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PRESIDENT'S ADDRESS.*

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LADIES and Gentlemen,—I cannot fully express myself for the honor I received at your hands at our last annual meeting. My voice is not strong enough to express my appreciation of your good will towards me and my confreres from the West. I feel my inability to do justice to the position to which I have been exalted, and I will crave your patience and sympathies for a brief space of your time.

I cannot vie with those who have preceded me in this honored chair; I can only strive to emulate them. We have already an honored list of Past Presidents, and, while the time now is short when I will be with them, I feel that my interest in this Association will ever increase as the years roll by, and I can never for a moment believe that our Association will ever wane, but that its usefulness and power will increase from year to year, and that it will be a standing authority on Provincial matters concerning our profession.

I am sure we may feel proud to-day to celebrate the 25th anniversary of our existence. We have arrived at the quarter-century mark in a very healthy and prosperous condition, and I do not fear—I feel I can be prophetic—that those who will celebrate the fiftieth anniversary of this Association will, when it arrives at the half-century mark, find that medicine has made even greater strides during the second quarter than during the first and that our Association will be credited with promoting in no small degree the welfare of the people. I feel that we here in Ontario would be unworthy of our noble calling if we had not brought into existence the Ontario Medical Association and given it our encouragement and support. Among our neighbors to the south, the people of the United States—I came near saying Americans, but, as is well known, we, as Canadian, claim that title ourselves—the State Association is a great factor in the building up and ennobling of all the higher ideals of life and is considered one of the best authorities on all matters pertaining to the control of the profession and the health of the people. In this I feel we should vie with our neighbors, and not be behind in any matter pertaining to the health of the province. There is no reason why

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Ontario should not be to the fore in the fight against the enemies of life. There is much that is of a provincial nature—the work of the Provincial Board of Health, the care of the insane, the public hospitals, the relief of inebriety, medical legislation, including medical education. A matter of no little importance, too, as it brings the members of our profession into closer touch with each other. It is to the benefit of the individual member. He cannot fail to have his mental horizon extended—in union there is strength.

It has been said that surgery has about reached its limit and that there is little left for us to do in the way of improvement. Surgery is in as active a stage as ever. While much of the work that is being done now appears marvellous compared with the work of a quarter of a century ago, there is no doubt, and many of our surgeons recognize it, that there is still in sight a great field for improvement, and that we may be looked upon as Lilliputians compared with those who will do the work at the end of the next quarter or half century. While our knowledge is actually great, it seems little after all, when we consider the possibilities of the future. When the tubercle bacillus was made known to us we were congratulating ourselves that the white plague would disappear forever. Although we are wondrous wise, we have no reason as yet to boast of any great wisdom. No matter how much we quarantine the microbes they still produce—I say this advisedly—such diseases as the white plague, enteric fever, the infectious diseases and many others, and by their flank movements get in their deadly work. On the part of the physician it will always be a fight to the finish—the French proverb, *Après la mort le médecin*, expresses it aptly—on the part of the microbes a fight to the death. The discoveries that have already been made impress us only too strongly that research work must be pursued on a larger scale than ever, and our multi-millionaires, benevolently, philanthropically inclined, in their later days at least, could not do better than aid in the great work of research. While we can felicitate ourselves for much that has been done in the matter of serum treatment, especially in diphtheria and rabies, we may look forward to even greater things; great as these advances seem, the possibilities seem greater. The surgeon, as is well known, is too often the victim of so-called blood-poisoning. It has claimed as its victims many of the most skilled and cultured of our profession, besides placing many others near the brink of the great beyond. It is needless to mention names, they are well-known to us all. There are many living to-day who feel that they have narrowly escaped the jaws of death—I might say the jaws of the microbe—and only a vigorous constitution, or a rather attenuated attack of the microbe, has spared them a few years more. I appeal again to the philanthropist to assist us in our work of research. There is no fight on now of greater import than the battle against the disease-pro-

ducing microbes. As it is, I rather think the microbes have a little the best of it, perhaps a good deal the best, but I hope ere long through the work of research, aided and abetted by the lovers of humanity, that the microbe will suffer defeat, in fact be annihilated, or at least rendered harmless. And while I am on the matter of research work, let me pursue it a little farther. It is not our ignorance of the habits of the microbe that many diseases are prevalent; take for example the somewhat common disease of diabetes mellitus—how little is known concerning its origin, its prevention and successful treatment? And again, take the epileptic—there number is legion. There are being, very properly, sanatoriums established for their care and maintenance. We are well aware that the great majority of epileptics are epileptics to the end. These are simply examples to show what a great field there is for research work other than what the microbes give us. It would be well if many of our clever gold kings would study medicine, and pursue with their surplus wealth the great field of research. I think it would be better if they would use it for the establishment of schools for research work, wherein those who are known in our profession for their abilities may pursue the work. We are well aware that a school of this kind has been established in Washington by the king of the iron industries. While I am not jealous of our neighbors—I am indebted very much to them—I would like to see in this fair province of ours a school for research work in medicine that would be untrammelled, unfettered by the want of financial support. This is not unreasonable. It was through the air of Ontario that the telephone wire first came into use—not in one of our large centres, but from a county residence, Tutela Heights—to the now City of Brantford. I can recall how I was thrilled when listening in the first Brantford Office to music produced at the country residence of Prof. Bell.

Canadians have already done considerable research work. While it may be that research work can be carried on in our larger cities to greater advantage, it has been well shown that in preparing the student for research work many of the smaller schools do as efficient work, if not more so, than the larger ones. Personal supervision of the teacher is one of the greatest helps in preparation, and this, as a rule, is better carried out in the smaller schools. However, our larger schools, by increasing the staff, are giving recognition to the fact that individual attention is one of the greatest helps to student life. Many of the improvements and advances in our profession have not been due to the laboratories of our Universities, but have been thought out during the daily rounds, let me say, of the country physician. I ask you to recall Ephraim McDowell.

Not to be behind our smaller cities in Ontario, Toronto, everyone will be glad to know, is about to make a great effort to be up-to-date in

the matter of hospital extension and library work. There is no doubt that, if successful in their undertaking, research work will receive a great impetus. While it may seem a matter of great renown for him who succeeds in the field of research and gives to the world something new, it is no less praiseworthy for him whose lifework consists in administering all that is latest and best for the relief of human suffering. There may be a scintillation of truth in the fact that if a man has little desire to enter the field of research before middle life he is not likely to do much after, but it is an incontrovertible fact so far as the application of what is already known to be beneficial, to be helpful for the relief of suffering humanity, the powers of the physician, his experience, his judgment, his power of discernment, increases as the years roll on and do not cease until disease or a ripe old age superannuates him. The author of "Bonnie Brier Bush" tells us that it created a scandal in his country for any citizen to "slip awa" before sixty, and that persons above ninety were understood to be acquitting themselves with credit and brushed aside the opinion of seventy as immature.

You will agree with me, I am sure, that the sum of human happiness could be materially increased by the stamping out of some preventable disease—diseases that may be totally avoided, diseases that are under the control of the individual and society. The gynecologist, the genito-urinary surgeons, the neurologist, will tell you that a great deal of their work is due to the gonococcus and syphilis. What diseases more loathsome? You will admit, I am sure, that these are preventable diseases. What diseases are more contagious? What diseases leave their dire results in the human system more than these do to be handed down to the third and fourth generation? And yet they are preventable, wholly preventable. It is not for me to discuss the phases of social life that produce these, but in many instances useful, innocent lives should be protected. It is true in the practice of our profession, in operations on the syphilitic numbers have been inoculated and lives of usefulness marred. What more obnoxious than a syphilitic with mucous patches or an epithelioma on his lips, or a specific sore throat, offering his pipe to a comrade or participating in the Communion in any of the Christian Churches where the individual cup is not used. I feel sure if the laity could understand the disastrous results of oral sepsis, there would be no dissenting voice in the use of the individual Communion cup. The physician can evidently curtail much misery, but he needs the help of the public to stamp it out altogether. It needs a greater concern on the part of everyone in social and moral reforms, a cultivation of higher ideals. You may attribute it to ignorance or want of education. These are but scapegoats. If it is due to want of education, then let me say that the people of our large centres are lamentably ignorant, and

just here I beg to state in my opinion the ends of justice would be as well secured by taking the oath with the hand uplifted, as that impure method of kissing the Bible-- a Bible that has done untold service. What more impure? To return again to the disease-producing germs, a well-known characteristic of the microbe is that it is cowardly, it will not attack many subjects unless their systems become weakened, as is the case of many young people, from want of proper nourishment, from living in closely-crowded, ill-ventilated tenement houses, or from working longer hours than is consistent with a healthy system. It is acknowledged that these are factors that go to swell the victims of the white plague. If people were to fall in love with fresh air, sunlight, wholesome food and cleanliness in their youthful days, and regulate their hours of work as much as many do after contracting the disease, the demand for sanatoriums would be much less. A great interest is being taken in the erection of sanatoriums for pulmonary phthisis, and, while I hope that it may continue, I feel that the work in this direction should grow less and less from year to year as the death rate becomes reduced. The great arteries which keep up the supply of consumptives, pulsate stronger and stronger in many places. If ever we can boast ourselves a great people, and vie with other nations, if ever we can sustain the reputation of our country for prowess, for culture and refinement, it will be by so altering, so modifying the strenuous life that we live that we shall not permit any feeding grounds, any culture grounds, for the microbe that we shall be able to remove all sources of the dread malady. It does seem that while great efforts are being made for the cure of the afflicted, our thoughts, our energies, are not sufficiently concentrated and aimed at the faults of our national life in many respects.

You are all familiar with the harrowing details of the lives of the children in the coal regions of our neighbors to the south during the great strike of the miners three winters ago. I need not repeat here that these mines were veritable hot-beds for the spread of the white plague. The coal mines are not the only culture grounds for the dire disease. I may refer you also to the culture beds of the cotton mills of the North and the South, where child labor has been and is much in evidence. But why, you may say, am I talking about my neighbors? Are we as a Province free from the culture beds? As you are aware, I belong to a town which is noted for its woollen industries. It possesses the largest woollen mills of our fair Dominion. I would like to say that our civilization, our Christianity, was of that type that we could boast that we are abreast of other people; other nations, that we are living in a land where there are no culture beds--no culture grounds--for the white plague, in a land where child labor is unknown, and where our neighbors cannot point at us the

finger of scorn. My fervent prayer to-day is: would it were so. After all the churches that we see towering above us, the magnificent works of the architect, after all the efforts of our various leagues with their Christian influences, after all the sermons that are preached and prayers offered up, to say that we are living in a land where child labor exists is to say that a most lamentable condition of affairs exists, and that our neighbors can point at us the finger of scorn, and that we, too, lack much that might strengthen and support the props and bulwarks of a great country. We are much indebted to some of our noted women for some of the greatest reforms the world has ever seen. What was it, I ask, moved the world to the abolition of slavery more than anything else, and made Lincoln free the slaves, if only as a matter of military expediency, if not the writings of the author of *Uncle Tom's Cabin*? No one has written more strongly or more pathetically on behalf of growing childhood than Mrs. Browning in "*The Cry of the Children*." I will give you but two lines:

"And they look up with their pale and sunken faces
And their looks were dread to see."

