to be unlike himself. The reticence on the part of McDowell was, in fact, the grand emblem of his sincerity and the corner-stone of his imperishable renown. There is a better thing than the great man, who is always speaking, and that is the great man who only speaks when he has a great word to say. McDowell has left to posterity but little recorded literature; but his great operation was perfect at the time when it was performed, supreme and unapproachable. He did not test merit by reference to ill-informed and capricious public opinion, but wrought according to the highest standards of art which learning and taste could furnish. His operation forms an English classic. He was a man whose conduct of life would, first of all, purify, extend and adorn the temple of his own soul out of which should afterward flow, in their own free way, those choral harmonies that soothe and exalt the human race. He lived before he wrote? The soul of the operation was the soul of the man. His operation is the first of its kind recorded in history—it was his thought—which he has somewhere expressed in better words than these—that human beings are only worthy those feelings endured which are engendered when death has just taken from us the objects of our love. That was the point of view from which he habitually looked on the world; and no man who has learned the lessons of experience can doubt that he was right.

#### CONCERNING THE PATIENT.

It is but fitting justice in passing to notice the heroic character of the patient—Mrs. Crawford—living sixty miles southwest of Danville on Green River, in Green County, Kentucky. Dr. McDowell faced dangers from storm and flood, in clouds and darkness at night, at times lost in the dense forest. He was actuated by the higher principle of his profession. He feared neither man nor devil; he knew no fear except that of doing wrong and the fear of God. The degree of his happiness was determined by the magnitude of his undertaking.

As has been previously stated, Doctor McDowell was called in December, 1809, to attend a Mrs. Crawford, suffering from an ovarian tumor, and at once suggested its removal. But he stated to her that, so far as he knew the operation had never been done—that it would be an experi-

ment; consequently he could make no promise to the outcome: By his manly presence and honest words he planted a new hope in the heart of despair. Thus, "he unlaced the bosom of confidence with the key of personal magnetism."

The now historic patient gave her assent to the operation, which was performed as before mentioned, at Danville, Kentucky, in December, 1809. History, or tradition rather, says that McDowell, before beginning his operation, offered up a prayer. Whether or not this is true, will perhaps never be positively known, as McDowell has been at rest seventy-two (72) years, and the oldest citizen now living in Danville could have only been a small boy at the time of the interment. This prayer, in literary merit and fervency, it is claimed by scholars has never been surpassed and seldom equalled by mortal man. What an example of true courage and resolute devotion was exhibited by this heroic, good, kind, gracious, loving and lovable man! No truer heroism has been or ever will be recorded on the never ending pages of immortal history. True courage must be deliberate, must be premeditated, must be actuated by a high, a holy and beneficent motive. It was not a maddening pseudo-heroism stirred up by the rattle of the drum and the shriek of the fife, a dash on battlefields, where man seeks to slay his fellow man. The heroism of Hannibal, Alexander, Xerxes or Napoleon, can never be compared with this cool, calculating man.

In 1817 "Three Cases of Extirpation of Diseased Ovaria," the first publication of ovariectomy, was made known to the world. It was long before Europe could believe that such a brilliant, original and magnificent improvement could originate in what was then known as the "backwoods" of America, but she has been apprised many times since of the genius of America's physicians and surgeons. In 1827, Dr. Johnson, editor of the *London Medico-Chirurgical Review*, after announcing the results of five cases of ovariectomy, four of whom had recovered, says: "There were circumstances in the narrative of the first cases that raised misgiving in our minds for which uncharitableness we ask pardon of Dr. Ephraim McDowell, of Danville, Kentucky, and of God." What a noble confession! This gracious man now rests in the "Silences," but his work abides and thus will it continue to live on and on, down through the ringing grooves of endless time, as a benediction to "countless thousands" yet unborn.

---

## THE DUTY OF THE STATE IN REGARD TO TUBERCULOSIS.

By C. D. MURRAY, M. B.

Physician to Victoria General Hospital, Halifax, N. S.

I PROPOSE to-night to address to the members of this branch of the British Medical Association a few remarks on what I consider the duty of the State in regard to tubercular diseases. The subject is one which has been much discussed in medical societies and the medical press, and has received hardly less attention from the lay press and other lay organizations.

One would suppose, and rightly too, that on so hackneyed a subject there was little more to be said. The views held almost unanimously by medical men, have appealed so clearly and so reasonably to the thinking public, that it seems a work of supererogation to reopen the subject and spend time on the discussion of so thread-bare a theme, but the necessity will appear when we realize the astounding fact, that in spite of the unwonted unanimity of a profession, whose capacity for differing among themselves is proverbial; and the still more unusual agreement of the great public with the medical profession, our ruling authorities, municipal, civic, provincial and federal, have allowed the condition of affairs to remain to-day in practically the same state as existed 25 years ago, before the contagious nature and bacillary origin of tubercular disease was accepted or even recognized.

A few public-spirited and philanthropic persons, in Ontario and Quebec, have gone so far as to provide institutional treatment for a limited number of curable cases of pulmonary tuberculosis, a provision totally inadequate even to the demand which it is designed to meet. A few public meetings and conventions have been held—gatherings, mostly of individuals prominent in the various walks of life, and presided over by great dignitaries. Some very eloquent and sympathetic speeches have been delivered, some laudable resolutions have been unanimously adopted, a few promises have been exacted from politicians, and a few laws have been enacted by our rulers; but here the matter has been allowed to drop. We stand as a community to-day practically as we did 20 years ago and those suffering from tuberculosis are, if anything, worse off than formerly, because advanced cases are no longer freely admitted to our general hospitals, while at home they are shunned and avoided by panic-stricken and partially informed friends or relatives.

The eminent persons who spoke so eloquently and sympathetically and who moved and seconded such admirable resolutions, have probably considered their whole duty in relation to tuberculosis performed, and

are now engaged in some other campaign against unrighteousness. The politicians who promised so well have probably forgotten all about their pledges, the resolutions adopted have been tied up with red tape and relegated to official pigeon holes, and the few laws and regulations enacted have become practically a dead letter.

While I can hardly hope to add anything to what has been so eloquently said and so thoroughly argued, or even to place matters in a new light, I hope, by reiterating what you are all familiar with, to impress upon this Society—which I think was the first organization in the Maritime Provinces to bring this matter under the notice of the public authorities—the importance of its being unceasing in its efforts both collectively and as individuals, to force our public bodies to do their duty towards the prevention and cure of tuberculosis. Men in other walks in life may gain *kudos* by public action in this regard, and may by rhetorical display, raise a temporary enthusiasm; but we, as medical men, with the responsibility of our certain and definite knowledge, must in season and out of season keep the matter before the notice of those who make and who enforce our laws.

The Dominion, by its federal laws regulating quarantine and immigration, the Provinces by the appointing of Provincial Boards of Health and Provincial Bactereologists, and our civic and municipal authorities by the establishment of Health Boards, the appointments of Health Officers, and the enactment of sundry laws, have endorsed the policy and accepted the duty of restricting the ravages of controllable disease.

The more so have our own Province and Municipality by the establishment and maintenance of General Hospitals, Insane Asylums, and Isolation Hospitals, admitted that the care of the sick, the insane and those suffering from contagious disease, come under their direct care and charge, and that the duty of providing for the housing and treatment of such, belongs to the public bodies which govern us.

Further even than this, has parentalism gone in our own and other free countries. It has even ventured in the interest of the safety of the community, to assume the power of compulsorily enforcing vaccination—compelling thus an individual in good health to undergo a minor ailment, in order to remove a natural susceptibility to a dangerous contagious disease. It has further insisted that when contagious disease is discovered, it must be reported and, if required, isolated.

Surely the duties and privileges of the State in regard to tubercular disease can no longer be gainsaid, nor should the public nor the medical profession longer silently tolerate the neglect to provide and enforce the obviously necessary means for restricting this dangerous and widespread disease.

The protection of the citizen is the highest duty of the State ; each healthy and wage earning individual is an asset, valuable according to his capacity for work. There is no greater destroyer of health and life than consumption in our Dominion to-day, and its economic importance is enhanced by the fact that the victims, now commonly attacked, are young adults, who, after incurring the expense of rearing and education, are on the threshold of the most productive period of life. Rich and poor it equally attacks, and often casts upon the street the orphan to become the pauper, the criminal, and the prostitute.

Laws have been enacted to regulate the sale of poisons, to prevent the adulteration of foods, and for the protection of employees against accidents and oppression. Why should this scourge alone be allowed to pursue its ravages unchecked ?

Having, I think, pretty conclusively demonstrated the responsibility of the State, I would like to suggest briefly the means which I think should be taken to remedy the existing condition of things.

1. As ignorance must bear much of the blame of this dread disease, I hold it is the duty of the educational authorities to provide for the instruction of both child and adult in the school and lecture hall, as to cause, prevention and cure of tuberculosis, not by text-books and speeches containing an exaggerated misstatement of facts, as has been attempted by the over-zealous opponents of alcohol and tobacco ; but by an honest and unbiased explanation and exposition of the subject, which will leave no room for controversy and disagreement, and which, placed in simple language and lucid form, will appeal to all classes of intelligence. The campaign of education for the adult might be carried out by local and itinerant lecturers, who should be medical men or others thoroughly familiar with the subject, and able to give expression to their ideas. The schoolmaster, when himself instructed, should, with the aid of suitable text-books, be able to adequately instruct the child.

2. Laws governing the ventilation, heating and cleanliness of schools, churches, public buildings and workshops should be enforced as well as enacted, and an organized system of inspection instituted.

3. Physical culture should enter largely into the regular curriculum of every school and college ; and this instruction and exercise should, in the elementary classes and in the earlier years, bear a much greater proportion to the hours of mental cultivation than is usually suggested. Can you picture the condition of physical development of a generation of school children who had devoted, say one-half of their school hours to physical exercises and calisthenics under capable and diligent instruction ? Why, one might almost hope thus to develop a race of giants.

At any rate we would surely see fewer puny and ill-developed children grow up to an immature adult condition, the easy prey of tuberculosis and other diseases.

4. For the prevention of the spread of the contagion, the State must enact and enforce laws for the better protection of our sources of meat and milk supply; must insist upon all cattle intended for human food being killed in public abattoirs, under competent and efficient supervision; that all milch cows be frequently inspected, and housed in clean and well-ventilated buildings; that the surroundings of all dairies be scrupulously clean; and that tubercular persons be prevented from contact in any way with our food supply.

5. The laws against expectoration in public buildings, conveyances, parks and even streets should, where existent, be strictly enforced, and where not existent at once enacted. Such prevention of expectoration would soon eliminate the tubercle bacillus from the dust that is ordinarily scattered around and freely inhaled. The fumigation and cleansing of houses in which the tubercular have lived or died, should be scrupulously carried out under the guidance of competent inspectors.

6. Next I hold the State—Federal, Provincial and Municipal, individually or by a joint contribution from all three—should provide sanatoria and hospitals adequate to accommodate the tuberculous sick. These institutions should be graded for the reception and care of the various forms and degrees in which the disease is found. The curable cases should be treated separately from those for whom there is no hope, and persons who are able to contribute wholly or partially to their own support should be separated from those who become wholly a public charge. The provision of sanatoria for incurable cases will, in addition to providing homes for such as are helpless sufferers, eliminate a great source of the propagation of the tubercular contagion, and contribute to the ultimate extinction of the disease. On the other hand, the cure of a large number of early cases, and their return to their occupations as wage-earners, will be a matter of no little economic importance to their families and to the State.

7. Notification of the disease in its earliest recognizable stages, must be insisted on, and where proper safeguards and treatment cannot be secured at home, the subject should be removed to a sanatorium. This, after proper education of the public, would not be looked upon as a hardship by the patient or his friends, and it would probably require little more than public opinion to enforce it.

I fear I have already trespassed too long upon your time in discussing such a threshed out subject, and can only hope that every member

of this Branch will agree with me, that this disease cannot be cured or stamped out by the efforts of private benevolence alone, and that it is the duty of the great public, through its representatives elected with the mandate to faithfully govern the State, to take immediate steps to put in action the various means which it is agreed by all will be in time effective in abolishing the danger and suffering caused by tuberculosis.

The money to be expended by our rulers will not be great, considering the enormous results to be obtained; and the public has long ago given them the mandate to enact the laws required.

---

### ONTARIO MEDICAL ASSOCIATION.

By JOHN HUNTER, M. B., TORONTO.

**I**N June we have our annual meeting of the Ontario Medical Association and in September the Dominion Exposition. These gatherings have one great purpose in common, that is the diffusion of knowledge; but, as so many physicians do not appear to set any value on medical societies or associations, it may be of some interest to enquire whether these industrial gatherings are of any use to our farmers and manufacturers.

It is well within the memory of many of us who are not yet aged, though bearing about on our bodies the wrinkles, bald scalps, or gray hairs, the stigmata of age, to recall the time when our industrial classes were circumscribed by a very limited horizon. The young farmer was quite content to follow in the traditions and methods of his forefathers, and the manufacturer never thought of going beyond his own neighborhood for orders. A few decades ago there came a demand for a wider outlook, isolation became intolerable, the value of association began to be realized, and the result was the inauguration of townships and county fairs, provincial, national and international expositions, special courses in our universities, and the establishment of agricultural colleges and schools for manual training and domestic science. So long as our farmers and manufacturers remained isolated units, there were stagnation and degeneration, but when opportunities were provided for study, for the interchange of ideas, comparison of methods, competition in skill and ingenuity, progress and prosperity began, and today we are successful competitors in all the markets of the world, and our trade returns show a commercial activity that compares favorably with that of the foremost nations.

The same principles that aid industrial prosperity, are equally potent in advancing the science and art of medicine. Here too, isolation

means stagnation and degeneration, and yet for decades men have graduated from our schools and colleges, have gone out to settle in our villages, towns and cities, without ever giving a thought about keeping up or reviving old friendships or forming new ones. These men so completely isolate themselves that were it not for their door plates or creaky signs their fellow practitioners would never know of their existence. Call on one of the more prominent physicians in any of our towns or cities and ask him about his confrères. How often the answer will be, "Well there are a lot of fellows, I don't know; They never attend a medical meeting and I have no chance of getting acquainted with them." This isolation is deplorable for it is the status of the rank and file, "the privates in our great army, the essential factor in the battle" that gives to our calling its status and influence. The public knows, or cares, very little for the great names in medicine, but it quickly forms an estimate of the worth, and dubs as "Doc" the man who is loose in morals and habits, illiterate and impure in language, antiquated and slovenly in his methods, or most respectfully salutes as Doctor, the physician of moral and temperate habits, refined and pure in language, scientific and skilful in his methods.

The reader may think the above a rather pessimistic view, but here are a few sentences from a recent address of Prof. Wm. Osler: "But let me say this of the public, it is rarely responsible for the failures in the profession. Occasionally a man of superlative merit is neglected, but it is because he lacks that most essential gift the knowledge how to use his gifts. The failure in 99% of the cases is in the man himself; he has not started right. The poor chap has not had the choice of his parents, or his education has been faulty, or he has fallen away to the worship of strange gods, Baal, or Arhtoreth, or worse still, Bacchus. But after all the killing vice of the young doctor is intellectual laziness. He may have worked hard at college but the years of probation have been his ruin. Without specific subjects upon which to work, he gets the newspaper or the novel habit and fritters his energies upon useless literature. There is no greater test of a man's strength than to make him mark time in the "stand and wait" years. Habits of systematic reading are rare and are becoming more rare, and five or ten years from his license, as practice begins to grow, may find the young doctor knowing less than he did when he started, and without any fixed educational purpose in life."

Now in practice, however important it may be to find the morbid condition, it is of more importance still to be able to suggest a line of treatment that will restore the patient to health again. We have

diagnosed the morbid conditions arising out of isolation, so it is now in order to suggest the remedy and the one that can be most highly recommended is the Medical Society or Association. On the educational value of the Medical Society I am sure the reader will appreciate the following terse and practical words of Osler, "The first and in some respects the most important function is that mentioned by the wise founders of your parent society—to lay a foundation for that unity and friendship which is essential to the dignity and usefulness of the profession. Unity and friendship! How we all long for them and how difficult to attain! Strife seems rather to be the very life of the practitioner, whose warfare is incessant against disease and against ignorance and prejudice, and, sad to have to admit, he too often lets his angry passions rise against his professional brother. \* \* \* The Society comes in here as a professional cement. The meetings in a friendly social way, lead to a free and open discussion of differences in a spirit that refuses to recognize differences of opinion on the non-essentials of life, as a cause of personal animosity or ill-feeling, an attitude of mind habitually friendly, more particularly to the young man, even though you feel him to be a David to whom your kingdom may fall, a little of the old fashioned courtesy which makes a man shrink from wounding the feelings of a brother practitioner—in honor preferring one another. With such a spirit abroad in the Society and among its older men, there is no room for envy, hatred, malice, or any uncharitableness. It is the confounded tales of patients that so often set us by the ears, but if a man makes it a rule never under any circumstances to believe a story by a patient to the detriment of a fellow practitioner, even if he knows it to be true, and though the measure he metes may not be measured to him again, he will have the satisfaction of knowing that he has closed the ears of his soul to ninety-nine lies and to have missed the hundredth truth will not hurt him. Most of the quarrels of doctors are about non-essential, miserable trifles and annoyances—the pin pricks of practice—which would sometimes try the patience of Job, but the good-fellowship and friendly intercourse of the Medical Society should reduce these to a minimum.

"The well-conducted Medical Society should represent a charming house, in which every physician of the district would receive his intellectual rating, and in which he could find out his professional assets and liabilities. We doctors do not "take stock" often enough and are very apt to carry on our shelves stale, out-of-date goods. The Society helps to keep a man 'up to the times' and enables him to refurnish his mental shop with the latest wares. Rightly used, it may be a touch-

stone to which he can bring his experiences to the test and save him from falling into the rut of a few sequences. It keeps his mind open and receptive, and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine." These sentences present this phase of the subject so fully and felicitously, that nothing more need be said on the importance of the educational value of the Medical Society.