And yet there are those who cannot see that the factory labor of children is slavery. In greater New York, we are told, some sixty thousand school children go hungry every morning to school. It is needless to say they are unfit for their work. In great London, we are told, the number is vastly greater. In Toronto—well the latest report has not been handed to me. In regard to this matter a prominent weekly paper, published in Toronto, states: "Of the many terrible things in some of our great cities, this is one of the most awful to contemplate." I need not enlarge on this subject. The results are self-evident. Is it any wonder that many systems are vulnerable to attacks of the white plague and other diseases? The work of prevention seems almost insuperable, but it should not be so. If we could but eliminate from the make-up of the individual and our nations' representatives the words "grasp," "graft" and "greed," and we possessed more of the altruistic spirit, our national life would be in a more healthy condition and the jails and the tombs would have fewer occupants. If our children are starved, our nation cannot be well developed. We must build up a nation by building up the individual. We must have a sound body for the in-dwelling of a sound mind. Inasmuch as a nation is made up of individuals, as matter is composed of molecules, the perfection to which we bring each individual goes far to establish on a firm basis, the bulwarks of a nation. Any nation that will permit or encourage child labor is bankrupt, morally, socially and politically. With the lamentations of the mother and the daughter ringing in our ears, may Canada show forth

to the world her greatness, her godliness, and emancipate this fair province of ours from the disastrous consequences of the white plague, and may we be first and foremost in this respect among the nations of the earth. It would go a long way to strengthen the bulwarks of our nationality and help to produce a healthy, happy and contented people.

I would not like to admit that in the early history of the world physicians were a much better class than exists to-day, but it is indisputable that in olden times people lived as many hundred years as they now do tens. How is it? I would not like to say that they had better Boards of Health. I can only answer that there is a Divinity who is the author of natural laws, that natural laws are Divine laws, that there may be an alteration in our well-known laws governing youth and old age by the Divine will, and that the cycle of life of the present time, as compared with that of the olden times, is a vivid illustration of the fact. Natural laws are God's laws, and if the Almighty sees fit to change the laws, the properties of matter, it will be done as it was done in the shortening of the natural period of our lives.

I feel that I would not be doing my duty if I did not call your attention to a most pressing matter, that of the indigent and wealthy inebriates. This subject should not be disregarded or passed over lightly. The Ontario Society for the Reformation of Inebriates should receive our strongest support, and I sincerely hope that the Government of to-day will see its way clear to aid this Society, and help to carry on the work which it is endeavoring to accomplish. While here again the prevention of inebriety should not be lest sight of, a great advance would be made in the citizenship of our Province if we were to put in force the measures adopted by Great Britain and the United States. It is well recognized that what many an inebriate needs is to be placed where he cannot have the source of his trouble, and be treated with that sympathetic kindness that he needs, and he will be grateful to the help given him. No one can help feel, if the wishes of society be carried out, another strong prop would be placed in our nation's manhood. But I would go farther—I believe that the wealthy inebriate would be very grateful if taken care of. The inebriate in many cases only requires to have the proper restrictions enforced. The inebriate himself frequently desires the restrictions, and there are cases where it may be said that the inebriate has lost his self-control, has not sufficient moral force left to impose the restrictions himself, and what is needed is that he shall be taken charge of by his friends and the restrictions carried out for him. This cannot, as a rule, be done without adopting some one or all of the measures the Society has proposed. I hope that the indefatigable

worker of the Society, Dr. Rosebrough, and the other members, will soon have the satisfaction of knowing that their efforts in this direction will be crowned with success.

Another matter that should not be lightly passed over is lodge practice. In regard to lodge work I have long since expressed my emphatic views. Some may say that I should not express myself, because I have never taken up lodge practice—it is not necessary to practice an evil to know the evil. The so-called free attendance is no doubt a drawing card on the one hand, and the prospect of an immediate clientele of patients, an alluring bait to the young practitioner on the other. My own opinion is that lodge practice has no redeeming features. Not many years ago the Supreme Chief Ranger of one of the fraternal societies, in one of his addresses, stated that the free medical attendance—I do not use the term “free” absolutely—saved his order some millions of dollars. I only wish to state that this would have been a nice fund for the fatherless and the widows of the deceased members of our profession. It is only too well known that many in our profession, faithful workers during their lifetime, have left but a pittance to their loved ones. I do not hesitate to say that both the fraternal societies and the physicians would be on a more enduring basis, on a more solid foundation, if the societies had their benevolent funds with the lodge physician left out. It is so in many, if not all, of the United States, and from them we might well take a lesson. And just here I would wish to state what will commend itself, I am sure to every one, that in many cases a trained nurse would be engaged by the order instead of drafting members who have been at work all day to do more work at night. The interest of the patient demands it, and just here let me state that a great deal of the success of the physician is due to the trained nurse. The trained nurse has come to stay. If anyone wishes to pursue this subject further I will ask those of you who have not read the last chapter of Dr. John Beattie Crozier’s work on “My Inner Life,” to do so. There you will find a better statement than I can give you, and in the language of a well-known writer, of the disastrous results of lodge work or club practice as it affected him in his home in England. Dr. Crozier is a graduate of Toronto University of '72, of the same year as our lamented Zimmerman. Our Osler was of the same year, but left us for McGill at the end of his second year. Dr. Crozier, as many of you are aware, was an old Galt boy, and is now receiving an annuity from the British Government for his work as a philosopher. Crozier’s work at the G.G.S. help to stimulate many a less apt student. He has done much research work, but it was hunting for an ideal. Had he turned his attention to medical research I have, no doubt, no microbes would have kept out of his way. I think, however, you will find his writings in regard to lodge

work solid. Crozier is one of Canada's famous sons, of whom we have great reason to be proud.

A short reference to another subject and I am done. You are well aware that there could not be a more important subject than public hygiene, and especially that part of it which comes under school hygiene. It needs a great deal more attention than has been paid to it. The hygiene of the schools is in a somewhat crude state, and a little more attention would bring the sanitation of our schools up-to-date. Our knowledge of what is required is not deficient. It seems a matter of neglect, pure and simple. A minister of health, which we have not yet, would be one of the most important portfolios that any government could have. Good health is one of the greatest assets that an individual or a government can possess.

Many subjects I must leave untouched. It is well understood that in the medical profession there must be a division of labor, but whatever department we pursue, we must do so with "prudence, promptness and patience." These are the graces of the soldier, so well described by Miss Harris. They may well be the graces of the physician, for the practitioner of medicine, in its widest sense, is a soldier always, a combatant, fighting the enemies of life, striving to keep death as far off as possible. Even on the battle-field he never shrinks from danger, he is doubly, thrice-fold, a combatant—a parting word to doubting ones. The thought that the cycle of life, changed as it is to a short period, is manifestly due, not from any want of skill on the part of the medical profession, but to a Divinity, to God alone, does not need a very strong faith to believe. It is proof itself, and if we believe in this great change of the cycle of life, why can any one take exception to the Immaculate Conception, the Resurrection and the Ascension? Contrary to much that has been said of the physician's belief, he has certainly been one of the strongest supporters and exponents of Biblical history. We have been placed here to work out many problems, and if we make use of the means of the research that has been given us, the mist and the clouds which hang over us, may be cleared up and it will be given us to know much of what is seemingly mysterious. We have no conception of such phrases as *boundless space* or *in the beginning*. It may be given us to explain much of what is now mysterious, but it will only be done by honest, faithful work, not by the methods of so-called Christian Scientists, but by the labors of those who will enter the great field of research work into nature's laboratories and the special laboratories for research.

SURGERY OF THE STOMACH FROM THE STANDPOINT OF THE CLINICIAN.*

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THESE are many reasons why surgery of the stomach should be more and more interesting to the clinician. Chief among these is the fact that with the increasing clinical experience in this field, it has become possible to perfect the diagnosis of conditions far beyond the degree to which this could be done only a few years ago, when it was possible to actually confirm diagnosis anatomically only in those patients who could be subjected to an autopsy. In the vast majority of cases the diagnosis was made upon theoretical grounds. The patient was treated and improved temporarily; during a subsequent attack some other physician made the same or a different diagnosis, which again could not be proven anatomically, the difficulty arising from the fact that no one could prove or disprove the diagnosis in either case.

The moment a case becomes surgical, however, this difficulty is abolished, because the diagnosis can and must be proven to be right or wrong.

There is much ante-mortem pathology in diseases of the stomach, as well as in diseases of all the other intra-abdominal organs, which¹ can be studied properly neither post-mortem nor ante-mortem, unless the organ is exposed to view; and no sooner has this been done in a large series of cases than the diagnosis of the condition becomes much simpler and easier and gains greatly in certainty.

Gastric Ulcer.—The condition which primarily or secondarily leads to the greatest amount of stomach surgery is the ulcer. The operation may be indicated, 1. Because of the painfulness of the ulcer; 2. In order to control (a) acute or (b) chronic hæmorrhage; 3. In order to prevent secondary condition such as (a) perforation; (b) peritoneal adhesions; (c) pyloric obstruction due to cicatricial contraction; (d) hour-glass stomach; (e) gastric dilation due to obstruction; (f) starvation; and last but not least, (g) implantation of carcinoma in the ulcer.

Diagnosis of Ulcer.—Since the presence of gastric ulcer primarily is the beginning of so many of the surgical conditions, it is important to recognize this lesion early in its development.

The most constant symptom in the presence of this lesion is pain. This is usually located below the tip of the sternum, is increased upon pressure, and upon taking food. The patient can usually tell which food will cause the pain to become severe. If the ulcer is on the posterior sur-

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face of the stomach the pain radiates into the back, usually to the left of the median line and up as high as the lower end of the scapula.

Very commonly the pain accompanying the presence of gall stones is mistaken for the pain due to gastric ulcer, but it is usually not difficult to differentiate between these two, because the former is increased upon pressure at the point between the end of the ninth rib and the umbilicus, a point first located by Mayo Robson, while the latter is increased upon pressure in the median line.

Again, in case of gallstones the pain in the back extends to the right at about the level of the tenth rib, while in gastric ulcer it is greatest in the median line or to the left of this and higher up.

The stomach contents are usually exceedingly acid in the presence of gastric ulcer, and there is an abundance of free hydrochloric acid present unless the ulcer has become carcinomatous. It should, however, be stated here that the chemical examination of stomach contents must always be looked upon only as of value in corroborating diagnosis, made as a result of a study of the history and physical examination. Mayo and Graham have demonstrated this fact conclusively in a large series of carefully studied cases.

The history usually states that the patient has felt distress upon eating for a considerable period of time; that there has been eructation of acid stomach contents; that this is much more severe when certain articles of food have been taken; that the patient is much less comfortable when carefully following some diet which experience has taught him to select.

Quite frequently the feces are observed to be black from the presence of partly digested blood from slight gastric hæmorrhages.

So many of the patients have, however, received subnitrate of bismuth as a remedy, or some form of iron, that care must be taken not to confound the effect of these remedies upon the color of the stools with that of hæmorrhage from the gastric ulcer.

Frequently these hemorrhages have not been observed, but still the loss of blood has been sufficient to cause a marked anemia, hence this condition must be considered in connection with the other symptoms and the history. In patients who are severely anemic and who suffer from some form of gastric disturbance, one can usually demonstrate the loss of blood from chronic ulcer by a careful study of the case. Fuetterer has demonstrated that by overcoming this anemia by careful dieting, many chronic ulcers will heal, which without especial attention to this feature seemed quite incurable under non-surgical treatment.

With careful internal and especially dietetic treatment, a vast majority of all cases of ulcer of the stomach which have been recognized early, can undoubtedly be healed permanently, if not only the immediate

treatment, but also the after treatment is carried out carefully and conscientiously. That this can be actually expected in these cases has been shown in a large number of patients suffering from this condition.

But there are many of these cases which apparently recover only to relapse again and again. Many of these go from one physician to another, each time temporarily improving or recovering.

Mayo has found that most cases which ultimately come to operation have been apparently cured a number of times and our observations fully confirm his report.

It is well to bear in mind this element of the history of any given case, because it should have a distinct bearing upon the choice of treatment in the future. Any case in which there has been a number of apparent cures with subsequent recurrences of the ulcer should properly receive surgical instead of medical treatment in the future.

Differential Diagnosis.—The most common condition which is mistaken for gastric ulcer is disease of the gall bladder, especially gall stones or sand. Next in order comes chronic appendicitis with acute exacerbation during which the pain is usually referred to the region of the umbilicus. In this case the pain is lower down than in gastric ulcer, and it is increased upon pressure in the region of the appendix near McBurney's point.

Renal Calculus.—Has been mistaken for gastric ulcer. In this case the urinalysis will usually clear up the diagnosis; moreover the pain is increased upon pressure over the kidney, and radiates downward and inward along the course of the ureter.

Duodenal Ulcer.—It is only the fact that ulcer of the duodenum is not very common, which makes the occurrence of mistaking this condition for gastric ulcer somewhat infrequent. This condition has almost exactly the same symptoms as gastric ulcer, but the point of tenderness upon pressure is over the middle of the right rectus abdominis muscle above a transverse line drawn through the umbilicus.

Volvulus.—In rare cases volvulus of the jejunum may be mistaken for gastric ulcer, but the violent vomiting containing bile soon after intestinal contents, but no blood, makes the differential diagnosis relatively easy.

Neurasthenia.—It is often very difficult to make a differential diagnosis between gastric disturbances due to neurasthenia and those due to chronic ulcer. This is especially true, because not infrequently neurasthenia results from the suffering, anemia, and inanition which is caused by the presence of a chronic ulcer.

It is quite likely that for several years to come, quite a number of patients suffering from neurasthenia due to other causes will be subjected to stomach operations as a result of erroneous diagnosis.

Any other severe intra-abdominal condition like intussusception, ruptured ectopic gestation, ovarian cyst with twisted pedicle, peritoneal adhesions either septic or tuberculous, may be mistaken for gastric ulcer. In a few cases I have seen an interesting condition which gave rise to a mistaken diagnosis of gastric ulcer. In these cases the great omentum had become attached by its free margin to some point in the lower portion of the abdominal cavity, the tubes, ovaries, uterus, bladder, the cecum or the abdominal wall. The tension of the omentum upon the stomach gave rise to symptoms which could not be distinguished from gastric ulcer.

In a number of patients in whom we had made a diagnosis of gastric ulcer with pyloric obstruction and consequent dilatation of the stomach, we found the pylorus unusually open and the duodenum dilated to from 2 to 4 times its normal diameter down to a point below the entrance of the common duct. Upon exposing the jejunum this was found strongly contracted in these cases.

The lymph nodes near the duodenum in these cases were usually enlarged, indicating lesions of the mucous membranes lining the duodenum. In these cases the pancreas is usually also enlarged, and the gall bladder is distended with bile together with mucous, sand or gall stones, and frequently all of these substances are found in the same gall bladder.

It seems reasonable to suppose that the obstruction at the point of entrance of the common duct into the duodenum or below the point must be primarily physiological in character, due to the irritation caused by the mucus, sand or stones in the gall bladder and duct.

The observations of Cannon and Blake which show that there is a physiological mixing process which takes place in the duodenum is extremely interesting in connection with this particular class of cases. Continued attention to these cases is likely to develop facts which will have great interest for the clinician.

Another condition of clinical interest has been observed in a considerable number of cases. It has been found that many cases of gastric ulcer have previously suffered from chronic, recurrent, or catarrhal appendicitis, usually with peritoneal adhesions to the appendix, or the cecum, or both, or with fecal concretions in the appendix; but always with some form of obstruction to the passage of gas. This pathological obstruction has resulted in a physiobstruction to the passage of the gastrointestinal contents through the pylorus, and this in turn had been the exciting cause of the gastric ulcer.

Clinically one can usually follow a very interesting sequence in cases of gastric ulcer which do not end abruptly by perforation or fatal hemorrhage, or by what is probably less frequent in cases in which the ulcer is at all advanced, by permanent healing.

At this point, however, I believe that it is proper to express the opinion that it seems most likely that a very large number of small ulcers heal so perfectly that it is quite impossible to demonstrate their existence either ante-mortem or post-mortem, and that there are few cases which go beyond this initial stage without healing, which will later heal permanently

Vicious Circle in the Development of Gastric Ulcer.—It is not uncommon to observe the following history in the development of gastric ulcer.

1st. There is severe pain two to four cm. below the ensiform cartilage in the median line. This may be more severe directly after eating, or only after eating certain things, or it may be most severe when the stomach is empty, and may be relieved by taking food, but its location is quite constant and the pain is increased upon pressure at this point. There is at this point no dilatation present.

2nd. In attempting to protect the ulcerated surface against traumatism there is a physiological obstruction of the pyloric sphincter. This obstruction may be increased in two ways: (a) There may be developed an indurated edematous area due to the extension of the ulcer or (b) as a result of the healing of the ulcer there may be formed a certain degree of cicatricial contraction which in itself will constitute an obstruction.

3rd. In order to overcome this obstruction the remaining portion of the stomach musculature will become hypertrophied.

4th. This is certain to be followed by muscular exhaustion and relaxation, and this will result in gastric dilatation.

5th. No sooner had this occurred than the pyloric obstruction is still further increased by the fact that the lower margin of the greater curvature is depressed far below the level of the pylorus, and all of the food must not only be forced through the already obstructed pylorus, but it must also be elevated to the level of the latter aperture.

The fact that in the normal stomach every portion is drawn to a higher level than the pylorus, as the organ is forcing its contents into the intestine, has been shown very beautifully by Bettman, and more recently by Cannon.

6th. In the meantime, another condition has arisen which will prevent healing. The obstruction together with the sacculation, gives rise to the accumulation of residual food in the dilated stomach, which undergoes decomposition in place of digestion. In this manner, all the fresh food is vitiated by being mixed with the decomposed residual food remnants in the stomach. In this manner, each successive condition makes the previous state of things more grave. In the meantime two other conditions have arisen which will serve to prevent the tendency of healing in the ulcer.

7th. Almost immediately after the beginning of a gastric ulcer, a great amount of mucus is secreted, apparently to protect the diseased surface. This, however, causes the food to become coated, and this in turn interferes with gastric digestion. This condition is followed gradually by the secretion of an increased amount of hydrochloric acid, which is undoubtedly the physiological remedy for facilitating the digestion of food covered with mucus. With the increasing acidity of the stomach contents, the chances of healing of the ulcer is greatly reduced, and its extension is practically certain, hence each one of the conditions in turn becomes more and more exaggerated, and conditions go from bad to worse, unless a radical change is established whether by internal treatment, or if this prove ineffective, by surgical operation. I have had an opportunity to verify these clinical observations in a very large number of patients suffering from gastric ulcer, and they are in keeping with observations of most clinicians, who have studied such cases extensively. These facts would indicate the importance of careful treatment at the very beginning of gastric ulcer in order to secure complete healing before any of the secondary conditions have arisen, and also the necessity of eliminating all of the primary causes of the lesion in every individual case after healing has taken place, in order to prevent a possible recurrence.

This is especially important, because each successive attack is more difficult to relieve permanently. The chances for permanent relief are more and more reduced, because each time some lesion will remain, which must lessen the resistance of the tissues, or increase, at least, to a slight extent, the difficulty of emptying the stomach.

It is likely, that with proper after treatment, especially as regards diet and general hygiene, it would be possible to reduce the number of cases of recurrence to a great extent. This would reduce the number of cases, which now properly fall into the domain of the surgeon.

Fuetterer has written most effectively upon this phase of the subject, and I am confident it is worthy of our most serious attention. This is true, primarily, because it would permanently eliminate all of the many serious sequelæ, which are now so common.

All of this would indicate that surgery of the stomach begins where internal and dietetic treatment of disease of this organ fails to give permanent relief. It also indicates that surgery, in order to be of value, must result in local rest and in the drainage of irritating contents of the stomach, in all non-malignant cases, and in the early removal of the growth in malignant cases. It seems reasonable to suppose that the most careful attention to diagnosis of non-malignant cases, and the surgical treatment of that portion of those which cannot be

relieved permanently by internal treatment, must result in a vast reduction of the number of malignant cases.

At the present time some form of gastro-enterostomy seems to have given the most satisfactory results. Mayo pointed out the fact, most emphatically, that the anastomosis must be located actually, and not only theoretically, at the lowest point in the stomach, in order to be safe and effective, and leave the patient free from regurgitant vomiting "Vicious circle."

Theoretically, there seems to be many arguments in favor of a posterior gastro-enterostomy, but practically the results seem equally satisfactory, provided the opening is sufficiently large, and is in fact, at the lowest point of the stomach.