In the preceding paragraphs an effort has been made to show the need for, and the value of, the Medical Society or Association. It remains now to discuss the Ontario Medical Association *per se*. This Association has years enough behind it to claim a fair show of reverence for its age. Each decade since its origin has found it steadily growing in favor and influence with the profession throughout the province. In its presidents we have a long list of notable names—names that stand for the best traditions in Canadian medicine—men whose moral worth and high culture commanded respect and confidence. This year, happily finds us with officers as worthy as were their predecessors. The President, Dr. Mitchell, adds to high professional attainments, those characteristics so valuable to a presiding officer, viz., an attractive personality, tact and wide experience. All the other officers will discharge their duties efficiently, so in naval parlance we can say "the ship is well manned."

The success of the coming meeting rests with the profession throughout Ontario. What is imperatively needed in every country district, as well as in every town and city, is active missionary work. The main reason for non-attendance, in probably 50 per cent. of all cases, is that the men do not give the subject any thought or are not spoken to about it. The potent remedy for this lies in the hands of the active members of the Association, viz., to speak to, invite, and try to persuade their fellow practitioners to attend. If all of those who take an active interest in these annual gatherings, would do a little missionary work, the attendance could easily be doubled. Another important feature is to have those who read papers, or take part in the discussions, as representative of the profession throughout the whole province as possible. There is quite a variety in the physical conditions of our large province and in the value and character of our health resorts, etc. These can be presented best by those practicing in the different districts.

But if physicians outside of Toronto have obligations resting upon them, those of the city have theirs too. Every effort should be made by each hospital staff to furnish as much clinical material as possible and a cordial invitation be extended to members to visit our hospitals. The

pathological specimens in our museums could be made interesting and instructive. The x-ray and lantern slides, in brief everything that can help elucidate the mysteries of morbid conditions should be utilized to the full.

The social features have their value too. How often do we find men bound together by much stronger ties of friendship, after an acquaintance formed at any of these social outings. The program for the recreations to be furnished this year, is in the hands of a very efficient committee and no doubt the outings will be both varied and enjoyable.

In conclusion, whatever can be said in favor of making the Ontario Medical Association a success, can be faithfully reiterated in regard to the coming meeting of the Canadian Medical Association at London. The President, Dr. Moorehouse, and his associates, are most efficient officers and London is one of the most attractive cities in Canada. Both meetings are worthy of the heartiest support of every member of our profession.

---

#### SOME INDICATIONS FOR THE USE OF ARSENIC AND SODIUM BENZOATE.\*

BY E. KENNEDY, M.D.,  
New Glasgow, Nova Scotia.

**A**RSENIC, one of the greatest poisons, is also one of the greatest remedies. Recent investigations by some French observers have shown that arsenic is not only present in every normal human organism, but it is absolutely necessary to the health of that organism. This statement does not mean that we are to eat arsenic for our healths, for the amount in the body, though important to the functions of nutrition is almost inappreciable, and is practically concentrated in one single organ—the thyroid gland. The result of these investigations has gone to show that the arsenic of the thyroid gland is there as a constituent part of the phosphorated substances called nucleins which form the chief part of the nuclei of cells. At the same time these arsenical nucleins contain nearly all the iodine present in the thyroid. It has also been shown that in this gland there exists one or more nucleo-proteids. They are always present in health. They are decreased or modified in certain diseased states. Iodine and arsenic enter into these combinations in the thyroid gland and the nucleo-proteids that they form are discharged into the lymphatics and make nutrition more active. They are eliminated with regularity through the hair, skin, etc. This explains the role of

---

\*Read before N.S. Medical Association.

arsenic in skin diseases and in numerous affections of the nutritive functions. The foregoing statements of these observers are largely confirmatory of the idea long held of the power of arsenic in nutrition and its ability in all forms of disease where impaired or disordered conditions of the function of nutrition are concerned.

In my experience, without this condition arsenic is not indicated in any form of disease. If we look at the long list of diseases where this drug has been recommended in our text books we must come to the conclusion as to the correctness of this statement. True, close discrimination is often required.

In prescribing any remedy, the great point is to know when it is indicated, or, in other words, the deranged or impaired condition known as disease requiring the use of that drug or remedy. Here is the difficulty we all encounter in treating disease with drugs. A dozen or more drugs are recommended for one disease; how are we to select the proper one? Is there a characteristic or definite symptom which will enable us to select the drug and prescribe it with confidence of success? If there be in our treatment by drug medication one difficulty greater than another, I feel it here. Let me illustrate what I mean by the recital of one or two cases:

Some years ago I chanced to have under treatment about the same time two cases of pleurisy with effusion, one a young man of twenty years, well-built, medium sized and in a general way up to the time of his illness, passing as healthy. His antecedents were inclined to be tuberculous; I understand one uncle died of tuberculosis. The patient was taken ill with pain in side and ordinary symptoms of pleuritis. After trying various remedies, I was obliged to aspirate the chest in order to relieve distressing symptoms, removing about three quarts of fluid. In less than a week the pleural cavity was as full as ever. Again I aspirated, removing about the same quantity. This was repeated four or five times within six weeks, each time the amount seemingly increasing. In the meantime, potassium iodide and several other drugs had been tried, but with no effect, the case seemed to go from bad to worse. In despair I tried the use of arsenic, Fowler's solution, 5 drops every 4 hours till its physiological effect was shown on the eyes. In three days' time I again examined the chest and no fluid was found in the pleural cavity and it never returned. At the time arsenic was prescribed, the patient was pale, anæmic with marked dryness of the skin and some scaly eruptions on different parts of the body—a true picture of faulty nutrition.

A drug is like a stool ; it will stand on three legs. In other words, if there are three prominent definite symptoms indicating its use we can look for results. Others may have observed different conditions leading to the use of this drug, but to me these have been guiding indications. Its well-known effect of arresting the destruction of red blood corpuscles shows its usefulness in those diseases where it has been found beneficial.

My other case was that of a female about fifty years of age, stout, healthy, full-blooded, with good family history except that seven members of the family had suffered from rheumatism. The patient was also somewhat affected, though slightly. Patient had been visiting in a neighboring city when she became ill. When she arrived home, she was suffering much from distress of breathing. On examination, I found left pleural cavity filled with serum. As symptoms of great distress were present I aspirated, but in a few days the fluid had returned. With my success with arsenic in the other case fresh in my mind, I was tempted to try its effects in this case, but, acting on the theory suggested by someone, that all examples of serous inflammation are believed to be of a rheumatic character, and that sodium salicylate had a powerful influence over rheumatism I tried this remedy with the most happy results. In about ten days the fluid was all gone and never reformed. I have in several cases verified the effects of these two drugs in cases of pleuritic effusion. Arsenic would not relieve the latter case, neither would sodium salicylate the former. But where either of these drugs is indicated it will have the desired effect. I have followed the indications for the use of arsenic for other diseases, and can in confidence prescribe it when the indications suggesting its use are present, viz., anaemic condition with dryness of the skin and fine scaly eruptions on different parts of the body. These are to me some characteristic indications for its use which have led me to use it with success, in other words clear examples of faulty nutrition. Prof. Simpson, of the University of New York, gives as characteristic symptoms female suffering from dysmenorrhoea with tendency to asthma and scaly eruptions—another picture of faulty nutrition. In my experience arsenic will relieve diseases with the above indications and no others.

The other drug to which I wish to refer is sodium benzoate. This is a drug of which but little has been written in our text books, though one of our oldest remedies. But I have found it within the last few years a precious remedy in case of catarrhal diseases of the air passages, especially broncho-pneumonia. In many cases I have verified its good effect where the cough is very troublesome and the bronchi are loaded

with mucus of a tenacious character, accompanied by great weakness on the part of the patient. These cases are often of a rheumatic character, coming on in cold weather of spring and fall. To me broncho-pneumonia has been one of the most dreaded diseases. Having lost a number of cases before I began using this remedy, I was led to dread the disease, but, when indicated, have found this drug most valuable. It will not relieve every case of broncho-pneumonia, but when the cases are of a rheumatic tendency and very acid urine with very strong odor it is of value. To me these are the indications for its use. It has been used with success in catarrhal diseases of the bladder when of rheumatic character, but there must be the rheumatic tendency before it will benefit.

Recently, a case presenting a complete picture of the indications for this drug has come under my treatment. A lady, aged about fifty-five years, generally healthy, was last week seized with severe cough, fever, bronchial irritation, characterized by the expectoration of bloody mucous asthmatic. Said she did not lie down in bed for two nights. When I saw her she was suffering much with distress, loud wheezy respiration. I inquired whether she had any rheumatic pains. Said not, but she has had attacks of rheumatism on many occasions. Urine was of a dark brown character and but scanty and of very offensive odor. Said could not allow it to remain in room any length of time.

With the above indications, I prescribed Sodium Benzoate, 15 grains every 3 hours. First night she rested better, second night slept all night, but complained of having to get up too often to void urine and asked if the medicine did not cause that trouble. I replied that I thought it did and lessened the dose, which at once relieved that symptom. The bronchial condition, rheumatic diathesis, and the offensive urine with the marked weakness were the indications that led to the use of this drug.

Now, gentlemen, my object, in bringing my experience with these two drugs before you, is to elicit discussion that may lead to the Society's giving more attention to obtaining of definite symptoms for the administration of drugs. Happily, our present knowledge of a small number enables us to prescribe them with confidence. We know the indications and the work is easy. But what of the vast majority now recommended, many of which are of more commercial than therapeutic value. Our profession has made rapid strides in surgery and obstetric art. A surgeon may be called on to perform a difficult operation which may tax all his energies; the obstetrician may have a case of brow presentation or contracted pelvis, but in either case the course of procedure is clearly indicated. But the physician meets a difficult case, his knowledge of pathology and bacteriology enables him to make an accurate diagnosis,

but with the thousand and one remedies before him he is left in the wilderness without blaze and compass to guide him. His is the hardest kind of work if properly undertaken. Now I submit the advances made by our profession along the line of definite drug medication is in no way proportionate to that made in other branches of our profession.

While the number of cases requiring medical treatment with drugs is twenty to one of surgery, how often do we hear the remark made, "I have no faith in drugs." Does not this too often arise from a lack of knowledge of their action, or from their being prescribed too often without definite indications, and hence failure to obtain satisfactory results.

I make no plea for the use of drugs. I feel the fewer used the better, but when we do attempt their use, is it not our duty to obtain such a knowledge as will enable us to prescribe with confidence of success? May I suggest that at future meetings of our Society, one or two drugs be named for discussion, in order that some progress may be made along the lines indicated in this short and imperfect paper.

---

#### A VISIT TO PROFESSOR PAWLOW'S LABORATORY.

Abstract by Professor J. J. MACKENZIE, of Toronto.

**I**N a recent article in the *Münchener Medicinische Wochenschrift* (Bd. 49. No. 52.) Otto Cohnheim, of Heidelberg, gives a most interesting account of a visit to the laboratory of Professor Pawlow in St. Petersburg. Pawlow's work upon the physiology of digestion has recently been translated into English and his truly wonderful results will soon be accessible to English readers. Only since the translation of Pawlow's work has the western world realized the enormous advances that this Russian physiologist has made in regard to the physiology of digestion.

Pawlow is Professor of Physiology in the Military-Medical Academy of St. Petersburg, but his laboratories are in the imperial institute for experimental medicine, which was founded by the Grand Duke Alexander of Oldeburg. Dr. Cohnheim journeyed to St. Petersburg to personally see the results of the experiments and to learn the methods. The following is an abstract of his article. His animals are almost entirely dogs of large size, weighing from fifty to sixty pounds; a large gastric fistula is established and at the same time the cesophagus is opened at the neck and closed off from the stomach. The mucous membrane of the stomach is covered in the hungering animal with a thin layer of mucous with alkaline reaction; mechanical irritation of the

mucous membrane has no effect, but as soon as the animal is given meat, which, of course, does not reach the stomach but passes out of the fistulous opening in the neck, there begins in about five and a half minutes a rich secretion of gastric juice. The animals are placed in a holder during the feeding and the food which drops out of the opening in the neck is caught in a dish and is immediately picked up again and re-masticated, this continuing for some fifteen or twenty minutes. It is not necessary even to allow the animal to chew the food in order to obtain the flow of gastric juice; the mere holding of the meat so that the animal can see and smell it is sufficient to stimulate the flow of the secretion in five and a half minutes. In time, however, the dog acquires the power of inhibiting the flow if he is not given the food in his mouth.

This gastric juice contains about 0.5-0.6 per cent. HCl. and is as transparent as water; it contains also pepsin, rennet and a nucleoprotein. Four of the animals are used to manufacture this juice, giving about 6-8 litres in a morning, and the juice is used not only for study, but is now sold and is prescribed for cases of achlorhydria.

Another important experiment which Pawlow has performed is the formation of a so-called small stomach by the formation of a blind sac out of the fundus, which having the same nervous conditions as the main stomach, enables him to study the effects of the passage of food into the stomach upon the constitution of the secretion. Upon feeding with milk or bread or meat he finds differences in the amount and character of the secretion.

By various methods he produced an acute catarrh when he found that the secretion consisted only of an alkaline mucus. After recovery from this acute catarrh, he found a first condition of hypacidity, and then somewhat later a condition of hyperacidity, with finally a return to the normal. In some cases he got a curious condition of "irritable weakness" in which the secretion too rapidly reached the maximum but ceased too early so that at first there was too much fluid but ultimately too little for complete digestion. A very interesting observation was sometimes made where the psychical secretion, that is the secretion due to taking the food in the mouth, was perfectly normal whilst that due to introducing it into the stomach was markedly abnormal; evidently a condition due to an affection of the nervous end apparatus in the wall of the stomach. Pawlow's observations upon the pancreatic and biliary secretion are equally interesting. The pancreatic juice contains trypsin, ptyalin and steapsin, which are secreted as they are required, the character of the secretion being determined by the food that is given. In connection with the trypsin the most interesting fact is that it is not secreted

as trypsin, but as trypsinogen which is not split up into trypsin until it has come in contact with the duodenal secretion. This secretion contains a ferment which Pawlow has called enterokinase, which acts on the trypsinogen, but this is not secreted until the latter come in contact with the duodenal mucous membrane; mere mechanical stimulation of the duodenum produces a secretion which is destitute of enterokinase. There is thus produced a very exact and complicated chemical reflex.

Ptyalin appears always to exist as such in the pancreatic juice, but the fat splitting ferment must first be activated in the duodenum before it can act, and this is done by the bile constituents. These activating substances are of the nature of ferments and are destroyed by heat.

The normal stimulus for pancreatic secretion is the contact of the duodenal mucous membrane with the hydrochloric acid of the stomach.

The observations upon biliary secretion are also of the highest interest; these were conducted by the production of a special fistula in which the bile papilla and the surrounding mucous membrane of the duodenum was transplanted into the abdominal wall. He was thus able to demonstrate that there was no psychical stimulus capable of setting up the biliary secretion, that even the acid secretion of the stomach was without influence. The only substances which would stimulate bile secretion, when brought into contact with the duodenal mucosa, were peptone and fat. The reason why the fat is a stimulant is understood, but why the peptone so acts has not yet been explained.

The article contains a number of other interesting details about the results obtained in this laboratory and points out how Pawlow has been so successful in working out the problems which he has attacked; namely, by the skilful manner in which he has applied modern surgical methods to his work. His laboratory operating rooms are as carefully arranged as those of a first class hospital and the most rigorous asepsis is practised.

---

#### THE LONDON SCHOOL OF TROPICAL MEDICINE.

The London School of Tropical Medicine announces that the "Craggs Research Prize" of £50 will be awarded in October to a past or present Student of the School who, during the current year, has made the most valuable contribution to Tropical Medicine. Full information may be obtained from the Medical Tutor at the School, Royal Albert Docks, London.

---

## NOTES OF A CASE OF SARCOMA OF THE NOSE.\*

By J. PRICKE BROWN, M.D.,

ON Oct. 31, 1902, Mr. L. R. P. aged 21 years, presented himself at my office. On examination I found a large growth, which completely filled the left nasal cavity. It distended the nostril, flattening that side and producing partial frog-face. Posteriorly it filled the post-nasal cavity, pressing the soft palate downward, and rendering it rigid and immovable. The lower part of the left cheek was also protuberant and pendulous, although not diseased. The septum was pressed over to the right by the growth, so that nasal respiration was impossible. The tumor was of a pinkish color, particularly at the posterior end, and was smooth, glistening and firm. The sense of smell was entirely absent.

Physically he was well nourished and of a plethoric color. There was neither glandular enlargement nor pain; but there was very great distress, accompanied by a full bursting sensation.

As the growth had been pronounced sarcoma after microscopical examination by a competent authority two and a half years ago, and as excision by external operation was at the same time said to be the only possible method of relief and even that would be accompanied by great danger from hemorrhage; it was not without a good deal of trepidation, and thoroughly explaining the risk to the patient and friends, that I was willing to take charge of the case.

Careful examination impressed me with the fact that it was not an osteo-sarcoma; but that it had its origin in the soft parts, and that any existing affection of the bony framework would probably be in the form of absorption. The tumor, however, was so enormous, and the history so hemorrhagic, that I believed it to be inoperable by regular surgical excision.

Still my experience, from the history of the two cases I have verbally reported to-night, gave me confidence, and I was willing to attempt its removal by intranasal operative means; particularly as the patient and his immediate relatives were desirous that I should do so, after I had fully explained to them the risk.

The first attempt at treatment was on Nov. 13th, Dr. Wilson kindly assisting. The application of a solution of cocaine, followed by a 1 in 2,000 of adrenalin, rendered the anterior end of the tumor pallid. The idea was to remove several segments if possible by snare. It was found, however, that although the loop would slide in between the nasal wall and the side of the tumor, the latter was so round and dense that but slight hold could be obtained, and little else but mucous membrane came away. Still the hemorrhage was so severe that the nose had to be plugged tightly at once.