A method has not yet been found, which completely satisfies all reasonable demands for performing gastro-enterostomy. I have had the time to look up only those of my cases of stomach surgery, which I have treated in the Augustana Hospital, hence I will speak only of these in this paper. But the methods of the results have been the same in the cases I have treated in the other hospitals, hence this is of no material importance. The following table will give a convenient idea of these operations:—

	Total.	Recovery.	Died.
1. Incomplete Gastrectomy	5	4	1
2. Pylorotomy	9	8	1
3. Gastro-enterostomy, Murphy Button—			
Malignant Cases	24	16	8
Non-malignant	10	9	1
4. McGraw Ligature, Gastro-enterostomy—			
Malignant Cases	22	16	6
Non-malignant	65	59	6
5. Gastro-enterostomy, other methods	12	10	2
6. Perforated Gastric Ulcer	10	2	8
7. Gastrostomy	4	2	2
8. Exploratory Laparotomy for Carcinoma of Stomach	32	24	8
Total	193		
9. Ulcer of Stomach, not operated	66	60	6
10. Carcinoma of Stomach, not operated... ..	49	...	15
Patients returned to their homes unimproved, 34.			

It will be seen from this that most of the operations were performed for the purpose of securing rest for the pyloric end of the stomach, and drainage for its cavity; also that gastro-enterostomy was performed oftener by means of the McGraw ligature than by any other means. This method has been more satisfactory in my hands than any other up to the present time. I still follow the original direction of the author of the method, which I published in the *Journal of the American Medical Association*, June 6th, 1903. It seems likely that

all the methods now in use will be displaced by some new method which will be more nearly ideal than any now in use.

So far nothing has been said concerning the treatment of any of the sequelæ, or the complications of gastric ulcer, because it is to be hoped that these will be eliminated to a great extent in the future, by the cure of the ulcer itself.

Complications.—The most common complications are perforation and hemorrhage.

Sequelæ.—The sequelæ are: (1) Chronic ulcer, (2) stricture of the pylorus, (3) gastric dilatation, (4) hour-glass stomach, (5) peritoneal adhesions, (6) inanition, (7) anemia, (8) neurasthenia resulting from the constant suffering, the malnutrition and the anemia, (9) carcinoma, and (10) jejunal ulcer following gastro-enterostomy.

Perforation.—The diagnosis of perforation is relatively simple. There is a history corresponding to that given for gastric ulcer above. During some exertion, the patient suddenly experiences severe pain in the region of the stomach. This is frequently attributed to the eating of a large meal, and may consequently be mistaken for acute gastritis. The pain becomes diffuse very suddenly. The patient is nauseated, and sometimes vomits blood or bile. The abdominal muscles become rigid, the patient is in a severely shocked condition.

The greatest point of tenderness is in the region in which tenderness existed previously. In many cases the liver dulness is obliterated to a greater or less extent, but it is not safe to place too much weight upon this symptom, because it frequently is present only after the perforation has existed for several hours, and if operation is postponed until this diagnosis can be confirmed by this symptom, the extent of the infection is usually so great that the operation cannot save the patient.

With two exceptions, all of my cases in this class were in this hopeless condition when they were admitted. The important point in connection with these cases is an early diagnosis and an immediate operation. The latter should consist in a free abdominal incision, careful sponging out of stomach contents that have escaped into the peritoneal cavity, closure of the wound in the stomach with Lembert sutures, preferable of silk or Pagenstecher thread. Drainage should always be used.

In cases in which the diagnosis is not made for 24 hours or longer after the perforation has taken place, it is difficult to state which course is the worst to pursue. In my own experience, all of the cases which came under my care in this advanced stage, which were operated, died within a few days, while a few which were not operated, recovered, the opening in the stomach being closed by a plug of omentum. In some of these cases a subphrenic abscess developed, later requiring an operation.

I am confident, however, that these cases were all somewhat less serious from the beginning than those which were operated and died; and it would consequently not be proper to attribute the recovery of the former to non-operative treatment, and the death of the latter to the operation.

It seems proper to advise an immediate operation in all cases of perforated gastric ulcer, in which an early diagnosis is made, and to use one's judgment in each individual case of perforation, in which the diagnosis is not made early.

Gastric Hemorrhage.—A few years ago there was quite a marked tendency toward the immediate operation for gastric hemorrhage. Mayo Robson's experience in this direction was so encouraging, that quite a number of surgeons favored operative treatment for this condition. It seems, however, that this is quite unnecessary, because in almost every case the hemorrhage will cease, and if the patient is carefully treated, her general condition can be greatly improved, so that the risk of the operation itself will be much less than when performed during a hemorrhage.

The treatment should consist in exclusive rectal feeding. It may be well to administer from two to four ounces of castor oil early in the treatment, and then to place nothing whatever in the stomach, until there has been no blood in the evacuations for several days. Feeding by mouth should be begun with great caution, and as soon as the patient's general condition is good, the operation should be performed.

Sequelæ.—In the treatment of the first three in the above list, (1) chronic ulcer, (2) stricture of pylorus, and (3) gastric dilatation, the method must be the same. It must consist of drainage of the stomach cavity by gastro-enterostomy, or in rare cases by Finney's pyloroplasty. The one point of greatest importance which must not be overlooked, is the choice of location for the opening in the stomach at its very lowest point.

Rodman's suggestion, advising the excision of the ulcer-bearing area in these cases, is undoubtedly worthy of consideration. In my own experience the results have been more satisfactory in cases in which I have excised the pylorus in connection with making a gastro-enterostomy, but as this adds another element of danger to the operation, it may be well to continue our observations, before making this a routine treatment in these cases.

In cases in which a pylorotomy is not made at the same time, the gastro-enterostomy opening is likely to become partly or completely obstructed by contraction, and this may be followed by a recurrence of the ulcer. In cases in which a pylorotomy has been made, this has never occurred in my experience.

At the present time the choice of operation must lie between the methods introduced by McGraw, that employed by Mikulicz, Moynihan's method, or the method developed by Mayo-Murphy's oblong button; or Connel's

suture method can be employed in connection with the methods of Mikulicz or Mayo, but it seems likely that the button will continue to lose more and more of its old advocates while it is not likely to gain many new ones. This is true, especially, because with it the size of the opening is virtually limited, and there is a distinct objection in the minds of most surgeons against a non-absorbable foreign body.

The one great point in favor of the button is its ability to punch out an opening, and to leave the union between the stomach and the intestine with the slightest possible amount of connective tissue.

In order to be any practical value this paper must point out some of the dangers to be avoided in surgery of the stomach.

Unnecessary Traumatism should be Avoided.—There is great danger in unnecessary manipulation, because this increases the shock and the tendency to infection.

In all of these cases much can be done to prevent this by making an ample abdominal incision. Much time is frequently occupied in finding the jejunum, resulting in useless handling of viscera. By simply lifting out the transverse colon, and following its mesentery to a point a little to the left of the median line, one can always find the beginning of the jejunum in a few moments.

In gastrectomy and pylorotomy it is possible to reduce the manipulation to a minimum by simply grasping the four main arteries, and also the greater and lesser omenta between these four points, and then excising the intervening portion, which has been grasped by long-jawed forceps, in order to prevent leakage.

There is danger of necrosis of the stomach, if the gastric artery is injured, and of the transverse colon, if the middle colic artery is grasped in clamping the greater omentum.

In making a posterior gastro-enterostomy, there is danger of contraction of the opening in the mesocolon, unless the edges of this are sutured to the stomach.

There is always danger of angulation of the jejunum at its point of attachment to the stomach.

In all stomach operations it is well to have the patient placed in the sitting or semi-sitting posture, within a few hours after the operation, in order to prevent hypostatic pneumonia, and to facilitate drainage of the stomach by gravitation.

The greatest danger after operation comes from acute gastric dilatation, but this can be remedied readily by introducing the stomach tube. If gastric lavage is employed, it is, however, important not to introduce a sufficient amount of solution to do harm by pressure. Half a pint at a time is quite enough water to introduce. It is a rule with us to make use

of gastric lavage, whenever any patient is distressed after an operation upon the stomach.

In three cases in which gastro-enterostomy had been performed for the relief of pyloric obstruction in my series of cases the progress was perfectly normal for 3, 5 and 8 days, when the patient suddenly began to suffer from dyspnea. This continued for 6 to 12 hours, when the patient died. In the first two, an autopsy was not permitted. In the third it demonstrated the fact that the patient had died as the result of acute gastric dilatation.

We had previously had a number of similar experiences less severe in character, in which the dyspnea had subsided at once upon the use of gastric lavage, but it had not occurred to us that the distress was really due to acute dilatation.

One would think it almost impossible for this condition to escape recognition, but the presence of the dressing over the abdomen, and the fact that the distress is referred to the chest, is almost certain to lead one astray, unless one's attention has been directed, especially to the possibility of the occurrence of this condition. We have since observed this acute gastric dilatation to a greater or less degree in a number of cases, and have always been able to obtain prompt relief by the use of the stomach tube. Aside from the gas one always finds decomposing mucus and usually some old blood.

It is well to bear this possible condition constantly in mind in the after treatment of these cases.

Feeding.—These patients should be given one ounce of one of the various predigested foods in three ounces of normal salt solution as a nutritive enema every four hours.

After the third day some of these predigested foods may be diluted in water and given by mouth, but the rectal feeding should be continued.

Later, broths and thin gruels may be given, but should not be given until quite late, as they are rather more likely to decompose than these pre-digested foods.

The patients may be permitted to chew steak, and to swallow the juice within a week after the operation.

THE AMERICAN DISEASE: AN INTERPRETATION.*

By WILLIAM BROADDUS PRITCHARD, New York.

MEDICAL nomenclature, certainly as regards names for many diseases, stands to-day the most neglected, the most incongruous, the least rational and the least progressive of all the minor divisions of the subject. Many of those most familiar justify a

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continued existence solely through the fallacious law of traditional custom. In some instances, both name and disease being inelastic—typhoid fever or epilepsy, for example—no special harm is done. In others, as hysteria and chorea, we continue to insult intelligence apparently without either consciousness of shame or hope or desire for reform. There is something of promise in the tuberculosis of to-day rather than the consumption of our fathers, but much remains to be done, the work having scarcely begun. The field of neurology, perhaps, more than any other needs the scythe and pruning hook. The latter instrument could, in my judgment, be used with particularly beneficial effect if employed vigorously and with discriminating judgment in neurological nosology. Its first work, if in my hand, would be to clip and trim and shape into at least some semblance of definite form and substance that phantom, once a tree, now a forest and rapidly becoming a wilderness, so rank and riotous is its growth, neurasthenia. No shorter road to nervous prostration exists than along the route of present interpretation and mental comprehension of the term as generally understood or misunderstood. I confess to an antipathy—I think rational though amounting almost to an obsession—for the word. Originally intended to possess a definite significance, its field of application has been so elaborated and broadened and abused that to-day it means almost anything and with equal truth almost nothing. The inspiration which gave it birth marked the genius, but the child had grown a monster, fattening upon the flesh of hundreds of brothers and sisters, and even its cousins. It is still from custom classed among the neuroses or psycho-neuroses and thus the special property of the neurologist, but like its twin sister—the only sister left, by the way—hysteria, it has wandered afar with an omnivorous appetite and is known to-day and claimed in some one of its hydra-headed forms in every field of medicine. To the stomach specialists belong the gastric and lithemic types, to the surgeon the post-operative and some of the traumatic cases. The sexual neurasthenic is the property of the genito-urinary specialists, the reflex cases are almost equally distributed to those who know the eye, the ear, the nose and throat, while the neurologists divide the remainder with the gynecologists, or play battledore or shuttlecock with all. The general practitioner alone is counted an invader in this field, and he, wise man that he is, with appreciative philosophy rarely feels himself aggrieved.

My criticism is not of the term etymologically. On the contrary properly restricted in interpretation, it is an excellent example of word-making. It should stand, however, for either fish, flesh or fowl—for a definite entity or syndrome—if retained in our nosology. If discarded in this field, by all means keep it, but restrict it to the broad descriptive sig-

nificance of a generic term alone. I am not yet willing to accept the dictum embodied in the recent paper of an eminent American writer who, with a stroke of the pen, announces the passing of neurasthenia, for which he would substitute a group of pure psychoses, if for no other reason than that he leaves us none the better off for such a begging of the question; and yet one is almost tempted to let it pass away into final oblivion and without a protest on reading a serious thesis by another recent writer upon neurasthenia in babes. If it is to continue a neurological and general medical waste-basket into which we are to dump all forms and degrees of illness associated with irritable nervous weakness to which we cannot attach a standard label, then it cannot be lost too quickly. It means to-day to the student mind mystery, confusion, chaos and correlated aversion, curiously mixed with a contradictory fascination; to the patient it has become a term full of suspicion; to the medical teacher it is a term of reproach. No observation or experience during my fifteen years of post-graduate teaching has been more emphasized than this attitude or mind of the student body. Year after year and many times a year, the cry has been the same from all my classes: "What is neurasthenia?" I think you will agree with me that something should be done. The solution of the problem to me seems relatively simple. Let us stop running after strange gods and the making of false idols and return to the worship of our fathers and to one faith. There is a nervous affection—the very same which originally inspired Dr. Beard to coin the word, with a broadly constant symptom picture, a more constant etiology, a conjectural pathology, a fairly certain prognosis and a definite plan, in principles at least, of treatment, the chief and essential symptomatic manifestation of which is an irritable, quick exhaustion of nervous function in many or all directions. It has become almost lost, it has suffered degradation, it has fallen from the genius to the species in the literature of the subject, not so much through intrinsic conditions, but because of the confusion and chaos of interpretation. The dignity and importance of this subtype, its rapid and progressive increase, the charm and fascination of its study and of its remedial and curative treatment are such as justify and, indeed, demand that it be taken from this chaotic mass and be given a distant identity. Let *this* be neurasthenia. We shall simply give back to Cæsar what was his, lost property to the original owner. It is but the restoration of the birthright. How the thief will cover his nakedness is his problem, not ours.

I have but borrowed for a purpose my title, and having explained my motive, I discard it. And yet it is not altogether bad. That it has the ring of cheap sensationalism is a just criticism, though nothing was further from my mind, a disavowal which I hope has been anticipated and is accepted. In much that the condition that I have in mind represents,

in much that is peculiar to this affection—to neurasthenia—the term, the American disease, is both accurate and appropriate. As I conceive it, it is an American disease indigenous to this soil, and essentially a product causative conditions peculiar to this country. That it now exists elsewhere, and probably always did in sporadic form I do not doubt, but this is its home, this its soil, this the atmosphere in which it luxuriates. What is this disease? What are its symptoms? How differentiate it? What is its etiology and prognosis, and how is it to be treated? My limit of time will permit me to create the scheme of the picture only, but if the viewpoint be the proper one and the perspective liberal in breadth any one of my audience will, I am sure, be able to do the filling in. I would count my work well done and a good end accomplished if I did no more than infect you with the enthusiastic interest with which the subject inspires me. In the effect to do so I shall create part of the perspective referred to. First as to your material: Neurasthenia never occurs in fools. The idea constitutes a paradox. Neurasthenia may make a fool, but you cannot make a fool a neurasthenic. It is a disease of bright intellects, its victims are leaders and masters of men, each one a captain of industry. Each case is unique as a study if you are to study helpfully. There are no arbitrary limits to the horizon of studious effort. The political history of the world has been made largely by paranoiacs. Mahomet, Peter the Hermit and Oliver Cromwell are examples in point, to go back no further. In each there was an imperative and an impelling monomania. The world of literature, of art and of science, of fruitful endeavor in all higher fields, is indebted in an analogous degree to the neurasthenic, analogously endowed with an imperative and an impelling energy. Dr. Gould's list includes such names as Carlyle, Wagner, Huxley, Spencer and many others. The confidence, the faith of patients of this type, is to be classed as an inspiring stimulus in itself and is well worth the struggle to grasp understandingly this subject. That yours is the helping hand depended upon by such men—such giants—whom you may lead as little children; the knowledge that you, and sometimes you alone, may bring back into the world's arena of action and into the old supremacy, such factors in the world's work, represents to my mind an objective, a purpose, a sphere of usefulness second to none of the many laudable ambitions along the highest planes of medicine.

In painting the clinical picture it would mar my scheme to paint an individual likeness. I shall give you first the basis for a composite photograph, made up of the case histories of fifty selected patients from private practice. Forty-two of these were American born, the remainder, 8, with two exceptions, had been residents more than fifteen years; 22 were from New York City, 4 from Connecticut, 3 from

Massachusetts, 5 from Pennsylvania, 2 from New Jersey, 5 from as many different Southern States, 1 from Canada, and the remaining 8 from as many different sections. Forty-three were from cities of more than 100,000 inhabitants, although only 21 were city born. The average was 37, the oldest 62, the youngest 26. Without a single exception all were brain workers. Sixteen of these fifty had been makers of history in different spheres, some large, some small; mercantile, literary, religious, scientific, political or economic. Two of the number were among the hundred captains of industry assembled in a list made to commemorate a national function celebrated a few years ago. By occupation 13 were financiers, in multiple mercantile lines, really better described as promoters; 6 were lawyers, 3 clergymen, 2 merchants, 5 physicians, 5 brokers, 4 school teachers. Of the remaining twelve, 2 were professional politicians, 2 corporation officials, and 4 managers of large industrial plants. Four of the fifty were men of independent, self-acquired means, who described themselves as having no occupation at the time of record. They have been included in the groups mentioned according to previous occupation. Four of this series were women, 1 a journalist, 1 an actress, and 2 of them teachers. Fourteen of the fifty were unmarried, the age average of this series of fourteen being relatively high, forty-four. The four females were all childless, though two of them were married.

Instead of an analytical elaboration of individual symptoms, let me give you a standard clinical history selected from the series of fifty as a type portrait.

M., aged 33, male, born of healthy, good stock, American parentage, the only handicap being parental poverty. Driven by necessity and by that subtle factor, temperament, to early effort in extraordinary degree, he acquired the strenuous, ambitious, high tension, keenly sensitive habit. He could not afford a liberal or broadened education because his own dollars paid for it. At 19 he was in business as apprentice in a large establishment manufacturing mechanical engineering appliances. At 26, with a capital of \$500, he organized a company, had it incorporated, was president, secretary, treasurer, superintendent and salesman, and chief stockholder, entering into competition with established and lavishly capitalized rival corporations. Awake at 7, he hurried through breakfast a few minutes later, mixing an omelet with an order or a countermand, assimilable sometimes with the former, always incompatible with the latter, taking in with his coffee the London market or the Paris bourse, dividing the steam supply between brain and stomach when it should have been all turned on at the point of physiological demand. A hurried walk to the train, possibly a delusional constitutional in this very walk, the steam being still turned on

to the top floor. In the office a pile of mail, interviews with clerks, orders, directions, instructions, detail work in every department. Just here *en passant* is laid the immediate foundation of the breakdown. It is the man of detail, the man great in everything except the qualities which make the general, who becomes the neurasthenic. It is the crime of attending to minutiae which makes the nervous derelict. The general is never a neurasthenic. It is the one flaw in the statute of true greatness. That quality, the highest, which helps us to select our lieutenants, is always lacking. The neurasthenic is the arche type of the poohbah. He is not only general, but also colonel, major, captain and private. The penalty is inevitable. No man can do the work of four along higher lines without paying for it.

After four hours in the office this man goes to lunch, tired, nervous and with preoccupied mind. He takes his secretary or manager, and again the attempt is made to mix a steak or an omelet with a business problem. The steam is still turned on at the top, or patient eats fast and drinks a lot of water or other fluid, prematurely flushing the contents of the stomach into the intestine. Already by nervous inhibition he has interfered with biliary and other secretions. The intestine, the duodenum, cannot take care of the albumenoids—the proteids—properly. It cannot take care of its own. The alkaline reaction of duodenal secretion has been upset by the flushed overflow of acid gastric juice, the secretion of bile has been inhibited by the state of mental tension and the diversion of energising agencies from digestive viscera to brain. Fermentative decomposition with resulting ptomaine and toxine formation follows, deficient nutritional assimilation plus chemical irritation are added to cell fatigue along a routine line without rotation. Notices of protest begin to come into first subconscious recognition, but are disregarded. They may come from any one or many sources. Headache of the cincture or helmet type, vertigo, a sense of irritable weakness, mental and physical, follows; vague mysterious messages in a strange language, never heard before, are received but not understood. This patient has always been well and has had no training along the lines of familiarity with symptoms. These messages at first ignored, sometimes hushed with a cocktail or a highball, or many of both, becomes more and more continuous and imperative. The habit of almost mechanical activity of mind projects itself into the hours of sleep. Insomnia develops, at first as dreamful, anxious sleep, then with fitful, broken sleep, and later with an allowance cut by more than half from the normal. He awakes tired, irritable. The pneumogastric is one of the first and often the most emphatic of the aggrieved protestants. Palpitations, overaction, an irregularity partly toxic, lay the foundation for what later has become an obsession of fear of sudden

death—precordlangst—heart anguish. He fears to be alone, to walk alone, to sleep alone. To this other fears have been added. A perfectly legitimate dizziness has laid the foundation for an almost hallucinatory persistence of this impression. Rapid motion, as in the cars or a carriage, high places, sudden changes in the visual perspective, originate as many phobæ. Every nerve gets on edge and this hyperesthesia of auditory, or visual, or olfactory, or gustatory, or pneumogastric nerve, varying, as it necessarily does, in degree, gives explanation for the proteid system picture. It is the mystery of it all which leads to introspection in attempts at explanation, and finally to an exquisite exaltation of subject consciousness, a veritable delirium of anguish.