---

\*Read at the Toronto Medical Society 5th March, with presentation of case.

Several days elapsed before all the tampons could be removed, consequently, operating did not really commence until Nov. 18.

From that date until Feb. 2, when an operation under chloroform was done, of which I will speak later, I removed 12 pieces of the growth by means either of the snare or scissors; and operated upon it also 49 times with the electro-cautery. Before each cautery operation I sprayed the nasal cavity out with an alkaline solution, and then removed the sloughs occasioned by the previous operation with forceps. A large number of these I kept preserved in alcohol and here they are.

By the date mentioned, or ten weeks after commencement, the great body of the tumor had been removed. But there was still a large piece attached to the vault of the left side of the naso-pharynx and posterior end of the septum. I tried several times to get a loop upon it, but the patient could not bear my fingers behind the palate to adjust the snare.

The result was that on Feb. 2nd I decided to operate under general anaesthesia. Dr. Gullen kindly administered chloroform. A mouth gag was inserted. I passed a screw snare through the nose to the naso-pharynx with the right hand, and with the fingers of the left in the naso-pharynx adjusted it in position around the base of the tumor. Dr. Gullen then turned the screw until the hold was secure, after which the screw was tightened by degrees until the growth was cut off and drawn into the nose, where it acted as a plug, the snare separating from it. The hemorrhage was excessively severe, and the gag being still in the patient's mouth, I pressed in behind the palate a number of large wads of absorbent cotton, completely filling the cavity and retaining pressure for some time with my hand.

Quarter of an hour later, after hemorrhage had ceased, the piece was pulled out of the nasal cavity with forceps. Here it is. When fresh it weighed nearly three drams, and, as you will notice, the base was nearly as large in every direction as the diameter of the tumor itself.

Between the time of this operation under chloroform and the present date I have had 12 other electro-cautery operations upon parts of the tumor not entirely removed. These have been chiefly in the turbinal region, and there still remain portions yet to be eradicated. This bottle contains some of the fragments taken out during the latter period.

There are a number of points of interest in this case that it may be well to touch upon.

1. The attachment of the tumor. It was immensely sessile as sarcoma of the nose usually is. It had grown from the whole length of the left inferior and middle turbinal regions and the posterior part of

the vault above. The attachment extended over the upper part of the left palate bone, the body of the sphenoid, the inner surface of the internal plate of the pterygoid, and the posterior end of the vomer. The bone of the inferior turbinal had been entirely absorbed, and the greater part of the middle turbinal; also a portion of the face of the body of the sphenoid; for instead of the ordinary openings into the sphenoidal sinus, there is now a large perpendicular oval opening, which in all likelihood was made by pressure absorption.

2. Method of Operating. As I expected to do nearly the whole work by the use of the electro-cautery, I considered it best to work into the body of the tumor first. By this means no injury would accrue to sound mucous membrane. In each operation, under cocaine anæsthesia, I cut as deeply and widely with the electro-cautery knife as safety would permit. On the following day, or at most with an interval of two days, the parts would be cleansed, the sloughs removed, and the operation repeated. After getting out a portion in this way and making a good hole into the tumor, I would remove successively pieces of the shell that was left. This would be done either by snare, scissors or electro-cautery as seemed best. After that a deeper portion of the tumor would be attacked in a similar manner, and so on until the great bulk had been removed.

In operating I have taken care never to injure sound mucous membrane. Very rarely have I used the cautery from the outside wall of the tumor; and when I have, the blade was passed between the true mucous membrane and the growth and the latter pressed away from the former before the heat was turned on.

A word about hemorrhage and the use of adrenalin. In the deeper or central parts of the neoplasm, hemorrhage was always severe if not properly guarded against. The blood-vessels all through the body of the growth were large; and upon these, although I used it regularly, adrenalin seemed to have no controlling influence whatever. But I soon found that a wad of absorbant cotton pressed by curved forceps or cotton holder directly upon the site of hemorrhage, would arrest it very quickly; and when once arrested it would not recur.

Upon the thin shell, however, adrenalin had an excellent effect; and I frequently removed large segments of this part of the tumor practically unattended by bleeding.

One other remark I might make here. While adrenalin in ordinary nasal operations will almost completely prevent bleeding at the time, the danger of subsequent hemorrhage has always to be guarded against. In the case of this sarcoma, however, it was different. In not a single instance, although it was used in almost every treatment, did hemorrhage

occur after leaving my office. The bleeding was always during or immediately after operation. But having once ceased, it never commenced again.

On only three occasions were tampons required. After the first tentative treatment, after the removal of the post-nasal growth under chloroform, and once only after cautery operation deeply into the middle turbinal region.

One point with regard to the temperature of the cautery. The tumor was so dense that an ordinary red-heat had little effect upon it. Hence the whole of the operations were done with the cautery-knife at a white heat. On the whole they occasioned very little pain—a sense of heat being the chief thing complained of—the patient always turning up cheerfully smiling for the next seance.

The patient has regained the sense of smell, nasal respiration is restored, and he has gained eight pounds in weight.

The tumor has not yet been entirely removed; though I hope for complete eradication. He will consequently require treatment for weeks yet; and after that it will be necessary to keep him under observation for a while.

Histological examination has been made of several sections of the tumor, and I hereby append Dr. Davis' report with micro-photographs.

From the clinical history I would unhesitatingly consider the case to be one of sarcoma, leaving the special type to be discovered by the pathologist.

In closing I would make a strong plea for early intra-nasal operative treatment in sarcoma of the nose; and the treatment of all others that I would recommend would be well guarded operations with the electro-cautery. It is an instrument whose action can be perfectly controlled; and with proper light, a wide nasal speculum, and the judicious application of cocaine, aided in some instances by adrenalin, the growth can be regularly and systematically dissected out. It takes prolonged time, a great deal of patience, and numerous operations, but the end justifies the means.

The advantages of intra-nasal cautery and snare operations over the external cutting operation, lie in the fact that in the former you remove the tumor only, leaving the whole framework in its normal position, as well as a wide cavity open for constant inspection; which, with the improved methods of examination and operative treatment now in use, enable the surgeon to again attack the growth in its earliest stage should recurrence take place. There is also the valuable cosmetic effect. Internal operation does not destroy the symmetry of the face, external operation does.

I think I can claim an advantage too in the way of statistics. Bosworth, in reporting 41 cases of sarcoma of the nose collected from all sources, says that 50 per cent. are reported as cured; but he adds that this statement is very doubtful indeed, one case being reported as cured one month after operation, three at two months and another at four months, while in others successful removal is reported as a cure without any time statement whatever.

In the three cases I present to-night: The first had a clinical history of sarcoma from start to finish—the microscopical examination in Hamilton and Boston verifying this diagnosis—and has been completely cured for eight years. The second with a clinical history of sarcoma also—microscopical examination by Drs. Davis and Carveth verifying the diagnosis—has been cured for nine months. This last one was diagnosed as sarcoma two and a half years ago by several throat specialists, one of them demonstrating the fact by microscopical examination. The clinical history has throughout been that of sarcoma, yet within the last three months it has been removed almost entirely by similar methods to the other two, completely relieving the patient of all the distressing symptoms.

When such men as Mayo-Collier, Bark, Stuart Low, and MacIntyre claim that in severe cases affecting the vault the one justifiable operation of excision of all or part of the upper jaw should not be attempted, on account of the certainty of recurrence—it is matter of satisfaction to know that even in these cases, good can be accomplished by intranasal methods. Whether recurrence will take place or not remains to be seen.

#### REPORT OF DR. LELIA A. DAVIS.

The specimen examined shows a cellular growth covered with stratified squamous and cylindrical epithelium. The growth is very vascular and has undergone much myxomatous degeneration. The cells vary in size and shape. These are round, ovoid and a small number fusiform. Where myxomatous degeneration has not taken place there is but little intercellular substance. There is a considerable infiltration of small round cells, especially near the surface which are apparently inflammatory in nature. There are mast cells to be seen in different parts of the specimen. karyokinesis is not very noticeable.

The vessel walls are fairly well developed. The endothelium of the vessels shows considerable proliferation.

There is no gland epithelium to be seen.

The use of the cautery has probably set up an inflammatory action which has altered the histological appearance of the tumor and which makes it more difficult to decide upon the nature of the growth. From mere microscopic examination, I am inclined to regard it as sarcomatous.

NOTE.—So far as can be seen, the balance of the tumor has been removed, the patient has gained 16 pounds in weight, and has returned to his regular employment. The operative treatment lasted two months.

## CURRENT MEDICAL LITERATURE.

Conducted by A. J. MACKENZIE, B.A., M.B.

### RULES FOR THE USE OF THE X-RAY.

In the *American Electro-Therapeutic and X-Ray Era*, Barnum of Los Angeles, gives the following for the guidance in technique in the therapeutic use of the x-ray:

1. Seldom, if ever, is a dermatitis necessary. The effect of the ray is a tissue change which occurs without reference to inflammation of the overlying skin.

2. After an x-ray tan appears there is little or no danger of a dermatitis, even from excessive exposures. An x-ray tan should be secured in cases where deep tissue effects are desired.

3. The less the number of exposures to secure the reaction (*rayism*) without danger to the other parts, the better. By *rayism* I mean the profound effect of repeated rayings,—not necessarily an acute inflammation.

4. Idiosyncrasy to the ray is very great. Conservatism is essential until the personal peculiarity is well known,

5. In primary lesions it is best to secure *rayism* as speedily as possible, consistent with safety to the surrounding parts.

6. Secondary or recurring lesions of malignant nature are much more stubborn to treatment than primary, and should be rayed much more forcefully.

7. Varying obliquity in direction of the ray as focused on the lesion is desirable, and should be especially used where the ray would enter the cranial cavity.

8. The cumulative effect of the ray is very marked, and may be noticed several months after treatment has ceased. This is especially so in cases where the treatment was with high tubes for *rayism* on deep tissues.

9. In strictly superficial epitheliomata a comparatively low tube is best,—one by which good definition of bones of hand is had at two feet distance.

10. Use a varying high tube for all indurated spots of any size. Penetrability of the ray must increase in geometrical progression with the thickness of the diseased tissue.

11. Distance of tube from object should vary,—perhaps between seven inches and twenty inches.

12. To cause hyperaemia and induce granulation use a medium high tube at considerable distance, excited either by a static machine or coil.

13. After a severe reaction from the ray resulting in broken down tissue, give the spot a good, long rest before attempting to use the ray for healing purposes.

14. Conservatism is desirable in every case only to the point of knowing particular features to be avoided. Be sure you know your tube and patient and then *hit hard*. Break down all the affected tissue during the very first series of treatments.

15. In treating typical epitheliomas break down the induration completely so that all involved tissue may be discharged through the ulcer. Avoid too rapid absorption of breaking down diseased tissue. Get an open ulcer over a malignant growth if at all possible,—using plaster or knife if necessary.

---

#### OBSTRUCTION BY INGESTED HAIR.

The Kansas City *Medical Record* for February contains the report of a case by Dr. Main in which on laparotomy, performed on a diagnosis of incomplete intestinal obstruction, a large ball of hair intermingled with faecal matter, in all four or five inches long, was found in the small intestine. The patient was a child aged eight years, who had an unconquerable "penchant" for chewing and swallowing her own hair.

---

#### CASE OF RUPTURED UTERUS.

The Maryland *Medical Journal* of February has a report of a case of rupture of the uterus successfully treated by Winslow, of Baltimore. The patient was a multipara, fifth child, with a difficult delivery, effected by version. A tear was found, six inches in length, extending from the left corner to the ring of Bandl and then transversely across to the right side. A laparotomy was performed and the tear sutured with three rows of sutures, the first including the whole thickness of the uterine wall, the second the muscular and peritoneal coats, and the third the peritoneal and a portion of the muscular coats. The peritoneal cavity was cleansed of blood and a gauze drain inserted. With the exception of a wound abscess, the patient made a continuous and successful recovery. She has since become pregnant, but aborted after the third month.

---

#### ANÆMIA DUE TO UNCINARIASIS.

In the *Brooklyn Medical Journal*, February, Stiles, the Zoologist to the U. S. Public Health service, describes an anæmia which is very common in the Southern States, especially in Georgia and Alabama caused by the uncinaria americana, a variety of hook-worm. Though

very common in that region it is unknown here, but on account of the possibility of transferred cases, a description of the symptoms may be of interest.

The cause then is a parasitic worm which attaches itself to the wall of the small intestine and produces anæmia, partly by the amount of blood extracted, partly by the continued bleeding from the wounds left, by the production of a toxic substance, by the thickening and consequent loss of function of the mucous membrane and by the diseases that readily obtain a foothold in the intestine owing to the conditions produced by the parasite. The diagnosis is made by discovery of the eggs in the stools on microscopic examination. The succeeding stages in its life are passed, not in an intermediary host but externally, and when it reaches the infecting stage it is ingested with food or water. This fact explains its frequency of occurrence in sandy districts, for there it very readily becomes attached to particles of dust which contaminate food. Prevention is effected by (1) proper disposal of faeces, (2) treatment of all cases of uncinariasis to decrease chances of infection, (3) drinking pure water, (4) keeping hands and nails clean. The symptoms are a progressible anæmia, cardiac disturbances, increased pulse rate without temperature as a rule, cedema, emaciation, loss of power, stunted growth in children, abnormal appetite, etc. Death is usually a result of some other infection, typhoid, pneumonia, etc., in the enfeebled condition. The treatment is thymol or male fern with purgation and then symptomatic treatment.

---

#### PUERPURAL PSOITIS.

In the *Brooklyn Medical Journal*, for February, A. M. Judd reports a case of this rather rare condition. The labor was difficult from the smallness of the interval conjugate, and a not extensive laceration of the perineum and cervix was occasioned. This was repaired and the patient made good progress until the fifth day, when the temperature became elevated, with pain in the right loin. The condition persisted, deep induration appeared, and the patient began to flex the right thigh and leg. The leucocyte count at this time was 15,800. The condition went on for two weeks longer when exploration with the syringe showed the presence of pus in the indurated area, and the abscess was opened and the contents evacuated. The patient made a good recovery.

The condition is rare, two cases being reported in the *Annals of Surgery*, 1899, and the description of an autopsy on one at the Hotel Dieu at Marseilles, in which the whole sheath of the psoas formed the wall of an abscess cavity.

## TUBERCULOSIS IN CLEVELAND.

The Cleveland Medical Journal for February contains a report of a committee appointed by the Ohio Society for the Prevention of Tuberculosis, and as the conditions obtaining there are somewhat similar to those in our own cities, the findings are of interest. As to the frequency, site and course of the tuberculosis process an analysis of the autopsy reports is the basis of the following conclusions:—

1. A total of 35.3 per cent. or  $\frac{1}{3}$  of all autopsies show tuberculous change, and this is a very conservative estimate.

2. Active tuberculous processes were found in practically half of all cases showing definite tuberculosis.

3. In over half of these active cases tuberculosis was the cause of death.

4. Under 20 years of age active tuberculosis is almost always fatal. After this age the mortality of active tuberculosis steadily decreases, so that death from tuberculosis is comparatively rare in persons over 60 years of age.

5. The relative frequency of tuberculosis in a few of the principal organs is in the order named, lungs, bronchial glands, spleen, intestines kidney, liver and nervous system. The other portions of the body are comparatively rarely affected.

6. The primary focus seemed almost invariably the lungs and occasionally the bronchial glands.

A study of the death reports for the six years from 1895 to 1901 gives the following results:—

1. Tuberculosis in Cleveland furnished, during the seven years under consideration, 8.7 per cent. of the total deaths, 1.4 per cent. of the deaths between the ages of 20 and 25 years, and 2.6 per cent. of the deaths between the ages of 20 and 30 years. The mortality was 130 to each 100,000 of the estimated average population.

2. Fifteen and one-half per cent. of all tuberculous deaths occur between the years 20 and 25, 30.3 per cent. between 20 and 30, and 50 per cent. between 23 $\frac{1}{2}$  and 44 years.

3. Four and nine-tenths per cent. of all deaths were male deaths from tuberculosis. Fifty-six and six-tenths of all deaths from tuberculosis were male deaths.

4. Three and eight-tenths per cent. of all deaths were female deaths from tuberculosis. Forty three and four-tenths of all deaths from tuberculosis were female deaths.

5. In proportion to the total, the greatest number of male deaths is found between the ages of 25 and 29, of females between 20 and 24.

6. In proportion to the living population the greatest number of deaths occurs between 55 and 64 years.

7. The effect of the conjugal relation upon death from tuberculosis is a problem of extreme difficulty and is not determined from statistics.

The distribution of the disease in the various parts of the city was made the subject of study.

I. Certain districts of this city show a mortality from tuberculous disease much above others.

II. These districts are (1) old portions of the city; (2) in or near manufacturing or railroad districts; (3) those occupied by our laboring classes.

We believe this to be due to (1) the unsanitary conditions in which these people work and live; (2) to their ignorance of and indifference to minor ailments, and especially their ignorance of the causes and early signs of tuberculosis.

As to racial predisposition and the effect of emigration, it was found by comparing death rates with those in the countries of which the emigrants were native, that the Hungarian seemed to profit most and the Irish least by the change to a western climate.

---

#### “HOPOGAN” AND “EKTOGAN.”

In *Le Progrès Medical*, Jan. 10th, M. Frenkel discusses two new chemical substances belonging to the class “peroxides”—peroxide of magnesium, known as hopogan and peroxide of zinc called ektogan—which offer an opportunity for the therapeutic application of nascent oxygen. When brought into contact with a weak acid the chemical reaction for either is as follows:

$Mg. (Zn) O_3 + HCl. - Mg. (Zn) Cl_2 + H_2 O. G.$ , forming a neutral salt and an oxygenated water. In this  $H_2 O. O.$  the single atom of oxygen possesses a decided activity, due to its thermo-chemical relations.