Neurasthenia is essentially a recoverable affection. In a majority the recovery is complete and final. In a few, usually neglected or mismanaged cases, the recovery is imperfect, relapses are common and the neurasthenic habit becomes almost a part of the individual. Even in these cases a steadily progressive tendency to recovery and to a normal poise as the final fixed habit may be established by persistent effort based upon an intelligent understanding of the general principles to treatment plus an appropriate application of such principles to the personal equation of the particular patient. Neurasthenia carries with it no penalty to succeeding generations. This statement is contrary to a *priori* reasoning, and also contrary to routine teaching and unthinking or ignorant belief. It is a statement based, however, upon careful observations in an extended experience, and I believe it to be absolutely true. The victim pays the whole penalty; the disease is free from the law of entail. The high average standard of good health and nervous poise in the children of neurasthenic fathers has been a frequent personal observation.

I do not believe that any individual case of neurasthenia ever originated in a single cause. The very essence of the affection makes such an hypothesis a paradox. Equally true is it that no single agency is sufficient to explain the prolonged maintenance of this condition. Any one of many causes may appear to dominate in a given case and for a given time, but the carefully studied etiology will prove a complex one in every instance. The list of stereotyped and empirically accepted causes is a long one and undergoes a progressive expansion from year to year. Overwork, worry, prolonged mental tension and anxiety, malnutrition from deprivation of food, sleep and rest, toxemia of auto-genous and heterogenous sources, shock, trauma, reflex irritation, and as many more are on the list. Most of these are contributory factors only, and some are effects which are essentially secondary, being part of a vicious cycle, vicious in fact and even more so in interpretation. The insufficiency alone of any of these factors is tacitly admitted in the

usual statement that an hereditary predisposition is fundamentally necessary, a proposition not sustained in my own experience, though carefully investigated always. Neurasthenia is, I believe, essentially an acquired state and heredity, except of temperament, and a high grade cortex is an almost negligible equation. My chief criticism of the ordinary etiology as outlined is the narrow viewpoint with resulting technical limitation in treatment. What is the cause of these causes? *The factor in neurasthenia in the American disease—the factor common to all cases—is, broadly, that of atmosphere—the atmosphere peculiar to this country, the atmosphere of limitless possibilities, not in one field, but in all; in commerce, in art, in literature, in every field of intellectual accomplishment. It is this ether of limitless possibilities which stimulates the individual to a degree of effort, of tension, of strain, of superstrenuous endeavor, impossible and unknown, except by the infectiousness of example elsewhere. There is no limit to the game, and anybody may sit in. America is the only country in which you can go in with one white chip and have a chance to quit the biggest winner. It is this atmosphere which is the incentive to overwork. It is the anxiety, the tension, the strain of the game, which brings worry, loss of sleep and all the rest; and even here the penalty comes indirectly. The intoxication of endeavor, the delirium of effort, is at the expense of all conservatism. The laws of nature—inexorable as fate—fate itself, in fact, are violated not daily, but every hour. The hygiene of life is set aside. All kinds of degrees of insult are offered to brain, stomach, heart and every other organ. Day after day the steam is kept turned on and at full pressure to the one floor, and, worse still, often to the one room. Is it any wonder that all the rest of the house grows cold, or that, the power being insufficient, the machinery of the lower floors works poorly and makes poor goods? Every function suffers sooner or later. One after another, and sometimes several together, they protest, then openly rebel and finally go on strike. Indigestion, toxin and ptomaine formation, torpor of sewage function and resultant defective elimination add the element of chemical irritation, or autotoxemia, or lithemia, to the situation. The tired brain cell gives way under this added handicap and goes out on sympathetic strike.*

The accident of dominating symptoms in a given case is but rarely of any value in determining the etiology. Gastric and lithemic and other types may be recognized and distinguished symptomatically with some minor advantage, but no more serious error of interpretation exists than to conceive of them as primary etiological types with a correlated therapeutics. Anti-lithemic drugging will not cure a lithemic neurasthenia nor will lavage make well your so-called gastric cases.

I have again and again noted a urine with specific gravity above 1,030 with 14, 16, 18 and even 20 grains of urea per ounce, with lime oxalate and urates in abundance, all these conditions giving way to the normal under direct treatment, the neurasthenia remaining essentially unchanged. I never knew a sexual neurasthenic, so called, to be cured by any plan of direct genito-urinary treatment, and this statement applies with equal truth and force to all efforts (and I have seen many) to cure the reflex cases by removal of a supposed cause in any peripheral irritant.

I know of no condition in medicine which demands more exactingly of the physician all the diagnostic resources of the profession, and yet mistakes in diagnosis should be rare. The symptomatic semblance of neurasthenia—the pseudo forms—which may sometimes present much of the picture, but will always show a radical omission or addition somewhere, should always be in mind and should be excluded carefully seriatim. More than one patient referred to me as a neurasthenic has been found to be the real victim of tuberculosis, of malaria, of Bright's disease, of gastric ulcer or some other similar affection. Anomalous forms of Basedow's disease in women and various toxic states among men have represented especially common mistakes in diagnosis. Paretic dementia in its incipient stages and some forms of melancholia, particularly the affective types, demand special mention. A guarantee of escape from the opprobrium of error as to the pseudo types is possible only through an exhaustive recourse to all measures and method of accurate information. Elaborate urinalysis, blood examinations and often examinations of the sputum is a routine procedure with me. In any case in which the dominant symptoms are referable to a particular function or organ persistently, I am proportionately suspicious of a local disease at least complicating the general state. It should not be forgotten that a neurasthenic may have a co-existent Bright's. In Basedow's disease which, as we know, may utterly lack the spectacular symptoms, the absence of goitre and of exophthalmos may easily lead us to interpret the nervous irritability, the quick exhaustion, the fears, the digestive and other functional disturbances, the loss of sleep and the widespread vasomotor symptoms as due to a neurasthenia, but the habitual quick pulse, the shallow respiratory action, the diarrhea and the *tout ensemble* of constancy in the picture will always give rise to doubts which will be converted into negative certainty when the etiology is considered. From paretic dementia we can distinguish neurasthenia by the presence in the former and the absence in the latter of organic signs. No matter what the degree of incipency, if the disease has advanced to the point of inducing symptoms, we shall find in paresis somewhere some of the physical signs. Special care should be observed in the melancholic (by the way, the majority type) forms of paresis. In melancholia we have, no

matter what the subtype, a constant syndrome; a characteristic facies, a post-cervical ache, a shortened sleep, an irrational melancholy and a tendency to suicide. In neurasthenia this facies is absent and the tendency to suicide is rare. Melancholiacs get to sleep as a rule with but little difficulty, but wake too soon, at 2, or 3, or 4, and sleep no more. In neurasthenia they sleep lightly, dream much and wake often. The post-cervical ache may belong to both, but in neurasthenia it is often a cincture or helmet headache, quickly dissipated by mental diversion. The neurasthenic can laugh, the melancholiac cannot. For a melancholiac to laugh is to refute the diagnosis. From myasthenia gravis it is to be distinguished chiefly by the absence of dominant bulbar symptoms.

What is the pathology of neurasthenia? The answer is almost anyone's guess, and yet to know the lines of experimental research and investigation already established is a long step in the direction of what will finally prove the correct guess. The work of Hodge, familiar to you all, was a far call in the right direction, and while it has given us no final solution, it probably paves the way to the yet to be demonstrated pathological explanation of these cases. The effects of fatigue, of worry, of irritation, upon the brain cell structure was proven to be actual and demonstrably so, by his work. Barrows has added observations which demonstrate with equal positiveness, the structural and sometimes actually organic changes and results which follow to the cell from malnutrition. All neurasthenics, it should be remembered, are examples of malnutrition from faulty assimilation and metabolism, usually secondary. The work along chemical lines with a final explanation in states of auto-intoxication promises much but that which appeals most strongly, even though as yet it offers least in a tangible, material way, is a combination of the others with an imaginative elaboration of the ion theory. The analogy of the highest governing nervous system with a telephone service in a large city has occurred to many, appeals to most of us and is familiar to you all. We have all been able to grasp mentally some conception of the power plant, the conducting wires, the receiving and transmitting station of the subscriber and a central, but the plan of a central switchboard is where we stop: The hello girl of the central station will not do. She is too unreliable; she goes to sleep on post; she talks distracting gossip; she has no sense of duty at times. Her sole stimulus to duty well done is often the approval of the inspector only and the \$10 per week. Neurasthenics don't gossip, they don't go to sleep—more's the pity—and yet the switch gets out of gear and you cannot get a connection, or if you do there is a buzz and you cannot understand which stands for the weakness; to which we might add in carrying out the analogy, the usual profanity, to represent the ir-

ritability. Mendelssohn, Frankhauser and others, in attempts to give a tagible, graspable explanation of electrical action upon nervous function, have advanced and elaborated what might be called the theory of wandering ions. You will recall that, when first announced, the neuron theory, in addition to facts proven, claimed, but did *not* prove a distinct individuality for each neuron, with no anastomosis anatomically with other neurons. This undemonstrated claim was unaccepted for the reason that it left less explained than before the observed and familiar facts of concert of action and synergistic relationship of nervous function which seemed to demand some anatomical connection. Imagine bodies endowed with auto-genous mobile life, which stretch an arm from 1 to 5, or A to G, wandering about with a restless usefulness, connecting two separate souls who want to get in touch in the same way but with infinitely more of reliability as the central hello girl connects you up with the number you send in from the transmitting phone. Imagine these little bodies goaded day after day to extraordinary effort, allowed no rest, no sleep, whipped by alcohol or tobacco, or coffee, suffering from deprivation and irritation in every way, rations served foul, working for a thoughtless, selfish, utterly inconsiderate master. Do you wonder that they get discouraged, tired, exhausted and confused, taking messages wrong, turning in a fire alarm here, calling in the police there, doing many things which they should do not and leaving undone those things which they should do? Very pretty, you will say, but fanciful. I admit it, but I deny any more of fact in any other theory.