The peroxide of zinc is suitable for use externally, and offers an opportunity for the direct application of a nascent oxygen in a known quantity with active bactericidal and curative qualities. The peroxide of magnesium, under the influence of the acid of the gastric juice, liberates a definite amount of oxygen, which exercises a local curative effect, but which, by reason of an absorption, increased on account of its condition, produces, it is claimed, other and more important results. Experimentation along this line is needed before the claims of its advocates are established.

## PUERPERAL ECLAMPSIA.

Dr. R. Abrahams read a paper before the New York State Medical Association a short time ago, and which was published in the *Medical News* on the treatment of puerperal eclampsia. He described a number of cases in which he had resorted to venesection, abstracting about twenty ounces of blood, and then giving a copious enema of normal saline; several quarts are thrown high up the colon. By these means the most gratifying results followed in all cases. The cyanosis disappears, the pulse becomes soft, the patient perspires, the coma passes off, and she passes urine freely. The rationale of the treatment is that the removal of a large amount of blood rids the system of much poisonous products, while the saline solution dilutes what is left.

## CANCER OF THE BREAST.

In *The Lancet* of recent date there appears a report of the Royal Medical and Chirurgical Society. Mr. Thomas Bryant reported 46 cases of cancer of the breast on which he had operated and in which the patients had survived the operation from 5 to 32 years. He did not think that three years' freedom from recurrence a long enough period to declare the patient cured. Of his cases some had died after five years or more of some other affection, and others were alive and well 20 years after operation. In 19 cases there was recurrence in the seat of the primary operation. In some of these cases a second operation was performed, the patients remaining well for periods varying from 4 to 10 years. In 10 of his cases recurrence took place in the other breast or in some other part of the body. He removed the entire breast and fat and integument over the diseased area. The axilla is opened and diseased glands and tissue cleared out. Everything is removed down to the pectoral muscles, but these are not removed unless clearly involved. Operations for cancer of the breast, if performed early, were much more satisfactory than was generally believed. Sir William Banks stated that of 90 or 100, only one died as the result of the operation. He held that three years was too soon to pronounce a case cured. Of 58 cases which he had been able to follow up, 6 had died of local recurrence in 5 to 14 years. In 12 cases there had been general, but not local, return in from 5 to 14 years. In 12 cases the patients lived from 5 to 18 years and died of some other disease. In 14 cases they were still alive and well after 5 to 23 years. He thought that the disease usually returned in the lymphatics round the scar, and stated that the skin over the diseased area should be removed freely. Halstead's operation was wholly unnecessary. If the cervical glands were involved the case was beyond

the range of surgery, and if they were not diseased, their removal was both dangerous and uncalled for. In this opinion Mr. Bryant concurred. It was possible to do all that surgery could do by more moderate means.

#### ALBUMINOUS EXPECTORATION FOLLOWING THORACENTESIS.

In the Johns Hopkins Hospital Bulletin, January, 1903, there is a report of a case in Professor Osler's clinic, in which after the third operation in a case of pleuritic effusion, expectoration of serous fluid appeared. On this occasion 3100 c.c. of fluid had been slowly withdrawn, and toward the close of the operation the patient began to complain of slight shortness of breath and of a smothering sensation. After about half an hour there began a series of severe paroxysms of coughing, each being followed by profuse expectoration of serous, frothy sputum. The paroxysms followed each other at very short intervals, and the patient complained much of dyspnoea. After lasting about one hour the symptoms gradually subsided, but the patient continued to expectorate for two or three hours longer.

The total amount of expectoration amounted to about one liter, and was very frothy, of a pale, green color, translucent, and on standing deposited a muddy sediment; it was albuminous, showed no tubercle bacilli, some epithelium, a few red blood-corpuscles and some polynuclear leucocytes. The subsequent history of the patient was satisfactory.

Terillon divides the cases of albuminous expectoration into three classes:

I. *Mild Form*—Of which the case described is an example, the amount of expectoration being about 800 grammes.

II. *Severe Form*—Differing from the former in the severity of the symptoms, the great collapse, the longer continuance of the condition and the greater amount of expectoration—1200 to 1500 grammes.

III. *Grave Form*—Onset sudden, extreme dyspnoea, the fluid gushes from nose and mouth, death may rapidly ensue from asphyxia.

The onset is occasionally immediately after the tapping, but usually an hour or so elapses; the duration varies from minutes to days and the amount from 200 grams to two litres; the signs are loud bubbling rales, and fine crackles at the base. The condition is not necessarily associated with the use of suction in the removal of effusion, but it is consequent generally on the rapid withdrawal of large amounts.

The most probable explanation of the appearance of serous expectoration is acute oedema of the lung, though the exact mechanism is uncertain. Probably the increased permeability and dilatibility of the vessels consequent on prolonged compression, coupled with cardiac insufficiency, pericardial adhesions, pulmonary clots, &c., determine a combination of causes which lead to the appearance of this discharge in some cases of effusion treated by thoracentesis.

## DISEASES OF THE EYE, EAR, NOSE AND THROAT.

Conducted by PERRY G. GOLDSMITH, M.D., Belleville, Fellow of the British Laryngological, Rhinological and Otolological Society.

### THE DEGENERATE TONSIL.

Pynchon (*Jour. A. M. A.*, March 21, 1903,) employs the term *degenerate* to cover all the ordinary or commonly-met chronic conditions of tonsillar disease, which classification he thinks warranted by the fact that the same treatment, total tonsillectomy, is equally applicable to all and offers the only absolute and permanent cure obtainable. He considers the *plica semilunaris* is simply an hypertrophy of the mucous membrane of the pillar and is an anatomic name given to a pathological condition. He views the tonsil, particularly the submerged tonsils, as the nidus for the growth and distribution of pathological organisms and their poisonous products into the system, and agrees with those who state that many grave and fatal general injections have their origin in these degenerated masses. He therefore thinks the supra tonsillar fossa should be thoroughly exposed and eradicated in order to give perfect results. Pynchon strongly insists that the best method of dissecting out caseating masses is with the electro cautery. The advantages are: (1) A practically bloodless field so that all of the diseased tissue can be cleanly removed. (2) Owing to absence of hæmorrhage no loss of the local anaesthetic. (3) By cauterization a destruction thereof should any portion of the follicular element escape the line of dissection.

### RETINOSCOPY.

Wiesner (*N. Y. Med. Journal*, March 28,) in an article on the above subject shows how essential it is for the general practitioner to make some preliminary and simple tests of the refractive condition of patients' eyes who apply for relief first of all to their family physician. There is an unfortunate tendency for some physicians to direct cases to the many self-styled *refracting optician* or *optical specialist* to have their eyes examined. The *refracting optician* has no knowledge of the physiological functions of the eye; he is not prepared by study to fit or prescribe glasses and he should not be allowed to do so. The physician has knowledge of the anatomy and physiology of the eye and with patience and perseverance he may acquire enough skill to diagnosticate the refractive condition and direct his patients to an oculist where he can be skilfully and scientifically treated.

### THE CHOICE OF A GENERAL ANÆSTHETIC IN THROAT, NOSE AND EAR OPERATIONS.

Thos. J. Gallaher (*Jour. A.M.A.*, March 21, 1903,) writes on this subject: In all cases requiring a prolonged narcosis such as mastoid, middle ear and certain nasal or naso-pharyngeal, ether is preferred, unless it produces too much irritation of the upper respiratory tract. Chloroform was found very satisfactory among children, while gas was not without difficulty in children from 3 to 10 years of age. Nitrous oxide in older subjects is considered excellent for short operations. Bromide of ethyl is very highly spoken of, especially for its convenience and safety. The special advantages are: (1) No special apparatus required. (2) Narcosis rapidly produced. (3) No irritation of respiratory mucous membrane. (4) Rapid regain of consciousness.

---

### THE RECOGNITION AND PROMPT REMOVAL OF POST-NASAL ADENOIDS IN CHILDREN.

Lantenbach in the *Jour. A.M.A.* (March 28, 1903,) writes an excellent article on this topic. The frequency of occurrence is pointed out and he states that he has never found these growths in a child who seemed the picture of health. He believes adenoids are associated with a tendency to disease in various other lymphoid structures. The diagnosis may be made usually from the symptoms accompanying the disease, viz., the difficulty of breathing, mouth breathing, open lips, vacant countenance, loss of memory, stammering, poor hearing, dead flat muffled voice, cough, pinched wing and flattened bridge of the nose, flat chest, general lack of health and vitality, enuresis, indigestion and numerous nervous reflexes. To make a positive diagnosis palpation of the post-nasal space is essential, as posterior rhinoscopy is so frequently unsatisfactory in children. The growths seem to predispose their subjects to catarrh, easily taking cold in the head, hay fever, bronchitis, pneumonia, asthma and even chorea and epilepsy. Various degrees of inflammation of the middle ear are not infrequent. Treatment: Medicinal treatment is given no place in the management of these cases, but is indicated only as a preliminary to surgical measures. Electro-cauterization, which is approved of by a few, is justly condemned. He is inclined to the view that local anæsthesia is all that is necessary, but it is necessary to have the patient firmly held. The reviewer thinks the operation brutal and rarely thoroughly performed without general anæsthesia, preferably by nitrous oxide gas. The author condemns the use of curettes, since cases have been recorded where the instruments

have been broken in the naso-pharynx. No mention is made of the operator or instrument maker being to blame. The author prefers the finger nail without anaesthesia, and he sometimes repeats this procedure if necessary on the following day. There would seem to the reviewer no excuse for such cruel treatment when nitrous oxide gas can be procured. The element of shock in the operation appears to be ignored. General constitutional treatment is indicated after the operation has been performed. It is also essential that the patient be *taught continual* nasal breathing if he has previously been a confirmed mouth breather.

---

#### CORRECTION.

In the CANADA LANCET, April, 1903, page 562, read *tonsillotomy* to indicate an incision *into* the tonsil *tonsillectomy* removal of part or all of the tonsil.

---

#### PRESCRIPTION FOR LARYNGEAL PHTHISIS.

Antiseptic and stimulating vapour to laryngeal phthisis:

℞ Creosote.

Ol. Eucalyptol'.....āā ℥ X L

Pulv Talc..... q. s.

Trit et adde.

Aq..... ʒi

℥

SIG.—One fluid drachm to be added to a pint of water at 140° F. and the steam to be inhaled for ten minutes.

RICHARD LAKE.

---

#### THE NASAL TREATMENT OF ASTHMA.

Francis, in the *London Lancet*, Oct. 18th, 1902, records 402 cases of asthma. There was no *apparent* nasal lesion in 346 of these cases, yet of these only 8 failed to obtain relief from nasal treatment, while 6 cases were unrelieved by treatment among the 56 who had polypi or other gross nasal lesions. He comes to the following conclusions: (1) That asthma is due to reflex spasms of the bronchial tubes. (2) The irritation may originate entirely from the nose. (3) That asthma is not directly due to any mechanical obstruction of the nasal passages and is not commonly caused by any gross nasal lesion. The septum appeared to be the seat of most of the reflex causes. From this it appears that though an asthmatic patient has an apparently healthy nose, marked benefit may follow intranasal treatment, and on the contrary, too favor-

able a prognosis should not be given to asthmatics simply because they have polypi or other gross nasal lesions. Asthmatic patients are too frequently dismissed with a mixture containing pot. iodid and some anti-spasmodics, while an examination of the nose might suggest treatment directed to that region.

---

#### THE PROGNOSIS OF CHRONIC OTORRHOEA.

Reik (*Maryland Medical Journal*, April, 1903,) points out the fact that with proper care and thorough treatment, the cure of chronic suppurative otitis media is nothing like so hopeless a matter as many physicians seem to think. Attention is drawn to the frequency of mastoiditis, lateral sinus thrombosis, meningitis, cerebral and cerebellar abscess and general septico-pyemia. Mention is also made to the more recent clinical observation that broncho-pneumonia and gastro-enteritis may have for their infection origin pus in the middle ear draining into the larynx and oesophagus through the Eustachian tube even without any perforation of the drum-head. All chronic otorrhoas should be very carefully treated by various irrigating fluids and instillations. If cholesteatoma be present or suspected, aqueous solutions are contra-indicated. Reik says 50 per cent. of all cases can be cured by such means. The remaining cases may be cured in 50 per cent. of the cases by partial or complete ossiculectomy. In the balance of the series there is probably necrosis of tympanic walls, with or without caries in the mastoid antrum, which requires the so-called radical operation or mastoid exenteration, by which the antrum, tympanic cavity and canal are all made into one continuous cavity (which may subsequently be skin-grafted). Reik thinks of such cases about 2 per cent. are incurable, but will become curable when the technique of the operation has been more perfected.

---

#### THE ABSORPTION TREATMENT OF CATARACT AND ITS EFFECTS ON THE EYE.

John W. Wright (*Columbus Med. Jour.*, March, 1903,) draws the attention of the medical profession to the frequent disastrous effects following the use of remedies used by charlatans in attempting the cure of cataract without operation. A course of this so-called "resolvent" treatment has, in the author's experience, led to a flabby condition of the cornea and a considerable liquification of the vitreous rendering an operation much more difficult and the resulting vision unsatisfactory.

---

## PROVINCE OF QUEBEC NEWS.

Conducted by MALCOLM MACKAY, B.A., M.D., Montreal.

The following is a summary of the case reports read at the Montreal Medico Chirurgical Society during the past month

Drs. Bell and Keenan showed two specimens of myelo-sarcoma of the long bones. One of these occurred in a young man, and involved the upper part of the humerus. The first symptoms were noticed in September, 1902, and consisted of rheumatic pains in the shoulder, followed by swelling about the joints, and in December, after a sudden but slight exertion, the arm became useless, as a result of fracture at the neck of the humerus. A diagnosis of myelo-sarcoma was made, and the extremity was amputated at the shoulder joint with good results. The specimen, which was passed round, showed that the growth had invaded the head and upper part of the shaft, the nature of the tumour being a myelo-sarcoma of the small celled type.

The second occurred in a woman who for a year past had been complaining of more or less pain in the knee, following an injury. The knee joint was fusiform in shape and had the history and appearance of a tubercular knee, and consequently the patient was informed of the supposed condition of affairs and it was proposed to excise the joint. Fortunately, however, as the patient was going to the x-ray room to have a skiagraph taken, the slight exertion required in moving from the bed to the stretcher caused a fracture of the femur just above the condyles. This at once changed the diagnosis to that of myelo-sarcoma and the leg was amputated at the upper part of the thigh. Pathological examination confirmed the diagnosis.

Dr. Kerry reported a case of acromegaly in a patient who had originally come to him complaining of dimness of vision. Examination showed that the patient was a typical example of acromegaly, with prominent bones and 'tennis-racket' hands, and a rather heavy stupid appearance. Some time later the man went to Germany where the diagnosis was confirmed and thyroid extract prescribed. The patient improved under the treatment for several months, but lately had become gradually worse.

Dr. Shepherd related a case of intestinal obstruction, caused by an enterolith. The patient was a woman aet. 72 who, shortly after a slight fall, began to be troubled with diarrhoea, followed by vomiting of a re-

gurgitant nature. The abdomen appeared normal, with the exception of slight tenderness, but nevertheless operation was advised. On examination of the small intestine after laparotomy a mass was found, surrounded by dark coloured intestinal wall. This mass could not be pushed onwards, but slipped backwards with ease, and, on cutting down, an enterolith about one and a half inches in diameter was removed. The wound was closed in the usual way and the patient made a good recovery. Section of the mass revealed nothing of the nature of a gall stone in the centre, and consequently it was considered to be a simple enterolith. Dr. Bell mentioned a case of like nature in which the patient refused operative interference, and who after five days of suffering at length passed the mass per rectum.

Drs. Chipman and Goodall presented a specimen of an unruptured tubal pregnancy. The patient was a woman aet. 34 with nothing of importance in her personal history. At 28 years of age she was delivered of an eight months child, the labour being difficult. Some four years later she had a full term child, and again in September, 1902, she had a seven week's abortion with a good recovery. She menstruated on December 15th, and was due on January 12th, but did not see anything until the 22nd, when she lost a great deal of blood, and ever since there has been a continuous small loss of blood daily. For the past three or four years she has had occasional sharp attacks of pain in the right lower quadrant of the abdomen, which have been diagnosed as resulting from appendicitis. To relieve these conditions the patient was curetted, and an anterior colporrhaphy done, then the abdomen was opened and the appendix, which contained three concretions, was removed. On examining the appendages the left tube presented an oval swelling, covered by dilated vessels, situated toward its fimbriated end. The whole tube was removed and placed in bichloride solution in the hopes that it would turn out to be a complete tubal pregnancy. On cutting it open, after it was hardened, a perfect picture of an unruptured gestation sac of about the fifth week was seen. There was no trace of haemorrhage and everything was in situ and normal. A complete pathological examination of the tube had not yet been made, but as far as it had gone it showed an inflammatory condition of the lining membrane with absence of ciliated epithelium. The epithelium was swollen, and in places proliferated, but as the other tube had not been removed it was impossible to compare the condition of the two tubes. It was the intention of Dr. Goodall to make serial sections of the foetal sac for the purpose of studying the membranes. In the discussion which followed Dr. Laphorn Smith said that he thought Dr. Chipman would probably have another tubal

pregnancy in the tube which he left behind. He himself had become so accustomed to having this occur in similar cases that he now generally removed the other tube. Drs. Armstrong, Lockhart and Evans very decidedly disagreed with Dr. Smith's view, and gave instances of full term normal pregnancies after removal of one tube for this condition. Dr. Gardner commented on the rarity of the condition presented by Dr. Chipman, and mentioned that he had never seen a similar case where a hæmorrhage had not spoiled the foetal membranes. In regard to Dr. Smith's proposition to remove the other tube, he thought the procedure absolutely unjustifiable, and that Dr. Chipman would have been wrong had he done so in this case.