The first step—the essential foundation of any plan of successful treatment in neurasthenia is the setablishment of a proper relation between physician and patient. The status of the physician should be firmly established before the question of treatment is considered at all. He will have laid the foundation of any plan of successful treatment well in a direct ratio with the thoroughness, the exhaustiveness of his diagnostic examination of the patient. Nothing should be taken for granted—no second hand information should be accepted. At the risk of being tedious, examine for yourself. Five minutes or less is often more than sufficient time for a final diagnosis in paresis or tabes—two hours is often time well spent in the first examination of a neurasthenic, and this is true even in the instance in which as many minutes, only, have been necessary to convince you of the nature of the case. Remember—there are two parties to the transaction. Your own enlightenment is not the only requisite. The neurasthenic always takes himself, and at least, some of his symptoms seriously. To tell him abruptly that this or that means nothing is not convincing to him, however true to you. No obvious foundation has been laid for so positive a statement in so short and superficial an examination. To you many of the symptoms are

distorted by exaggeration, to him they are real. Do not forget the axiomatic fact that neurasthenia does not develop in a fool, and as corollary to this fact make your appeal to the intelligence of your patient. Explain things; give the patient something tangible to grasp, some explanation that appeals to reason. He will leave the ether of imagination and come down to the terra firma of fact gladly. The effect at first may be upon the subconscious ego only, but the leaven of action will later rise into controlling consciousness. The physician, by the way, should never think, or believe, or guess; he should know. Therefore, he should lay at least a plausible foundation for such knowledge in a patient examination at the first interview. It is just as important that a reverse attitude should be the rule thereafter. Discuss with your patient in subsequent interviews every topic conceivable *except* his illness. At stated intervals go over the case objectively, taking an account of stock. Where favorable progress is noted, not only mention it—prove it; if still in *statu quo*, explain the delay in results. Silence is rarely golden in such situations. Equally important with this factor or proper relationship between doctor and subject is the control of the patient's environment. Just which is proper varies with different cases, but once settled, it should rarely vary with the case. Compromises and concessions are always dangerous. The patient's hand should never touch the tiller, once you have taken charge of the ship. First place him so as to minimize the influence of all adverse factors, domestic, financial and otherwise. Break up, as far as possible, all subtle or obvious factors which contribute to a morbid introspection by conscious or subconscious association. Encourage objective consciousness by a change in the physical and mental atmosphere. Sometimes this must be done radically, and the patient cut out from the family or from his business. Never leave him idle. Put him with a tactful, resourceful, sensible, attendant—train your own nurse by the way—train him over again, if a hospital graduate. Don't call him a nurse in any event—neurasthenics resent trained nurse. Give all your instructions to this nurse-companion—never to the patient, who should have nothing whatever to do with the case. Arrange all details of diet, of exercise, medicines, baths, diversion, etc., with the nurse. Give your patient a chance to escape from a knowledge every hour of the day that he is a patient. Keep him busy, fill in every minute of the day. A salt rub in the morning, the patient standing in eighteen or twenty inches of hot water, three minutes of practice in deep breathing exercises, after which comes breakfast. All meals should gradually be made as full and nutritious as possible. I observe idiosyncrasies, but no other law of special diet. After each meal from twenty to thirty minutes of recumbent rest is insisted upon—a habit observed by nearly every carnivorous animal, except man. Next

comes the daily visit to my office, with treatment by the galvanic current, one electrode back of the neck, the other over the forehead, both as large as possible, in order to get the utmost diffusion at the point of contact and thus a maximum of electricity with a minimum of discomfort from local action. A steady battery, a rheostat, a meter, and proper electrodes are absolutely essential. Part of the benefit is undoubtedly due to suggestion. This is a small part, however, by comparison with what I am firmly convinced by years of careful observation to be an intrinsically dynamic effect of sometimes striking benefit from electricity thus administered in these cases. I never exceed five milliamperes in amount, or half an hour for the seance. Usually I begin with one milliampere and a five-minute seance. On leaving my office, my patient goes direct, riding or walking, according to circumstances, to a gymnasium, the director of which, Dr. Watson L. Savage, is a medical graduate, whose life work has been given with enthusiasm to the cooperation, elaboration and perfection of a plan, which we both believe will, when perfected, prove a specific curative treatment for these cases, a proper environment and control being the only other essentials. By this plan of psycho-physical education control, we secure, by the indirect method, what is always difficult, and often impossible, by any direct plan—a lowering of tension, a mental relaxation, a return to rational inhibition, to order from chaos. These patients are taught the lesson of physical, muscular relaxation—how to lie down, how to go through the mattress to the bottom, how to turn loose physically. That the muscular system is energized and overkeyed into states of hypertension through sympathy in states of mento-nervous exaltation is familiar to us all in the tense mouth, the corrugated brow, the clenched hand, the restless walk. We simply start at the other end, and re-educate the higher through the lower. The quickest, the surest, the most rational way to key down a man mentally, is first to key him down motorially. I have waited for ten years of results to accumulate before announcing publically, except in the lecture room, the value of this procedure. I give you no experimental theory. My unqualified endorsement is based not only upon a rational conception but many confirmations in experience. I count this part of the plan of treatment in neurasthenia one of the most positively helpful and essential of all the major details. The afternoon, following lunch and another half hour of rest, is spent out of doors—a drive, a horse-back ride, golf, tennis, a walk, a visit to some museum or place of public interest; a shifting from one to another of these various diversions, largely based upon the personal equation of temperament and aptitude in your patient, fills up the afternoons. In suitable cases part of the evening must be filled, and occasionally the theatre or a concert can be utilized, but never at the expense of sleep, if insomnia be present. A half-hour massage at bed time closes the day's work.

This one symptom, insomnia, must be controlled always. Make your patient sleep—count a dreamful night insomnia. Veronal, trional, sulfonal, in 5, 10 and 15-grain doses are effective and satisfactory. I often shift them. All should be given in some hot menstruum. No nervous patient should ever know his drugs—send the prescription yourself, and always mark it, "No copy. Do not repeat." Fifteen years ago a few neurasthenics under my care came back to health and nervous poise in spite of the drugs which I employed in treating them. For five years past, using less than half the drugs, my percentage of recoveries has increased four-fold. Drugs play a varying part, sometimes no role at all, again, a vital one. Some patients demand them, others are indifferent, and still others need them neither mentally nor physically. Sleep must be secured and maintained, elimination and prompt sewage function regulated and complicating accidents combatted. For temporary use, until the regime outlined becomes effective in lessening it, the mental state of habit unrest and hyper-psychical-esthesia should be controlled, and the drug which most effectively accomplishes this purpose is opium in the form of the denarcotized aqueous extract in doses from one-tenth to quarter-grain three or four times daily. Free water drinking between meals is a desirable habit to encourage and a positive water, always symptomatically remedial in cases in which lithaemia is an aggravating factor, is the Royal Fachingen. I do not believe in the sanatorium treatment of these cases as I know sanatoria. If the ideal sanatorium existed, the sanatorium plan would be ideal. I add nothing to your personal knowledge, when I tell you that such an ideal does not exist. I can conceive of no more fitting nor important statement in conclusion than one of the condemnatory criticism of the misapplication of the Weir-Mitchell plan of rest and isolation in these cases. It is to be condemned first, as involving the conception of a *routine system or plan of treatment*; second, as encouraging introspection; and third, as violating in principle all intelligent interpretation of the whole subject. For women and feminine males it will do no harm; for men and masculine women it is an insult to intelligence.

THE FIFTH CASE OF SARCOMA TREATED WITH X-RAYS.

By JOHN McMASTER, B.A., M.D., Toronto.

CASE 5.—Miss H., age 21, consulted me in December, 1902, for a growth in her face and neck. She gave the following history: A small lump appeared on the side of the head in front of the ear. It was about the size of a hazel nut in September, 1900, when it was removed by a surgeon of this city. On examination it proved to be a small round sarcoma. In a few months it recurred in the same location when it was

again removed, but by a much wider and more extensive operation. In a few months it returned again and grew more rapidly than before. Discouraged with the result of operations she went to Markham and had it removed with plasters. This took three or four months to completely destroy the growth which was as large as a cocoanut, nodular and elongated. She suffered a great deal during the prolonged treatment; but, finally the mass was removed, the wound healed up, and, apparently, the growth eradicated. In a few weeks, however, it reappeared again more extensively than ever; and its growth was alarmingly rapid. When I first saw it, some three or four months after its removal by the plasters, it was about six and one half inches long, extending from one inch above the level of the eye, down the side of the head in front of the ear, and well below the angle of the jaw in the neck. It was in places quite purple in color, and large, tortuous veins covered its surface. It reached well over the molar bone below the eye almost to the nose. The vascularity of the growth was very striking. In places it was quite elastic to the touch and in others very hard and firm. It was immovable and firmly joined to the bones of the face. Early in January, 1903, x-ray treatments were begun and 15 treatments were given in five weeks using the most approved technic then known. After this as much of the growth as could be removed with safety was excised and the malar bone and those adjacent were curetted. The bone was quite soft and easily scraped away. Much more could easily have been removed. The ragged flaps of thin skin were laid over the wound and retained by compresses, rolls and some long sutures. The hæmorrhage was very profuse at the first, but was readily controlled by hot sponges and compresses. Three days after this operation she was again submitted to the x-ray treatments. These applications were made on alternate days. Under these treatments the wound healed very rapidly, being complete in a little less than three weeks. The deformity resulting, while quite marked, was not nearly as great as one would expect. Before the removal of the growth, her health was poor, and she had lost weight. Almost immediately after the wound healed, she began to improve and continued to do so till she became stronger, heavier and better than she had ever been. I continued the treatments till April. Then a course of treatments by Coley's toxins was carried out in conjunction with the x-rays. I felt that the disease might not be eradicated from the bones below the eye. Treatments were continued till the end of August, when she was sent home with instructions to report at once if she noticed anything wrong. By this time a very great improvement in her appearance had taken place and all evidence of any disease had disappeared. In March of 1904, she returned with some discomfort and aching in her face. There was nothing visible, but on close inspection under pressure there was evidence of trouble deeply situated in the malar region. Vigorous raying was begun and in about two weeks