Dr. Armstrong brought before the society a living case of excision of the tongue for cancer. The growth was chiefly on the right lower surface of the tongue and floor of the right side of the mouth, but also extended a little to the left of the mid line. The operation was preceded by tracheotomy, a precaution which Dr. Armstrong considered to be of the greatest advantage in cases of this nature, both because the pharynx could be plugged during the operation, and because the after treatment of aseptic and antiseptic nature could be so perfectly carried out. In several cases in which this proceeding was omitted aspiration pneumonia with death had resulted. When the patient had become used to breathing through the tracheotomy tube, the main operation was commenced. Butlin's incision was made on each side, both linguals tied, and the tongue removed well beyond the diseased area. The glands of the neck were removed in the first part of the operation. The next patient had an old dislocation at the ankle joint which had never been reduced, and the akiagraphs gave a very good idea of the resulting deformity. This patient also had a dislocation of the proximal phalanx of the thumb from the metacarpal bone. The condition was present in both hands and had resulted from a contraction of the palmar fascia. The third patient presented by Dr. Armstrong showed the result of thyroidectomy done under local anaesthesia. A one per cent. solution of cocaine was used, infiltrating the skin along the line of incision. One half of the gland was removed with complete relief of the symptoms, namely, the dyspnoea on exertion and continual discomfort. The patient stated to those present that she felt no pain during the whole procedure.

A case report on a pregnancy complicated by ventro-fixation was read by Dr. J. J. Ross. The patient had, after frequent and numerous pregnancies, undergone the operation of ventro-fixation of the uterus on account of retroposition, essentially due to subinvolution. Subsequent to this operation she had been pregnant three times. The first resulted

in death of the foetus from prolapse of the cord, the second was fairly normal and the third was considered to be of sufficient interest to be reported. When the patient was first seen it was observed that the prominence of the abdomen was more marked than usual below the umbilicus and that it extended well into the flanks. Palpation could not define the position, and vaginal examination was almost equally unsatisfactory in locating the foetus, but there was found just behind the symphysis a discoid mass, hard and firm, which was directly continuous with the anterior lip of the external os. When the patient had been anaesthetised the hand could be passed up behind the obstruction, and the foetus was found lying in a transverse manner with its head at the brim and with the uterine wall close down upon it. Version was practically impossible; caesarian section was as yet not apparently a necessity, so that a high forceps operation was tried with success, and although the head appeared to be badly crushed, yet the child recovered remarkably well and showed no birth palsies of any kind. In discussing the origin of the mass behind the pubes, Dr. Chipman, who had been called in to assist at the operation, stated that he considered it to be physiological in the sense that it was merely the piling up of vascular and muscular tissue in the anterior uterine wall, which was so anchored down that it could not properly expand, and consequently as the posterior wall enlarged to give room for the foetus, the anterior wall piled up behind the symphysis in a normal hyperplasia with an abnormal distribution and position, due to the ventro-fixation. The subsequent history and perfect involution of the uterus, without sloughing, and with disappearance of the tumor, rendered this explanation certain.

The Quebec Legislature defeated the bill to give effect to Dr. Roddick's Registration Bill relating to the establishment of a common standard of medical qualification for the whole Dominion. Had the Quebec Legislature adopted the bill, it was hoped the other provinces would have also followed a similar course.

---

#### A HYPODERMIC PURGATIVE.

Dr. Walter E. Dixon, writing in a recent issue of *The British Medical Journal*, calls attention to the use of apocodeine as a purgative when given hypodermically. It lowers the blood pressure, causes dilatation of the blood vessels, increases peristalsis, and acts as a sedative on the sympathetic nerves. The hydrochloride should be employed in doses of 30 to 40 minims of a 1 to 2 per cent. solution. This solution should be filtered, neutral, and sterile.

## WINNIPEG MEDICAL NEWS.

Conducted by R. H. Richards, M.D., C.M., Winnipeg.

Winnipeg's hospital accommodation, consisting of the General, with 215 beds; St. Boniface of 200 beds, a maternity with about 40 beds, and a small private hospital, is rapidly becoming very inadequate. More than a dozen eligible cases are daily being refused admission at the General Hospital alone. This condition of affairs is due to the rapid growth of the tributary country, and the great inrush of immigration, as it is only a little over two years ago that the Winnipeg General was enlarged at a cost of nearly \$90,000. A new building is under consideration, which will consolidate the present ones of the latter institution, and which, with an addition to the Nurses' Home, will involve an expenditure in the neighbourhood of \$75,000. A strong appeal will be made to the Dominion Government to contribute a good share of this sum, as a very large percentage of the charity patients are foreign immigrants.

With the exception of four cases, which came in from the south, Winnipeg has been free from smallpox this winter. This is very fortunate, in view of the fact that it was quite prevalent throughout the Province last winter, and is a credit to the prompt action of the City Health Officer in isolating cases and quarantining contacts.

Manitoba Medical College has a graduating class of 22 this year. The University examinations are from May 11th to 25th. The past session has been a very satisfactory one, indeed, the attendance being the largest in the history of the College. A committee of the faculty has been appointed to select a site and arrange for the erection of a new college building.

At a recent meeting of the Winnipeg Medical Association, Dr. Chown gave a very instructive address on "The Treatment of Inflammatory Conditions of the Right Lower Quadrant of the Abdomen." It was deeply interesting to hear a surgeon of Dr. Chown's standing comment favorably on the medical treatment of a large and, of course, properly selected class of appendicitis cases. The advantages of gastric lavage were particularly dwelt on. The speaker agreed with the treatment advocated by Dr. Ochsner of Chicago, in his recently published work. The address was listened to with keen interest and considerable discussion followed.

Dr. Macdonnell gave an exhaustive case report on Lenkæmia, and Dr. Bell exhibited some of the pathologic findings, among which was an infiltration of Pylers patches, exceeding that of typhoid fever.

A peculiar case of complete lateral asymmetrical development was shown by Dr. Beath. Considerable discussion took place as to whether it was a case of hemiatrophy or hemihypertrophy.

A woman 40 years of age, with well marked diffuse, scleroderma, was another case shown.

Winnipeg, with a population of less than 50,000, and a very sparsely settled surrounding district, has 80 medical men in active practice. This is, I believe, a larger proportion than prevails in any other city in Canada, and it is in keeping with every other factor in practise, except the tariff. It is, therefore, scarcely necessary to add that any eastern graduate or practitioner will do well to enquire carefully into the conditions there, before making Manitoba's capital his objective point.

At the last regular meeting of the Winnipeg Medical Association, held on April 3rd, Dr. Popham read a paper on the "Toxaemias of Pregnancy." The paper was a resumé of the recent theories of the etiology of eclampsia and allied conditions, and a good summing up of the latest treatment of the same. The value of thyroid gland in these cases was touched on in the discussion which followed.

At the close of the meeting, a committee was appointed to take steps to form a Provincial Anti-tuberculosis Association.

Dr. E. S. Moorehead (Trinity College, Dublin) has been ill for the past month.

A. T. Condell, B. A., M. D., C. M., (Man. Univ.) intends practicing in Regina, N.W.T.

Dr. Jas. McKenty, formerly of Gretna, is an acquisition to the profession at Winnipeg.

Dr. R. J. Cook, late House Surgeon in the Winnipeg General Hospital, has entered into partnership with Dr. Elliott, of Wolseley, N.W.T.

Dr. Gunne, of Dauphin, returned lately from a year's study in England. He obtained the diploma of M. R. C. S.

Dr. A. R. Taylor, Winnipeg, is taking a post-graduate course in Chicago.

Dr. Charles Woollard, Winnipeg, is invalided by an osteitis of the right humerus, the sequel of a bullet wound received in the late South African War.

Applications are being received for the position of Internes, or Resident Medical Assistants, as it is termed, at the Winnipeg General Hospital. There will be five or, perhaps, six graduates appointed, the term of service being one year, commencing 1st June.

## MEDICAL SOCIETIES.

### TORONTO MEDICAL SOCIETY.

REGULAR MEETING, MARCH 5TH, 1903.

The president, Dr. Hay, in the chair. Dr. J. D. Webster and Dr. J. McMaster were elected to membership.

Dr. Price Brown read a paper entitled "Sarcoma of the Nose." See page 631.

Discussion—Dr. Dickson said he had seen the boy, who was presented to-night, on Sept. 18th, 1900. He had been referred to him to try electrolysis. At that time the condition was that the nostril was pushed to one side, the growth coming to the front. The negative current was tried for 5 minutes, there was a great hæmorrhage, checked with supra renal gland. In all, 10 treatments were given by Dec. 1900, 8 with negative, 2 with positive needle. There was no progress and the conclusion was that this was not the best method. He would now use x-ray, as tubes can now be had with leaded glass which will concentrate the rays and which can be carried into the cavities. Dr. Bruce said that the case which had been seen in Hamilton and Boston, was probably a fibroma and not a sarcoma. It was contrary to his ideas of removal of malignant growths to remove them piece-meal. They should be removed entirely and whole. If large round, or spindle, celled there would not be such good results. Myeloid, or osteosarcomas, might give such a result as that mentioned in the paper. He related some cases of sarcoma on the face. Sarcoma grows more rapidly in the young than the old, yet one case reported to-night in a young man had extended over two years. He had seen a case of sarcoma in the throat, which so filled it that the patient could only swallow fluids. After two weeks treatment with x-rays he could swallow solids. At the end of three weeks the growth had shrivelled away, but there had been a large burn. Even with fibromata, Dr. Price Brown should be congratulated. Dr. Trow had seen the young man two years ago, and thought it undoubted sarcoma at the time. He thought that there was a great difference in the malignancy, even in the round cell forms. This must have been of the slow growing variety. He related a case in which sarcoma was undoubted, and, for which had been given a lotion of plumbi subacetat. He had not returned for a year, when the growth was much better, and six months later was apparently gone. Dr. Ferguson took exception to Dr. Bruce's statement that

sarcoma must be rapid growing. The amount of fibrous tissue in the growth would determine the rate of growth. He sited some cases of slow growth, and some that had been apparently cured. Dr. Lelia Davis read the pathological report. In reply Dr. Price Brown said that the first case reported had been called sarcoma in Hamilton and Boston. It was sarcoma in history and, clinically, was probably a fibro-sarcoma. It was 4 years in existence.

Dr. McPhedran read a paper, "Pulmonary Infarction." A man, of 55, a laborer, had been in St. Michael's with œdema of the leg; later on there developed a pain on the right side, with shortness of breath, mentally poor, alcoholic, temp. up, respiration 25, pulse 100, cough, dark bloody sputum, restless, slept badly, liver extended three inches below the ribs, consolidation on the right side, weak respiratory sounds, arteriosclerosis, heart indefinitely enlarged, systolic murmur not marked when weak, leucocytes 15,000. At the beginning, friction at the base, later on serum appeared in the pleural cavity, sputum pneumococcic, numular, adhesive at times, almost a pure blood clot. The post-mortem report showed that the right lung was seat of hæmorrhagic infarction, no area of inflammation, no pneumonia, heart large, myocardial change, atheroma in the aorta, liver very large, small foci of fibroid character seemingly syphilitic, but there was no history of such. In discussion. Dr. Rudolf said that this man was the type to have infarction. It was interesting to note that there was no emboli which was rare.

Dr. Oldright moved that a committee be appointed to memorialize the Government, endorsing the bill now before the house for the care of alcoholics. Dr. Bryans seconded the resolution which was carried.

#### REGULAR MEETING, MARCH 20TH.

This meeting was held at the Toronto Western Hospital.

Dr. Galloway showed a case of gun-shot wound which had been seen at the meeting in November last. The nerves of the arm had been injured. He had operated to secure a subsidence of the infiltration, and had found a sequestrum, which he had removed. The case was much improved and was still improving. In discussion, Dr. Hay said that the case was much improved in movement and circulation. Dr. T. S. Webster said that he had seen the case before, and that the result was good. He related a case that had resulted spontaneously in recovery. Dr. Primrose said that he had seen complete paralysis from neuritis and pressure get well spontaneously. Still, much could be done, as the case presented has shown. He related a number of cases, by way of illustration. Galvanism was useful in treating these cases, preventing

atrophy of the muscles, while expediting the recovery of the nerve. Dr. Ferguson also related a case of spontaneous recovery.

Dr. Price Brown exhibited a case of tubercular laryngitis and phthisis. The man had coughed for seven years, and had been referred to him, April, 1901, for the laryngeal trouble. He weighed then 116 lbs., the epiglottis was swollen, the vocal cords were ulcerated, râles and bronchial breathing were bound over the chest. After two months' treatment he had improved, was heavier and temperature lower. In June, he advised him to try to get into the Sanatorium at Gravenhurst, but Dr. Powell reported him ineligible, extensive consolidation, left apex to seventh rib and right apex. He then tented out for a month, then going to Muskoka and remaining there till November. He came home and tented out all winter here. On May 20th, 1902, Drs. Powell and McDonough recommended him for Gravenhurst Sanatorium. On Nov. 8th of last year he was sent back, because the stenosis was severe in the throat and the voice was gone. He then weighed 140 lbs., the lungs being improved materially. A high tracheotomy was performed. He now weighs 136 lbs., has no abnormal temperature in the evening, the sputum had been examined that day and no bacilli found. The left lung is fibrosed, the right has almost normal expansion. The epiglottis is contracted, and the intention is to try intubation to expand the larynx. Discussion. Dr. Hunter said that the case emphasized the importance of early diagnosis, and that the larynx may be the primary seat.

Dr. Galloway showed a case of congenital dislocation of both hips, treated by the Lorenz bloodless method. The extreme abduction was not painful. The difficulty was to keep the dressings from being soiled with urine.

Dr. Ferguson showed a case where there had been an uncontrollable desire to write and talk. The case was a patient of Dr. Stenhouse. After a consultation, the conclusion was that there was an irritation over the speech and writing centre. An incision was made and a large portion of bone removed. Adhesions were found between the dura and the bone, which were separated with difficulty, the result being very good. There was now little loss of control.

Dr. Beatty presented a case of sudden thrombosis of the femoral vein. The attack came on three days ago with severe pain, extending from the middle of the calf to the thigh. The man had applied massage before he had said anything about the attack. Was less tender now. Dr. Bryans thought it dangerous to handle or move about such cases. Dr. Wilson related a case where death had occurred from moving. Dr. Carveth said that the condition was not uncommon in case of varicose

veins, or where the veins were enlarged. Dr. Primrose said that the condition should not be confounded with varicose veins becoming fibrosed. He asked as to rise in temperature or tenderness, along the entire course of the vein. Dr. Ferguson thought it was not a case of phlebitis. In reply, Dr. Beatty said there had been no rise of temperature until the day of the attack. Next morning it was normal. The man said that it had not been painful, except the first day when he had rubbed it. It was impossible to keep him still.

Dr. McDonald showed a specimen of papilloma of the ovary. It was removed from a woman 70 years old. She had had three attacks of pleurisy, with three drainings. The peritoneum was studded with tubercle and the fluid was tinged with blood. Dr. Beatty also showed a papilloma removed from among the intestines which had passed through the mass. Dr. Primrose said that Dr. McDonald's specimen looked like papillomatous carcinoma and Dr. Beatty's, like papilloma or adenopapilloma. Dr. Hay said that the bleeding in Dr. Beatty's case was very severe and mentioned that the method of drainage was good, namely, through the cul-de-sac of Douglas.

Dr. Hay showed the largest solid tumor of the ovary that he had seen or read of. A fibroma of 15 years' growth, weighing 31 lbs., after dripping off the blood and liquid. It was not of uterine origin. Dr. T. S. Webster said that it was his practice not to give large doses of purgatives the night before operation. Dr. McDonald said that this was the largest tumor of the ovary on record. Some years ago he had removed one weighing 30 lbs. He did not understand why Dr. Hay had drained. Dr. W. J. Fletcher asked the condition of the other ovary and tube. Dr. Hay said he had drained because of the adhesions. The other ovary and tube were normal.

Dr. W. J. Fletcher reported the following case: On Monday, March 1st, he had been called to see Eva, aged 12, sick since Friday, on which day she had vomited, and again on Sunday. Her knees were drawn up, the abdomen retracted, pain in the lower abdomen, temp. 99.3, and pulse 90. She was so tender that he could not examine her, but thought that he could make out dullness. An enema was given without relief, and none came after another had been given. On Tuesday, Dr. Webster saw her. The face was pale, pulse rapid and weak, some rise in temperature; a ridge was seen low down, perpendicular to Poupart's ligament, running across the abdomen. Operation at 2 p.m. Drs. Todd and Carveth administered the anaesthetic. The abdomen was incised and, on opening the peritoneal cavity, dark fluid blood welled up. A large

blue mass rose to view which proved to be the spleen, enormously congested and enlarged. The appendix was normal and there was no peritonitis. The blood was sponged out. A tear of the gastrosplenic omentum was made out. As she was doing badly under the anaesthetic, the abdomen was hurriedly closed. The heart was weak during the night. She lived till the afternoon on Wednesday. Loomis and Thompson are the only authors where he had been able to find any similar case. Dr. McDonald said that in Jacobson's work a case was reported. Why had the abdomen been closed without securing the bleeding points? Dr. T. S. Webster said that vomiting had displaced the spleen, that the coils of intestine had got above it and the gas forming had forced it into the pelvis. In reply it was said that the condition of the girl, under the anaesthetic, prevented anything more being done.

REGULAR MEETING, APRIL 3RD, 1903.

The president, Dr. Hay, in the chair. Dr. Wilson related the case of a child, one month old, which was said to have been healthy when born. A lump was found in the left breast, the size of a pigeon's egg, very black. The navel was still leaking and there was bleeding from the nostrils and lips. The child had convulsions and is getting weaker. He gave calcium chloride, without effect. The father's sister is said to have had a child die with bleeding from mouth and nose.

Dr. Primrose related a case of a strong boy, who had a hernia, which became strangulated three weeks ago. It was operated upon by Bassini's method. The external ring was very large, and would admit two fingers. At 1 o'clock there was no abnormal temperature, the operation being completed at 2 p.m. At 4 p.m. the temperature was 103 F., at 8 104.4 F., but he looked well. Next morning it was 102 F. and became normal at night. Dr. Primrose thought the cause was influenza. He had another patient, one of simple fracture, who had grippe with a sudden rise in temperature. Dr. Wilson said these cases were interesting, and reported a case with a rectal temperature of 109 F., due to the same cause. Dr. Ferguson said that the causes of rise of temperature in operation cases were: 1. Sepsis. 2. Other concurrent infections. 3. Traumatic and (4) neurosial conditions. He related a case of the fourth class. An operation, not severe, wound healed by first intention, on the fifth day excitement, not connected with the operation, caused a rise to 105 F., becoming normal the next day.

Dr. Bryans moved that the Secretary draft a suitable letter of condolence, and that a record of the same be entered in the minutes, a copy being forwarded to Mrs. Gordon, expressing the regret of the

Society at the sudden death of Dr. Gordon, one of the Past Presidents of this Society. Dr. Ferguson seconded the motion and it was carried.

Dr. Primrose moved that this Society endorse the movement to form an academy of medicine and procure a doctor's headquarters, and will rent a room to hold its meetings in, if a suitable room is provided in the building. Dr. Perfect seconded the motion and it carried unanimously.

Dr. McDonald then read a paper on abdominal and pelvic operations. He chose for his subject, "Unsuccessful Operations." He dwelt fully on the great importance of recording all our failures, and our reasons for these failures. He thought an operation could not be regarded as successful to any extent unless it materially relieved or cured the patient. We cannot always cure our patients, and we should be candid with them and point out the true limits of our skill. He condemned the practice of doing operations where little or no good could come from them, and also the habit of those who had no experience of certain operations performing them. We should weigh well everything before deciding upon an operation. Look on both sides of every case. The preparation of the surgeon and the patient for every operation should be thorough. Causes of failure were often due to some carelessness in these preparations. The utmost care should be taken in the selection of assistants. If you knew any one to be careless in such matters, refuse to have him assist you. There should be no break in the technique at any point. Stress was laid on the following points as conducing to success: 1. Fix the time for the operation and rigidly adhere to it. 2. Avoid undue delay in the performance of the operation. Where it can be avoided, slow work must be condemned. 3. Avoid talking and all levity in the operating room. It is bad for both the profession and the patient. 4. Regard every case as an important one, and do your best if you wish to attain success. 5. In every case of failure, note every feature of the case, in order that you may be guided in the future by the experience thus gained.

In discussion, Dr. Primrose said that he quite agreed with the essayist, that in reporting our unsuccessful cases and mistakes much could be learned. The reason so little of this was done is the lack of system in recording cases. In regard to the assistants, the operator was responsible. The man who brings the case wants to assist. If the operator knew him to be all right he could allow him to assist; but, if not, it was not fair to the patient. He did not believe in excessive purging before operation. Calomel was good both before and after the operation; but, if there was any fear of bowel paralysis, give the calomel at night and the enema after the patient left the table. Slow operating is often detrimental to the patient, but it should not be hurried at the expense of careful work. Dr. Perfect said that some men had an operation craze. There was great necessity to weigh well all the symptoms before operating. The time had come when every surgeon felt the great responsibility in putting his hands into the abdominal cavity. No man's hands were sterile in a room of 80 degrees or over, and he should

then wear rubber gloves. Dr. Webster said that, as a routine, the patient should not be purged before operation but that the bowels should be moved just enough to be empty. Dr. Wilson said that we should study conservative surgery more than we do. With regard to technique, the surgeons were very careful of everything except the nose and mouth. Dr. Carveth said that patients were allowed to suffer too much for want of fluids after operations. He gave at once as much water as the patient asked for. He thought that surgeons were too serious about their work and took no thought for themselves. A temperature of 80 was too high, even for an operation.

#### THE ETIOLOGY AND TREATMENT OF HAY FEVER.

Sir Felix Semon, in *The British Medical Journal* for March 28, reviews this subject very fully, and discusses the researches of Dr. W. P. Dunbar. Dr. Dunbar has made careful analysis of the pollen from a great variety of grasses, and has isolated three bodies: (1) The true toxic substance, (2) a starchy matter, and (3) the ethereal oils. It is the first which causes the inflammation and irritation of the mucous membranes of the nasal cavities and the eyes. It is a white powder, with proteid reactions. When applied to these mucous membranes, it causes edema, irritation, inflammation, and a copious discharge. The pollen of roses, limes, wormwood, and other plants was found to be inactive. This toxic proteid has been injected into the circulation of rabbits, goats and horses, with the view of obtaining an antitoxic serum. The experiments have been very satisfactory so far. The use of the antitoxic serum speedily controls the subjective and objective symptoms, produced by the application of the toxic powder, or proteid. If the toxic and the antitoxic bodies are mixed, and then applied to the nasal, or ocular, mucous membrane, no irritation results. They neutralize each other. The toxin is obtained by crushing maize pollen with saline solution, and precipitating the toxin with alcohol. The antitoxin is obtained by injecting horses with this extract. Some are not affected by the toxic solution, and are immune to hay fever. Equal parts of a 1—500 toxic solution and serum are neutral.

#### SALICYLATE OF QUININE.

Sir John W. Moore, in the *Practitioner (British)* for January, has some interesting notes on the above drug. It is of distinct value in rheumatism, and may be given in 5-grain doses thrice daily. It is not depressant like the sodium salicylate. In influenza it is very useful, in 3 to 5-grain doses. In pneumonic fever it is a good tonic and alterative, and improves the general state of the patient. It is far ahead of all other disinfectants in enteric fever. When commenced early in the disease it regulates the bowels, corrects the fetor of the evacuations, checks tympanites, and controls the tendency to vesical catarrh. In chlorosis, due to auto-intoxication, the result of constipation, it is of much service. It has proven useful in the fever of scarlatina, measles, and erysipelas. It relieves the pain in herpes zoster affecting any of the nerves, especially those of the neck and face.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF TORONTO FINANCES.

The subscriptions to the Convocation Hall fund for the University of Toronto now amount to \$34,399.10. Several of their former subscribers have added to their original donations.

The expenditure and revenues of the University of Toronto were last year divided among the different departments as follows:—

	Revenue.	Expenditure.
Arts.....	\$149,089.28	\$158,650.56
Medicine.....	37,094.21	37,004.21
Applied Science.....	35,422.13	35,422.13

The report of the work of Toronto University and affiliated colleges for the academic year of 1901 and 1902 has been presented to the Lieutenant-Governor. The faculty numbered 70 in arts, 56 in medicine and 20 in applied science. There were 432 students in the arts course in University College and 224 at Victoria. The total number of students was 1,646 and there were 1,885 candidates examined. Honorary L.L.D.'s degrees were conferred 14 times, and 130 B.A.'s were granted. The M.A.'s numbered 24, M.B.'s 55, D.D.S.'s 30 and Ph.B.'s 51. The total degrees numbered 350.

### QUEEN'S GRADUATES IN MEDICINE.

The following are the results of the recent examinations in medicine in Queen's University, Kingston. Forty candidates obtained the degrees, M. D., C. M.

House surgeons, W. S. Murphy, Portland; A. H. Leonard, Kingston; J. H. Laidlaw, B. A., Georgetown; F. M. Bell, Kingston; G. H. Ward, Napanee.

Medal in surgery A. H. Leonard, Kingston; medal in medicine, W. S. Murphy, Portland. Dean Fowler scholarship, W. Gibson, Amherst Island. Dr. McCabe's prize, junior pathology, A. H. Singleton, Newboro; Dr. Hayunga's prize in materia medica, therapeutics and pharmacy, A. H. Spooner, B. A., Latimer; Faculty prize for best examination in anatomy, physiology, and chemistry, A. C. Spooner, B. A., Latimer, and H. A. Boyce, Murray.

M. D., C. M., S. W. Arthur, B. A., Inverary; W. H. Aykroyd, Railton; F. M. Bell, Kingston; J. H. Cryan Demorestville; J. S. Dickey, North Williamsburg; F. J. Ellis, Ellisville; T. B. Faley, Charlottetown,

P. E. I.; H. A. Gibson, Kingston; D. H. Houston, Belleville; O. A. Igoe, Tarrytown, N. Y.; W. J. Knox, Beechburg; J. H. Laidlaw, B. A., Georgetown; A. H. Leonard, Kingston; R. H. McKerras, Kingston; A. E. MacMillan, Sydenham; H. M. Moore, Athens; W. S. Murphy, B. A., Portland; L. E. Mylks, Kingston; A. McCabe, Gloucester, Mass.; J. E. McCambridge, Kingston; D. M. McCarthy, Kingston; J. J. McDonnell, St. Andrew's West; J. L. McDowall, Kingston; C. G. McGreer, B. A., Napanee; W. W. McKinley, Seeley's Bay; W. L. Pannell, Kingston; J. A. Pritchard, Brockville; G. M. Reid, Kingston; J. J. Robertson, Montreal; E. Sheffield, Peterborough; W. T. Shiriff, Fitzroy Harbor; A. A. Staley, Wolfe Island; G. H. Ward, Napanee; J. A. Wellwood, Fordyce; W. Workman, Kingston; G. E. McIntosh, Kingston; B. Haskin, Green Bush; C. A. Symmes, Aylmer, Que.; F. A. Aylesworth, Bath.

The Chancellor's prize of \$70 was won by A. H. Leonard, Kingston, but, as he was given a house surgeoncy, he had to forego the prize, which went to G. H. Ward of Napanee.

---

#### GIFT TO DALHOUSIE COLLEGE.

Mr. Frederic Nicholls, of Toronto, who was in Halifax for several days recently, visited Dalhousie College and was so well pleased with the work of that institution that he donated a quantity of valuable electrical apparatus for use in the chemical and physical laboratories, including a motor generator set and a switch-board for the same. It is to be hoped that many wealthy persons will copy from Mr. Nicholls. There is abundance of wealth. All that is lacking is the disposition to give; but this will come. In no way can wealth be so profitably used as in the aid of the sciences and medicine. Preventive medicine is saving the lives of thousands of useful citizens, and lengthening the lives of all.

---

#### MEDICAL UNIVERSITIES AND COLLEGES.

There are in the Dominion of Canada nine universities which confer degrees in medicine. The University of Toronto and Trinity University, in Toronto; Western University, London; Queen's University, Kingston; University of Manitoba, Winnipeg; McGill University, Laval University, and Bishops University, Montreal, and Dalhousie University, Halifax. There are, in all, ten medical colleges. Three in Toronto: the Medical Faculty of the University of Toronto, Trinity Medical College, and the Ontario Medical College for Women. In London there is one in connection with the Western University. Winnipeg has one in affiliation with the University of Manitoba. The Medical College in Kingston is connected with Queen's University. There are three medical colleges

in Montreal associated with the three universities, McGill, Laval and Bishops. The Halifax Medical College is in connection with Dalhousie University. The total number of students, regular and occasional, are in the neighborhood of 2,000. There are about 376 professors, lecturers and demonstrators engaged in teaching in the ten Canadian medical colleges. The annual income is approximately \$100 for each student, or a total of some \$200,000 for the ten colleges.

#### MEDICAL GRADUATES HONOR DR. J. H. RICHARDSON.

Dr. Richardson's old pupils gave him a banquet on 15th April, and on that occasion presented the Medical College of the University of Toronto with an oil portrait. The function was a most enjoyable one. The following address was presented to Dr. Richardson :

We, your old students, have been desirous of expressing in some suitable way our respect for you as a teacher and our appreciation for you as a friend, a respect and affection which you inspired in us as undergraduates, and which the experience of later years has only served to increase. To fulfill this purpose, we have thought that we could do no better than to present your portrait to the University with which, from its earliest years you have been so closely identified, whose cause you have so loyally defended and whose reputation you have so signally advanced. For nearly half a century you have labored in the cause of medical education with unwearied patience and with ungrudging devotion. We wish to assure you that your labor has not been in vain. To the foundations laid by you and by your colleagues of the Toronto School of Medicine, the University of Toronto owes, in no small measure, the success of her Medical Faculty ; and we, your scholars, owe to you, our master, for sound teaching and kindly help, for high ideals and a worthy example, a debt which we can never repay, but which we are proud to acknowledge. We feel, therefore, that the building which is about to become the home of the medical Faculty of the University of Toronto could have no fitter ornament to decorate its walls than the portrait of one who has so many claims as yourself upon the grateful remembrance of every graduate. It is our great privilege, in making the offering, to have the opportunity of testifying at the same time our loyalty to our Alma Mater and our love for her distinguished son. We beg to sign ourselves, in behalf of the subscribers, your grateful pupils and faithful friends. Toronto 15th April, 1903. I. H. Cameron, Joseph Bascom, William Oldright, W. H. Ellis, A. H. Wright, J. F. W. Ross, J. Milton Cotton, H. Wilberforce Aikins, J. T. Duncan, G. S. Cleland, G. A. Peters, John Caven, E. E. King, J. A. Amyot.

# THE CANADA LANCET

VOL. XXXVI.

MAY, 1903.

No. 9.

## EDITORIAL.

### TORONTO MEDICAL HEADQUARTERS.

For some time past, efforts have been made with the view of procuring a suitable site and building for the medical profession of Toronto and medical men visiting the city. Up to the present time, there is no building owned, or controlled by the medical men of Toronto. The various medical societies of the city now meet in different places, and are paying rent for very unsuitable accommodation.

It has been urged that the Toronto Pathological Society, the Toronto Clinical Society and the Toronto Medical Society should unite their forces and form an Academy of Medicine. Some arrangement could easily be effected so that a common fee would admit to the various sections. These societies could obtain suitable rooms for their meetings in the building to be secured by the profession.

Such a building would also afford a proper home for the library, which is now becoming one of no mean importance. At present, the library is housed in the Ontario Medical Council buildings; but it has been decided by the Medical Council that it must be removed, as the Council requires the rooms now used for the library. This is an additional reason why some building should be secured by the profession, and subject to its control.

Further, it would be a most laudable object for the profession to support. There is nothing so much needed as a doctor's club, or headquarters, where they could meet in a social way, and to which they could take a visiting practitioner. There is no doubt but that such a doctor's headquarters would be of the utmost service in Toronto in the development of good fellowship, and the formation of a true *esprit de corps*.

It is a matter for much congratulation that there is reason to believe the efforts in this direction are going to be crowned with success. A number of handsome subscriptions have already been secured. Those who have the matter in hand feel sanguine of procuring the requisite amount of money at an early date, and that the work of erecting, or re-modelling a building will soon be gone on with.

There never was a more worthy object before the medical profession of Toronto, and, through it, before the whole profession of Ontario. We hope the response will be prompt and generous. There is not a practitioner in Toronto who cannot do something. For the sake of the library, many throughout the Province, it is hoped, will also be found willing to assist. Let all unite in saying of this laudable movement, *felix faustumque sit*.

---

#### LADY MINTO, THE VICTORIAN NURSES, AND COTTAGE HOSPITALS.

When her Excellency, the Countess of Aberdeen, started the movement for the establishment of the Victorian Order of Nurses, there were not a few who looked rather coldly upon these efforts. Even among the medical profession, there were many who regarded such an order of nurses as quite unnecessary. Time has shown that these nurses have rendered valuable services to the poorer members of the community, and have been of the utmost service to the medical profession in a great variety of cases where it would have been impossible, otherwise, to have secured competent nursing.

It is a matter for much congratulation that her Excellency, the Countess of Minto, has seen her way clear to follow up the work inaugurated by her predecessor. We wish her every success in these laudable efforts. But a matter of even greater moment than this aid to the Victorian Order of Nurses is the efforts of her Excellency to establish the Lady Minto cottage hospitals in remote parts of the country, where such hospitals will be of the greatest possible utility. Eleven of these are now in existence. It is hoped to secure sufficient funds to realize an income of \$5,000 a year. This is surely a modest request, and one which we would be disposed to regard as too small. A number of cottage hospitals in remote parts of the country will prove to be one of the most useful of our national assets. They will be of the greatest service in the relief of suffering and in the saving of life.

The Countess of Minto is taking the same interest in this matter that his Majesty, the King, is taking in Britain. We know what excellent results have attended the efforts of the King in raising a general hospital fund, and in the procuring of aid for the treatment of tuberculosis. Her Excellency could be engaged in no nobler work, and we can say truly *misiris succurrere adest*.

---

REGULATIONS CONCERNING SCARLET FEVER AND  
DIPHTHERIA.

At a recent meeting of a committee of the Toronto Council, Ald. Dr. Harrison brought up a matter of considerable interest in view of the prevalence of scarlet fever. He moved, "that the committee place on record their protest against the regulations adopted by the Provincial Board of Health, on February 12th last, and made an Order-in-Council March 5th, whereby anyone suffering from scarlet fever was ordered to be placed in the isolation hospital or tent, giving neither the physician in charge nor the medical health office any option as to the effectiveness of the isolation of the case at the house, nor of the safety or the danger with which the patient might be moved, and which, in our Canadian winters, and with the disease, would under certain conditions be extremely dangerous to life."

On the 13th of February, the Provincial Board of Health adopted certain regulations regarding the above diseases. These regulations were made an Order-in-Council, March 5th, and consequently became law.

With regard to diphtheria, the most important regulation is No. 4, which reads as follows:—"On the occurrence of the first, or any case of diphtheria in a municipality, *the Medical Health Officer at once shall place the person attacked in the isolation hospital, tent, or other place provided under section 106, Cap. 243, R.S.O., 1897*, and shall take proper measures for placarding houses, for the disinfection of personal clothing, and, if necessary, the destruction of clothing which may have been exposed to the contagion, and for the disinfection and purification of every house, conveyance, rail-car, steamboat, sailing vessel, carriage, or other vehicle which may have been exposed to the contagion."

In the matter of scarlet fever, the important clause is No. 5 of the regulations. It reads as follows: "On the occurrence of the first, or any case of scarlet fever in the municipality, *the Medical Health Officer shall at once place the person attacked in the isolation hospital, tent, or other place provided under the Act*, and shall take proper measures for the disinfection, or, if necessary, the destruction of all clothing which may have been exposed to the contagion, and for the disinfection and purification of every house, conveyance, rail-car, steamboat, sailing vessel, carriage, or other vehicle which may have been exposed to the contagion."

It will be noticed that there are a few verbal differences in the above two quotations from these regulations. In the regulation regarding scarlet fever, no mention is made of placarding houses, nor is the section

and chapter of the statutes quoted, as authority for the said regulation pertaining to isolation. If the Act does not authorize placarding, then it could not legally be done under the above regulation in the case of scarlet fever. We ask special attention to the words in italics. Do they mean compulsory isolation in every case in a "*hospital, tent, or other place provided under the Act?*" What is the meaning of the words "*other place provided under the Act?*" Do they mean treatment at the house of the patient under proper safeguards?

The portions of the Act governing this matter are sections 106 and 107, of chapter 248, R.S.O. 1897, and reads as follows: In case the smallpox or any other disease dangerous to the public health breaks out in any municipality, the health officers or local board of health, in case the municipality has not already provided the same, shall immediately provide such a temporary hospital, hospital-tent, or other place or places of reception for the sick and infected as they judge best for their accommodation and the safety of the inhabitants, at the cost of the municipality, and for that purpose may:

(1) Themselves erect such hospital-tents, hospitals, or places of reception, or

(2) Contract for the use of any such hospital or part of a hospital, or place of reception; or

(3) Enter into any agreement with any person having the management of any hospital for the reception of the sick inhabitants of their district, on payment of such annual or other sum as may be agreed on; or

(4) Two or more local boards of health may combine in providing a common hospital, R.S.O. 1887, c. 205, s. 97, 107. Such hospital or place of reception shall be subject to such regulations as may be made by the health officers or local boards of health. R.S.O. 1887, c. 205, s. 98.

From the above quotations from the Act it is quite clear that the recent regulations are general in character, and that the local boards of health have full power to make regulations for their own guidance, such as placarding, isolation, or the permission for a patient to remain at home under proper safeguards, such house being regarded as the *other place provided under the Act*. We are disposed to regard the recent regulations as both timely and efficient.

---

#### ANTI-VACCINATION EFFORTS.

The attempt to make the law governing the all important practice of vaccination effective in the fullest sense is likely to be met by considerable opposition from the anti-vaccinationists. It does seem strange

that some people will shut their eyes against the most convincing evidence in favor of the great value of vaccination as a preventive of smallpox. Recently there have been two meetings of the anti-vaccinationists, at which a certain doctor said that there was an increase in consumption and cancer, and put this down to vaccination. He contended that vaccination was no preventive of smallpox. Another doctor condemned vaccination in unmeasured terms, and claimed that it increased the death rate. A number of laymen spoke against vaccination.

This is a sample of the manner by which ignorance is kept alive and prejudice fed. These anti-vaccinationists are fond of referring to the "Leicester system." In Leicester the anti-vaccinationist sentiment is strong, and a system of quarantining every one who has been exposed, for a period of ten or twelve days, is the custom. This is far more expensive and irksome than vaccination. But it must be borne in mind that even in Leicester the attendants upon smallpox cases are protected by vaccination, thereby giving their case away.

In proof of the value of vaccination we may give the following statistics of cases of smallpox:

	Cases.	Deaths.
Vaccinated with good marks . . . . .	2,085	62
Vaccinated with imperfect marks . . . . .	4,854	455
Said to have been vaccinated but no marks . . . . .	1,295	352
Not vaccinated . . . . .	2,174	938

One would think the above would be quite convincing.

In 1800, the death rate from smallpox per million of the population in Great Britain was over 2,000. In 1835, due to vaccination, it had fallen to 830; while in 1892, due to more effective vaccination, the death rate was 73 per million.

But take another group of figures. In a number of British cities over a period of years, it is found that for ages under 10 years there were 351 cases, with 12 deaths, or 1.4 per cent. among the vaccinated. Among the unvaccinated there were 1,783 cases with 636 deaths, or 35.6 per cent. Of ages over 10 years, there were among the vaccinated persons 10,259 cases with 518 deaths, or 5 per cent. Among the unvaccinated there were 1,057 cases, with 384 deaths, or 36.3 per cent. It would be impossible to find stronger proof of the life-saving power of vaccination than the above figures furnish. This is not all. In addition to the great reduction in the death rate, the attack rate is also remarkably lessened. During epidemics of smallpox, among those who have been successfully vaccinated the attack rate per thousand of the population is 6.7, whereas among the unvaccinated it is no less than 50.9 per thousand.

Yet another evidence of the value of vaccination is to be found in the character of the attacks. Among the vaccinated at least 80 per cent. of the cases are mild. Among the unvaccinated at least 80 per cent. are severe, or confluent cases, with a death rate of over 36 per cent., as compared with a death rate of under 5 per cent. in the cases occurring among the vaccinated.

In Germany, owing to the thorough system of compulsory vaccination and revaccination, smallpox has been banished from the Empire. In 1899, with a population of 54,000,000, there were only 28 deaths from the disease, and nearly all of these came in from some adjoining country.

The anti-vaccinationists have placed much reliance on the statistics of Dr. Keller; but it has been shown time after time that these statistics are utterly unreliable. They were garbled and arranged to prove his case. Nothing else could have been expected from one who did not believe in the existence of rabies and syphilis. Alfred Russell Wallace, in his attack on vaccination, appeals to these statistics, and, in doing so, destroys his own case.

To all the above facts, must be added the fearful scarring, maiming and blinding of prevaccination days.

A doctor at one of the meetings said:—"That the alliance between vaccination and medicine was an unholy one, for the reason that the science of medicine was for the cure of disease, not its propagation."—Mail and Empire, 10th April. The same doctor "cited authorities and statistics to prove the inefficiency of vaccination. Its result was to undermine the health of the whole community. He urged continued agitation."—The Globe, 10th April.

It would be hard for the ingenuity of man to think of a greater concoction of absurdities than is met with in the above statements. The idea of staying an epidemic of smallpox by means of isolation is utterly impossible unless there be protected persons to put in charge of the sick. The moment isolation is resorted to, the persons detailed to take charge of the cases become ill, unless they have had the disease, or been properly vaccinated. This is the explanation of the fearful spread of smallpox epidemics. Isolation and sanitation cannot stay the march of this pest, because some persons must minister to those who are ill, and they thus become fresh victims. Let us hear no more of this utter nonsense.

Let us refer to Leicester for a moment. In the epidemic of 1892 there were 199 cases of smallpox, in the vaccinated, with two deaths. Of these cases 17 were confluent, 20 were coherent, 50 discrete and 112

mild. Among the unvaccinated there were 158 cases, with 19 deaths. There were 79 confluent cases, 36 coherent, 28 discrete and 15 mild. Surely no person would care to rest his case against the practice of vaccination on such statistics.

---

### MEDICINE AS A PROFESSION.

That the name "profession" carries with it an honorable significance is fully borne out by the numbers who, in some way or other, adopt the designation. We have the professions of law, medicine, the church, musicians, engineers, the army and teaching. The professional man and the tradesman have much in common. They are both laborers in their respective ways, they have something to offer to the public, and they both expect a return from the public for the services they render it.

The tradesman, the dealer, the mechanic, the laborer, however, all place the return from the public first—they place the wage ahead of the service. The true spirit of a profession is to place the service before the wage. The tradesman may make and sell goods of several qualities, and at as many prices, according to the demands of the public. His main object is to make gain, and in doing so he performs a service to others.

The professional man, like others, must live, and must earn a wage. But he has only one quality of service to sell—his best. No matter whether there be any return for that service or not, the service is his best. The true ideal of a profession is that want will be accepted rather than a fee from the performance of some act that is dishonorable, or *unprofessional*. The army takes high place in the list of professions. Ruskin, the great sage, reaches the true reason when he says of the soldier:—"He holds his life at the service of the State. Our estimate of him is on this ultimate fact—of which we are well assured—that put him in a fortress breach, with all the pleasure of the world behind him and only death and his duty in front of him, he will keep his face to the front." Here, then, we have the real essence that must ever distinguish the professions from the trades—service first, wage second.

If any physician becomes mercenary, and puts the object of gain first, losing all sense of right, making his clients believe they have ailments, which they have not, in order to extort fees, he becomes the most degraded of tradesmen. On the other hand, if the tradesmen refuses to sell what he knows to be inferior, suffering himself the loss, and placing service before gain, he unconsciously becomes a true professional man. The boundary line between a profession and a trade, though thin, is thus shown to be real and important.

The medical man needs have no misgivings of his calling. It is one continual life of doing good. His methods are entirely beyond reproach. He is always and everywhere supposed to be in the service of man. This is the reason why the world honors him; and why medicine is the noblest of professions. It is his duty to maintain and confirm the dignity which has been assigned the doctor.—*Inter homines sapiens inter sapientes medicus.*

---

#### THE ONTARIO MEDICAL ASSOCIATION.

In another portion of THE CANADA LANCET we publish a strong appeal from Dr. Hunter on behalf of his association. What he says of the Ontario Medical Association is true of all medical societies. One of the evils of the medical profession is that its members do not mingle with each other enough. By keeping aloof from each other, we are apt to find out each others poor qualities, or at least we think we do; but by coming into contact, we find out our good qualities. There ought to be a large attendance at the Ontario Medical Association this year. Special efforts are being put forth to make this meeting both interesting and instructive. The Ontario Medical Association has done much for the profession of Ontario, and would do much more were it more generally supported by the members of the profession. We hope to see a large gathering. Please remember the date, the 16th, 17th and 18th of June.

---

#### SIR THOMAS WATSON ON THE ETIOLOGY OF INFLUENZA.

In a lecture, written in 1837, Sir Thomas Watson lengthily discusses the theories for the cause of influenza, or grip, for he uses this latter term. After mentioning the various theories, he winds up as follows: "Another hypothesis, more fanciful, perhaps, at first sight, than these, but more easily accommodated to the known phenomena of the distemper, attributes it to the presence of innumerable substances, endowed with vegetable or with animal life, and developed in unusual abundance under specific states of the atmosphere, in which they float, and by which they are carried hither and thither. Myriads of these animalcules or of these vegetable germs, come in contact with the numerous surfaces, and exercise a poisonous influence upon the system. Now, the sporules of certain fungi, which ruin the health, and destroy the vitality of large plants, on which they prey, are inconceivably small. I shall prove to you, presently, that vegetable effluvia are capable of producing, in the

human body, symptoms not very dissimilar from those of influenza. It is easy to conceive that atmospheric infusoria may rapidly congregate, or vivify, in masses sufficient to render deleterious the very air we breathe. If this be so, we can understand how such a cause of disease may first act here and there, and presently overspread large districts, how it may move, or be wafted from place to place, or be carried about by persons, how some germs or ova may remain after the visit, retaining vitality, and ready in future to spring into life and activity under favouring circumstances."

Here we have a very clear exposition of the microbic origin of the disease, stated in most lucid language. Sir Thomas Watson's great experience and splendid reasoning methods guided him to a correct conclusion, as far back as 1837.

---

#### THE LATE DR. ADDISON ON APPENDICITIS.

When Dr. James H. Richardson, of Toronto, was attending Dr. Addison's lectures on medicine, in the year 1845, the subject of peritonitis was the topic of one of these lectures. During the course of the lecture, Dr. Addison mentioned that in making a diagnosis of peritonitis several conditions must be borne in mind. Dr. Richardson's note is as follows: "Another source of fallacy may be from some disease going on in the abdomen, as of the vermiform process of the caecum, etc. Such cases are of frequent occurrence."

---

#### A HOSPITAL PATIENT SUCCESSFULLY SUED.

Dr. J. T. Fotheringham, of Toronto, attended professionally a patient in a private ward of a Toronto hospital. It had been made known that the payments to the hospital did not include medical or surgical attendance. Payment for Dr. Fotheringham's services were, however, refused. Judge Morson gave his decision against the patient. There have been several such suits recently, and it is to be hoped that the public will soon cease trying to escape the payment for attendance, seeking protection behind some hospital.

---

#### SIR JAMES GRANT BANQUETED.

The medical profession of Ottawa and vicinity tendered Sir James Grant a banquet on 22nd April. The affair was very successful.

## PERSONAL AND NEWS ITEMS.

Dr. Mathers, of Lillooet, B.C., who has been seriously ill, has now recovered.

Dr. Cooper, of London, Ont., died on March 21st. The doctor had been ill for some time. Deceased was 34 years of age.

Dr. Carbert, formerly of Kilbride, and latterly travelling for a firm of publishers issuing medical books, will practice at Campbellville.

Dr. G. W. Boggs, of New Westminster B.C., who has been suffering from a severe illness, is much improved, and expects to be around again in a few days.

Dr. R. F. O'Brien, of Maitland, is now practicing at Elmsdale. He is taking the place of Dr. Densmore, who intends going to England to take a post-graduate course.

Dr. Thomas Douglas, of Arnprior, Ont., has gone to Regina, and will in future reside and practice there. He is a graduate of Trinity University, Toronto, and has practiced for the past ten years at Arnprior.

Dr. McKay left Winkler on March 19th for Regina where he will resume his practice. Before leaving the citizens of Winkler presented him with an address, accompanied by a handsome charm and monogram locket.

Dr. C. E. Flatt, after practicing his profession at Campbellville for twelve years, has left there for Assiniboia. His friends and neighbors of Nassagaweya joined in a hearty send-off. The village hall was crowded to the door. Mr. James Menzies read the farewell address, after which the doctor was presented with a purse of \$135. The Chosen Friends, of which the doctor was a member, handed him an umbrella. Mrs. Flatt was the recipient of a handsome gold watch. The reply made by Dr. Flatt showed that he appreciated to the utmost the kindly expressions of good-will and also the separation about to take place. It was after eleven o'clock before the proceedings were at an end.

---

## OBITUARY.

W. A. HOWELL, M.D.

Dr. William Allan Howell died at his residence in the Village of Jarvis on March 23, in his 67th year. He had for many years suffered from a spinal trouble, occasioned by his horse stumbling and throwing him violently to the ground.

## RICHARD JOHNSON, M.D.

Dr. Richard Johnson, a leading physician of Charlottetown, P.E.I., died suddenly on March 20th.

## W. W. BALDWIN, M.D.

William Warren Baldwin, M.D., son of the late Robert Baldwin, 22 Carlton street, Toronto, died on March 23 at Olive Island, Muskoka. The late Dr. Baldwin practised his profession for several years in Toronto, where he was well known until his failing health caused him to remove to Muskoka with his family, where he continued in practice. His widow was Miss Katharine Ridley of Hamilton. Two children survive him.

## ANDREW HALLIDAY, M.B., C.M., GLASG., D. P. H. DUR.

Just one year from the sudden demise of Dr. W. S. Muir, of Truro, N.S., comes the sad intelligence of the death of Dr. Andrew Halliday, Nova Scotia's Provincial Bacteriologist. For some months Dr. Halliday had been suffering from pulmonary tuberculosis. In October last he went to Muskoka Sanatorium for treatment. Returning in December he continued the open air treatment near Halifax, with such good results that his friends were sanguine of his recovery. This, however, was not to be. About the middle of February complications arose, and he returned to Halifax for special care; but the trouble became gradually worse, and, on the evening of March 10th, his death took place at his home.

Born in Hutton, Dumfries, Scotland, in the year 1867, Dr. Halliday received his M.B., C.M. from Glasgow University, graduating in 1888 with high honors. The following year he occupied the position of House Surgeon in the Dumfries Infirmary, after which he entered practice in the north of England. In 1892 he came to Nova Scotia, settling in Lower Stewiacke, where for five years he carried on an arduous country practice. During this period he conducted original investigations, and, at different times, published papers on "The Reaction of the Urine," "The Effect of Certain Drugs on Excretion of Urea," "The Action of Cardiac Tonics (Experimental)," and "Experimental Study of the Action of Antipyretics."

In 1896 he took a post graduate course in Pathology and Bacteriology at McGill University. Moving to Shubenacadie in 1898 he fitted up a laboratory and further pursued his original work, subsequently publishing papers on "Migraine, with Special Reference to the Gastric Contents," and "A Study of Organisms in Water with Reference to the Causation of Summer Diarrhoea of Children."

In 1897 he read a paper before the British Medical Association in Montreal on "The Action of Certain Drugs on the Gastric Contents, which was published in the *British Medical Journal* in December of same year.

In 1898 he was appointed lecturer in Zoology in Dalhousie University, and in the following year gave the course in Practical Pathology in the Halifax Medical College, at the same time carrying on his practice in Shubenacadie. His ability as a teacher soon became recognized, and he quickly won the esteem of all with whom he came in contact. In 1901 the doctor returned to Scotland to qualify for the D.P.H. of Britain, and to further pursue the study of Pathology. He received his diploma from Durham University. His special ability was recognized, and in a written testimonial, Sir Geo. H. Philipson, M.D., D.C.L., LL.D., F.R.C.S., said: "As an Examiner it is a great pleasure to me to state that the manner in which he acquitted himself was deserving of my warmest commendation. He gave evidence of distinctive knowledge of the subjects relating to Sanitary Medicine and Practical Hygiene."

Returning to Nova Scotia he was appointed Provincial Bacteriologist and Pathologist, which position he filled with the utmost satisfaction to all until compelled to take leave of absence on account of failing health. Dr. Halliday's death, while yet in early manhood, is much regretted by all who knew him. At the Medical Society meeting, which he always attended, and where he was always ready to respond when called upon for a paper, he will be much missed. His marked enthusiasm and devotion to his profession as a practitioner, his dogged perseverance as an investigator, and his pre-eminent success as a teacher, made him one of Nova Scotia's most brilliant young medical men. He leaves a widow, a daughter of the late Francis Parker, of Shubenacadie, and a son, who have the sincere sympathy of all in their sad bereavement.

---

#### D. GILBERT GORDON, B.A., H.D., L.R.C.P., EDIN.

The late Dr. D. Gilbert Gordon was a graduate in arts of the University of Toronto, obtaining his B. A. in 1883. He was one of the Masters in Upper Canada College from 1883 to 1887. During these years he was studying medicine, and graduated in 1887. He then gave up his position as Master in Upper Canada College, and proceeded to Britain for a period of post graduate study. While there he obtained the diplomas of the Royal College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow. He located in Toronto, where he pursued his practice till his health failed him a few months

ago, owing to an attack of tubercular peritonitis. He went south for his health, but becoming worse he sought treatment in Church Home and Infirmary, Baltimore, where he died on 28th March, about 45 years of age. For a number of years he was connected with the department of Anatomy in Trinity College. Latterly, he was Professor of Sanitary Science and Associate Professor of Clinical Medicine. He was a past president of the Toronto Medical Society. He took an active interest in outdoor sports, such as curling and bowling. His wife, the daughter of Sir Thomas Taylor, and three children survive him. Rev. C. W. Gordon—Ralph Connor—of Winnipeg, Dr. A. R. Gordon of Toronto, Robertson Gordon, C.E., of Sudbury, and Mr. Henry Gordon of London, are brothers. His father is Rev. Daniel Gordon, a Presbyterian minister, at one time located in the county of Glengarry. The late Dr. Gordon was an able practitioner, a true friend, an honorable member of the profession and an energetic teacher. His life was a strenuous life. It was a steady pressing onwards and a continuous ascent upwards. His early death in the very zenith of his usefulness is a severe bereavement to his relatives and a great loss to the community and the College with which he was identified. His whole career was a beautiful fulfilment of the words of Pope:

" Honour and shame from no condition rise,  
Act well your part, there all the honour lies."

## BOOK REVIEWS.

### LEA'S SERIES OF POCKET TEXT BOOKS.

#### DISEASES OF THE SKIN.

A Manual for Students and Practitioners, by Joseph Grindon, Ph.B., M.D. Series Edited by Bern. B. Gallaudet, M.D. 377 pages. 39 engravings and plates. Price \$2.00. Lea Brothers & Co., Philadelphia.

THIS little work will prove a valuable addition to that popular series of which it forms a part. While chiefly intended for the student, it cannot but be of use to the busy practitioner, whose time will not permit a perusal of the more comprehensive treatises on the subject. As the author says in his preface, the work aims at giving "a compact presentation of its subject according to the latest developments."

In the introduction the elementary or initial lesions are taken up and described, after which he deals with those lesions which are derived from the original. Following this considerable attention is given to etiology—general and local. Among the general causes, heredity, age,

sex, race, climate, season and drugs are all discussed, and their influence on certain diseases referred to. As local causes, attention is directed to trauma, the vegetable parasites, etc. Then come some general rules to guide the student in making a diagnosis.

From pages 32 to 156 the inflammations of the skin are dealt with, and considerable space is devoted to that most common of all diseases, eczema. The drug rashes are treated fully in this section.

The granulomata are next taken up, special attention being given to syphilis and the syphilides. The tissues, diseases due to animal parasites, the hypertrophies, the atrophies, new growths of the skin, diseases of the glands, hair follicles, etc., all receive due consideration.

Each disease is taken up under several heads, namely, definition, description, etiology, diagnosis and treatment. In many diseases a paragraph is devoted to the pathology of the condition. The work contains numerous valuable prescriptions.

The book is beautifully bound, the paper and printing is of the best and many of the illustrations are excellent.

---

#### SCHMAUS' PATHOLOGY.

A Text-Book of Pathology and Pathological Anatomy. By Dr. Hans Schmaus, Professor in the Pathological Institute at Munich. Translated from the Sixth German Edition by A. E. Thayer, M.D., Instructor in Pathology, and edited, with additions, by James Ewing, M.D., Professor of Pathology in Cornell University Medical College, New York. Octavo. 602 pages. 351 engravings. 35 colored inset plates. Price \$4.00. Lea Brothers & Co., Philadelphia.

IN scientific medicine the Germans lead the world. With them pathology is the very ground work of all medicine. They have produced a large number of valuable works on this subject. Professor Schmaus' work has been so well received in Germany that in a comparatively short time it ran through six editions. It has been translated into English by thoroughly competent men. Both the editor and translator are pathologists of high standing. They are certainly to be congratulated in the successful manner in which they have performed their task in presenting this admirable work to English speaking students.

In the preface Professor Ewing says: "There is a notable absence in these pages of the argumentative style, the quotation of authorities and the pursuit of personal opinion that are prominent features of larger works, and likewise absent is the full discussion of many topics that properly belong to a work of reference." This we have found to be correct. The subject matter, however, is thoroughly treated and the text is clear and concise.

The work is divided into two parts. Part I. deals with General Pathology; Part II. with Special Pathology.

Under General Pathology, disorders of the circulation are first dealt with. He then takes up what he terms the "regressive processes." In this chapter necrosis and atrophy are considered, and a large section is devoted to the so-called degenerations.

Chapter three is devoted to the "progressive process," and under this heading inflammation, the infectious granulomata and tumors are fully discussed.

In the first part of the work attention is given to a subject which is too often overlooked in works on pathology. We refer to the chapter on congenital anomalies and deformities. The vegetable and animal parasites receive due consideration.

Part II., as stated before, deals with special pathology. In this part the chapter on diseases of the digestive organs is particularly complete and satisfactory. The section on nervous diseases embodies all the latest teaching in that department. Space will not permit a more detailed description of the work, but we can heartily recommend it to any one wishing an accurate and thoroughly up-to-date book on the subject. The illustrations are unsurpassed by anything we have seen in any book on pathology. There are 351 engravings, together with 35 colored inset plates. These add greatly to the value of the work.

The printing, paper and binding are all of the usual high standard of Lea Brothers' publications.

---

### THE AMERICAN TEXT-BOOK OF OBSTETRICS.

Second Edition, thoroughly revised and enlarged. The American Text-Book of Obstetrics. In two Volumes, Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickenson, M.D. Second Edition, thoroughly revised and enlarged. Two handsome imperial octavo Volumes of about 600 pages each; nearly 600 text illustrations, and 49 colored and half-tone plates. Per Vol., Cloth, \$3.50 net; Sheep or Half Morocco, \$4.00 net. Publisher, W. B. Saunders & Co., Philadelphia. Canadian Agents, J. A. Carveth & Co., Toronto, Ont.

SINCE the appearance of the first edition of this text-book in 1895 many important advances have been made in the science and art of midwifery. Recent research in bacteriology and pathology have enabled us to appreciate more fully many of the complications arising in pregnancy. The ever-widening field of surgery has made it possible to save lives that otherwise must inevitably be lost. Recognizing this, the Editor has considered it necessary to bring out a new edition of his work. As in the first, he has associated with him as contributors gentle-

men of the foremost rank in this particular branch of Medicine—the very names of whom ought to be sufficient guarantee of the high character of the work. Owing to the extensive additions in this new edition, it has been published in two volumes, which is certainly a great improvement. The volumes are convenient, easily handled and elegantly got up. The treatment of the subjects by the different contributors is all that could be desired. Each writer makes his subject clear and to the point.

The importance of a thorough knowledge of the anatomy and physiology of the female generative organs is fully recognized and considerable space has been accorded to each.

The pathology of pregnancy is discussed at length. The mechanism of labor and dystocia, which usually cause the student so much trouble, are treated here in a most satisfactory manner.

In volume two the management of the puerperium and the pathology of this state are dealt with very fully. The latter part of this volume is devoted to obstetric surgery.

The work is, practically speaking, an exposition of all that is known on the subject. It is thoroughly reliable and we can heartily recommend it to practitioners and students as in every respect up-to-date. The number and high character of the illustrations add greatly to its value.

The work reflects the highest credit on the editor, contributors and publisher alike. We have no doubt but that this present edition will be well received by the profession, for it is certainly a magnificent production.

#### THE MEDICAL EPITOME SERIES. DISEASES OF THE SKIN. A MANUAL FOR STUDENTS AND PRACTITIONERS.

By Alfred Schalek, M. D., Instructor of Dermatology, Genito-Urinary, and Venereal Diseases, Rush Medical College, Chicago, Illinois. Series Edited by V. C. Pedersen, A. M., M. D., &c., &c. Illustrated with 34 engravings. Lea Brothers & Co., Philadelphia and New York. Price \$1.00 net.

To appreciate this little book, one must peruse it. Though very brief, it is very reliable and complete. There are some useful statements regarding the anatomy of the skin, general symptomatology, general diagnosis, general therapeutics, and general rules in dermatology. The classification adopted is inflammations, hæmorrhages, hypertrophies, atrophics, new growths, neuroses, diseases of the appendages of the skin, and parasitic diseases. The various diseases are then taken up in alphabetical order. Each disease is described under the headings:—synonyms, definition, symptoms, etiology, pathology, diagnosis, and treatment. The book is full of useful formulæ. All round it is an excellent little work.

### THE MATTISON METHOD IN MORPHINISM.

A modern Humane Treatment of the Disease. By J. B. Mattison, M.D., Medical Director, Brooklyn Home for Narcotic Inebriates. Published by E. B. Treat & Co., New York, 1902. Price \$1.00.

THIS little book can be highly recommended. It should be in the hands of every one who has a morphine habitu e to treat, and who has not at some time or other? The advice is sound and the results very satisfactory. There is a judicious use of the bromides while the morphia is being withdrawn. But the little book must be read to be fully appreciated.

### THE TREATMENT OF TABETIC ATAXIA BY MEANS OF SYSTEMATIC EXERCISE.

An exposition of the Principles and Practice of Compensatory Movement Treatment. By Dr. H. S. Frenkel Medical Superintendent of the Sanatorium "Freihof" in Heiden (Switzerland). Only Authorized English Edition Translated and Edited by L. Freyberger, M.D., M.R.C.P., M.R.C.S., Eng., Pathologist to the Great Northern Central Hospital &c. With 103 Illustrations Price \$3.00. Philadelphia, P. Blakiston's Son & Co. 1902, Toronto, Chandler & Massey

DR. FRENKEL published his first observations on this method of treatment in 1889. Since then he has been working hard at this subject. He does not claim for this plan of treatment that it will cure the disease, only that it controls the ataxia. The essential features of the treatment are its simplicity and that it can be carried out with very little apparatus; and that the results come from repeating certain movements, that is from exercise, rather than from athletic strengthening of the muscles. The first portion of the book deals with the theory of ataxia, and discusses such topics as inco rdination, causation of tabetic ataxia, muscular hypotonia in tabes, theory of tabetic ataxia &c. This portion of the work is particularly well done. The author claims that sensory impressions, coming from objects around us, as well as from moving parts of our body, are requisite for the production of co rdination. These sensations are necessary for the acquisition of new movements and also for the performance of those already acquired. Our relation to the external world is derived mainly through the sensibility of the skin; while our knowledge of the position of our limbs depends upon the sensibility of the joints and muscles. We must regard the limbs as objects of the external world, and that their various conditions are transmitted to the central nervous system by means of sensory impressions in the same way as if they belonged to the world outside. It is on this theory of ataxia that the author works out his method of treatment.

The most important characteristic of the muscular substance is its ability of being exercised, or reproducing in a peculiar manner, impressions,

or, more generally speaking, states of innervation which it had already undergone a great many times. In learning something new there must be a precise apperception of it, the mind must be concentrated upon it, and the mental impression it produces must be oft repeated. It is in this way we learn movements. Following this theory up, Dr. Frenkel has worked out a system of arm, hand, finger, leg, foot, and body movements. These are repeated until they become familiar, and are readily reproduced, according to that law of the nervous system by which it can reproduce former impressions. This is the scientific basis of the treatment by compensatory movements. The work as a whole is highly instructive and most fascinating.

---

### BACTERIOLOGICAL TECHNIQUE.

*Bacteriological Technique. A Laboratory Guide for the Medical, Dental, and Technical Student.* By J. W. H. Eyre M.D., F.R.S., Edin, Bacteriologist to Guy's Hospital, and Lecturer on Bacteriology at the Medical and Dental Schools, etc. Octavo of 375 pages, with 170 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$2.50 net. Canadian agents Carveth & Co., Toronto.

THIS book presents concisely, yet clearly, the various methods at present in use for the study of bacteria; and elucidates such points in their life histories that are debatable, or still undetermined. Moreover it does not encumber the student with the many uncertain methods usually crowded into books of this kind, only those being included that are capable of giving satisfactory results, even in the hands of beginners. The author has adopted the excellent terminology introduced by Chester in his recent work on 'Determinative Bacteriology,' and believes that its inclusion will be calculated to induce, in the student, habits of accurate observation and concise description.

In the opening chapters and, throughout the work, bacteriological apparatus of every kind is minutely described and special attention is devoted to ways of preparing media and methods of cultivation. The same may be said of the methods of identification, and the scheme of study in this department is faithfully followed out under the headings, microscopical examination of cultivations, microscopic methods, chemical methods, physical methods, and methods of inoculation; a whole chapter being given over to this last heading. In the chapter on 'outlines for study' a very thorough method is indicated for teaching a class of students the elements of practical bacteriology.

The last chapter takes up the bacteriological examination of water, sewage, air, soil, milk, butter, meats etc., and treats the subject in such

a way that it will be of the greatest value to the technical student generally as well as the medical man.

The book is not intended to replace the text books of bacteriology already in use, but " aims at supplementing the usually scanty details of technique, and at instructing the student how to fit up and adapt apparatus for his daily work." That the desired end has been attained, a careful study of the book will show, and undoubtedly the work will become deservedly popular. The illustrations are numerous the binding is good, and the price moderate.

---

### THE PRACTITIONER'S GUIDE.

By J. Walter Carr, M. D., F.R.C.P. Physician to the Royal Free Hospital ; T. Pickering Pick, F. R. C. S., Consulting Surgeon to St. George's Hospital ; A. H. G. Doran F.R.C.S., Surgeon to the Samaritan Free Hospital ; and Andrew Duncan, M.D., B.S., F.R.C.S., M.R.C.P., Lecturer on Tropical Medicine at the London School of Tropical Medicine. London, New York and Bombay. Longman's, Green, & Co., Toronto, J. A. Carveth, & Co. 1902, Price \$6.00

THE names of the authors, and publishers are sufficient guarantee for the merits and make-up of the work before us. Drs. Carr and Duncan, and Messrs. Pick and Doran are well known, and highly esteemed, contributors to medical and surgical literature. The present work takes the form of a dictionary. It contains over a 1100 pages. The subjects are arranged alphabetically. The descriptions are usually brief ; and, as a consequence, the authors succeed in covering the whole field of medicine in surgery. The aim of the authors has been to produce a practical work and therefore, but little is said on pathology. A frequent reference to many of the articles, and a careful study of what is written, enables us to recommend the work in the highest terms as a thoroughly reliable guide for the practitioner. The medical and surgical diseases likely to be met with, are treated of in a very satisfactory lucid manner.

---

### A TEXT-BOOK OF OBSTETRICS.

A Text-Book for the use of Students and Practitioners, by J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University ; Obstetrician-in-Chief to the Johns Hopkins Hospital, Gynaecologist to the Union Protestant Infirmary, Baltimore, Md. With eight colored plates and six hundred and thirty illustrations in the Text. New York and London, D. Appleton & Co. Toronto, N. Morang & Co., 1903. Price

IN a volume of 845 pages, Dr. Williams makes his bow before the medical profession. There are many excellent works on the subject of obstetrics, and one might very naturally ask why another large one should be added to the list. The answer is at once found by a perusal of the present work. To begin with, the book is a work of art, alike in

binding, typography, paper, and illustrations. It is just such a book as one enjoys reading.

Most of the illustrations are original, and from photographs, and their execution merits much praise. The author has made a very satisfactory division of the subjects into anatomy, physiology and development of the ovum, physiology of pregnancy, physiology of labour, obstetric surgery, pathology of pregnancy, pathology of labour, and pathology of puerperium. The matter given under each of these headings is full and trustworthy. A thorough scrutiny of the index of 27 pages shows that nothing has been omitted that should find a place in such a work.

The author throughout maintains a judicial style. He weighs well the literature on each topic, and gives the most accepted views. His own views are very fully stated, and indicate a wide experience and a deep acquaintanceship with those of other writers and teachers upon the various subjects embraced in the obstetrical art. To appreciate Dr. Williams work one must read it, and to read it is a real enjoyment, and highly profitable. We predict that this latest work on obstetrics will soon become a great favorite.

*(American Edition of Nothnagel's Practice.)*

#### DISEASES OF THE STOMACH.

Diseases of the Stomach. By Dr. F. Riegel, of Giessen. Edited, with additions, by Charles G. Stockton, M. D., Professor of Medicine in the University of Buffalo. Handsome octavo volume of 835 pages, illustrated, including 6 full-page plates. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Toronto: J. A. Carveth & Co. \$5.00 net; Half Morocco, \$6.00 net.

THIS volume, like the others of this excellent practice, is thorough and complete. The importance of examining the stomach-contents in diagnosis, and the various methods of obtaining the contents and performing the examination, are discussed with the accuracy and clearness that spring from wide experience. Full consideration is given to the hydrochloric acid question as a factor in the pathology of stomach diseases, the latest views having been incorporated by the editor. Particular attention has been accorded disturbances of motility, and their influence in the disturbances of secretion. It is evident that careful study has been devoted to the subject of impairment of the absorptive powers, and the significance of gas-fermentation has been emphasized.

The eminent editor, a recognized authority on diseases of the stomach, has added to the already excellent German text his own extensive experience, bringing the work in accord with our present knowledge. We are confident that for scientific excellence and completeness, as well as for mechanical perfection, this work stands unrivalled.