a burn was produced which caused her some inconvenience. The disease was evident and I evacuated a small quantity of broken-down, pulp-like, bloody substance from the cheek. Began raying again, keeping wide of the infected area, giving long exposures at long distance with a moderately hard tube. By the middle of April it was evident that raying would have to be discontinued, as a superficial burn was developing. This took about five weeks to recover and, in its early stage, gave her considerable inconvenience. A mild galvanic current applied to the part, using the negative pole, brought about active healing. After recovery from the burn, the appearance showed that there was still disease deeply seated in the tissues and possibly in the bone. Believing that the parts would not be able to stand sufficient raying to destroy the disease without producing another burn, I resolved to make use of the electric current to drive a destructive agent into the affected tissues. Mercury was the drug used and I followed Dr. Massey's plan. A thin sliver of zinc was newly amalgamated with mercury and inserted into the diseased tissues by an opening made under cocaine-anæsthesia. A constant current of ten milliamperes was employed for fifteen minutes at each seance, the positive pole being attached to this zinc, while the indifferent negative one was applied to the back, using as broad an electrode as possible. Very little pain was experienced as a drop of a saturated solution of cocaine was applied to the positive pole during the treatment. In the next cataphoric treatment I used Donovan's solution, applying a small wrapping of absorbent cotton to a platinum wire, about as thick as a small knitting needle. I inserted this into the opening under local anæsthesia, keeping it saturated with Donovan's solution. These treatments by cataphoresis were alternated, six of each being given, five or six days intervening between each treatment. As the tissues affected by the growth were most easily destroyed by the mercury and arsenic, it was found that the malar bone was involved and the structures beneath the zygomatic arch. During the progress of this treatment and while the growth was still present, her health suffered. But again it returned and she grew quite vigorous. The wound healed kindly, and without much disfigurement. Several x-ray treatments were given during August and September, partly to improve the motion of the jaw by removal of scar tissue, and to destroy outlying foci of disease if still present. Being an accomplished singer, it was a great delight to her to find that she could again use her talent, and open her mouth almost as widely as formerly. But greater sufferings were in store for her. During the latter part of September she had repeated and severe attacks of neuralgia and ear ache on the other side of the head. Deafness gradually came over the left ear and the pupil of the left eye dilated. A numbness of the left cheek and side of the head developed with almost constant pain in the region of the ear,

deeply situated. She suffered a great deal but no visible focus of disease could be located. It became evident by the first of November that a growth was slowly developing in the region of the petrous portion of the temporal bone, probably involving the meninges. The subsequent history in detail I cannot give, as she returned home and was under the care of the family physician till her death in April, 1905. It is singular that the metastasis should take place on the opposite side of the head to that on which the original growth existed. When it took place and what was the cause of it I am unable to answer. After going through so many operations without dissemination, I had high hopes that if the local disease in situ could be destroyed, a useful life would be spared. Apparently the growth was destroyed on the side on which it originated. The x-rays exerted a marked inhibitory effect on the sarcomatous cells and, in time, would doubtless have destroyed them, but for the unfortunate circumstance of a burn, developing. The depth of the returning disease, about one inch from the surface, shows that it exerts its greatest effects nearest the surface. Since this case I have used this method of cataphoresis to destroy small growths with success. That it destroys growths of lower resisting power than the normal tissues, is undisputed. It also sterilizes or kills bacilli.

I have used it on five cases of tubercular glands with complete sterilization of the glands and removal of the disease with almost no markings on the neck being left behind after the treatment.

X-RAY TREATMENT OF CANCER.

The microscopic changes in the tissue, says E. G. Williams, of Richmond, Va., *Journal A. M. A.*, May 6, should be our guide as to the therapeutic possibilities in the x-ray treatment of malignant growths. It is evident, he states, that the elements of the tissues are affected according to their vitality. Dead organic matter is unaffected, and the more active the growth the greater the effect. Next to this is the accessibility of the tissues to the rays. Hence the better results with superficial or skin cancers. That moderately deep tissue can be affected is shown by experience, and the way to reach them without producing necrosis of overlying tissues is to lengthen the distance of the tube and the time of exposure. For deep growths, radical surgical measures should be recommended, as the patient should be given the benefit of the probability rather than the possibility of good results. In such cases, however, operation might be rationally followed by x-ray treatment to destroy what may remain of the malignant growth. Inoperable cases should be treated by the x-ray because remarkable results have been obtained and the most distressing symptoms of pain relieved.

QUEBEC MEDICAL NEWS

Conducted by MALCOLM MACKAY, B.A., M.D., Windsor Mills

The 76th convocation of the Medical Faculty of McGill University, on June 9th, was one of the most interesting in the history of the school. The amalgamation with Bishop's College was completed by the conferring of the degrees, M.D., C.M., upon nine members of the faculty of that college, namely, Drs. F. R. England, Wm. Burnett, Geo. Fish, T. S. Hackett, Geo. Hall, W. H. Drummond, Herbert Tatley, J. M. Sark and S. S. Benny.

Dean Roddick presented the annual report and stated that the number of students in attendance during the past season was 381, or, including the post-graduates, 394. Of this number Quebec contributed 93; Ontario, 110; Nova Scotia, 37; New Brunswick, 44; Prince Edward Island, 21; United States, 31; West Indies, 11; Newfoundland, 6; British Columbia, 18; Manitoba and Northwest, 9; England, 1.

Since 1901-2, there has been a falling off in the number of students in the faculty, chiefly from Quebec and Ontario. This was partly due to raising the fees by one-half, and the greater cost of living in Montreal; but the diminution of the English population in Quebec, and the increased equipment in Ontario Colleges have also been factors.

The dental department organized more than a year ago, was now ready for work, four students being in attendance during the session just completed.

They took the primary subjects in the first and second years, their professional studies in that period being in every respect identical with those of medical students. During the third and fourth years they will be engaged in purely dental work, their studies, under faculty supervision, being directed by the officers of the dental department. The latter comprised three professors, two lecturers, and two demonstrators. At the conclusion of a four years' course, the students will be entitled to the degree of master of dental surgery, and, subsequently, on presentation of a thesis they may claim the title of doctor of dental surgery. Thus a most thorough course will be followed, and the degree will be one worth having.

The amalgamation, or absorption of the Medical Faculty of Bishop's College was briefly referred to. The union of the two medical schools was thought to be desirable, as tending to increase the efficiency of medical education in Montreal, and also to bring about a more friendly feeling and greater intimacy between the practitioners interested in the two

schools. It was thought also for medico-political reasons that the consolidation of the English speaking portion of the profession in this Province would be desirable. All the negotiations were based upon the assumption that Bishop's College would surrender, for a term of fifteen years, the right to teach or confer degrees in medicine in the Province of Quebec. Provision was made for receiving, under certain conditions into the McGill Faculty, the students of Bishop's College *ad cundem statum*. As to the question of appointments of members of the staff of Bishop's College on the staff of McGill, the joint report read as follows: "Appointments should not be made as a necessary result of the amalgamation of the two schools; but the Faculty of Medicine of McGill University would, as opportunity offered, make or recommend appointments which would add to the general efficiency of the teaching strength of the school, particularly in the utilization of clinical fields now controlled by the Medical Faculty of Bishop's College. The members of the committee of Bishop's College recognize that any such arrangement would necessarily be a work of time."

After some years of doubt and uncertainty the Medical Faculty decided to sink its autonomy and come into fuller union with the university. This step, which was taken after grave deliberation, places the Medical Faculty in exactly the position as the other faculties; that is to say, the governors of the university will, in future, control all revenues and assume all the financial responsibility, hitherto borne by the faculty itself. By this arrangement it is felt that not only will a more healthy university spirit be engendered, but that a greater personal interest in the faculty will be displayed by the authorities of the university.

The faculty of medicine was again indebted to Lord Strathcona for \$50,000, which was to be used to wipe out liabilities incurred in connection with the recent extension of the buildings. Dr. Roddick hoped that others would follow Lord Strathcona's example, and support an institution which could never be kept running on the student's fees. The New Maternity Hospital was announced as nearing completion, and that it would compare favorably with similar institutions in any city when finished. The medical superintendent had been chosen and a full staff, as heretofore, would be in charge. An additional field for clinical work would be presented to the students at the opening of the next session, when the Alexandria Hospital for Contagious Diseases would be completed.

The Dean had a few words to say in regard to Dominion registration. In the first time in the history of this movement, the medical students had taken up the question and made their influence felt among the local members of Parliament in those provinces which had hitherto failed, or refused, to pass the legislation necessary to bring the Medical Act into

operation. Nova Scotia, New Brunswick, Prince Edward Island, Manitoba and the Northwest Territories adopted the measure in 1903, and stand solidly in its favor to-day, waiting only for Quebec, Ontario and British Columbia to fall into line. It was hoped that Dr. Pyne, Minister of Education in Ontario, would take the matter up at the next meeting of the Legislature. British Columbia would doubtless follow suit, and then Quebec would realize its impossible position and would also pass the measure. He hoped that the students everywhere in Canada would continue this agitation in this matter till all opposition had been removed.

Dr. Craik, late dean of the Faculty of Medicine, spoke upon the projected building of a students' residence, and he thought that the time was at hand when students could obtain first class board and lodging at cost price. The present system of boarding houses had many disadvantages, cost and lack of home comforts being the great drawbacks.

Seventy-three graduates received the degrees of M.D., C.M., the Holmes medallist—highest aggregate in all the subjects of the medical course—was Mr. H. C. Mersereau. Mr. F. I. Tees, B.A., carried off the final prize for aggregate in subjects of the fourth year. The following are the names of the graduates who took honors in aggregate of all subjects: 1, H. C. Mersereau; 2, F. I. Tees, B.A.; 3, H. C. Burgers; 4, C. F. Moffatt, B.A.; 5, H. A. Leslie; 6, A. R. Robertson; 7, J. H. MacDermot; 8, E. H. Henderson, B.A.

Third Year Prizeman, Mr. R. S. MacArthur; Sutherland Medal, Mr. D. R. Fraser; McGill Medical Society Prizes, W. L. Holman and R. I. Monahan.

Second Year Prizeman, Mr. R. M. Benoie; Senior Anatomy Prize, A. L. McLennan, B.A.

First Year Prizeman, Mr. R. H. McDonald; Junior Anatomy Prize, Mr. R. B. Dexter.

The following appointments were made to the Royal Victoria Hospital: Admitting officer, Dr. D. W. McKechnie; house physicians, Drs. Meakins, Burgess, Moffatt and Tull; house surgeons, Drs. McKenty, Hutchison, Lincoln, Leslie, and Henderson; house gynaecologist, Dr. Hardisty; house laryngologist, Dr. McKinnon; house ophthalmologist, Dr. Muckleston; anaesthetist, Dr. McLauchland; radiographer, Dr. Cram. Forty-three candidates applied for seven vacancies on the above staff.

The General Hospital staff has also been appointed and the following are the successful candidates: Dr. C. W. Anderson, resident pathologist; Dr. I. C. Fyshe, J. L. Robinson, L. L. Reford, reappointed; Dr. A. R. Robertson, F. I. Tees, H. C. Mersereau, I. R. B. Nellis, G. O. Hume, J. H. MacDermot, E. T. F. Richards, house physicians; Drs. C. F. Moffatt, I. H. Mason, locum tentus.

MEDICAL SOCIETIES AND GATHERINGS.

TWENTY-FIFTH MEETING OF THE ONTARIO MEDICAL ASSOCIATION, JUNE 6, 7, 8, 1905.

By HERBERT SARVETH, M.D., Toronto.

Dr. Machell, of Toronto, read a very interesting paper on "Modified Milk vs. Whey Mixture." He pointed out that the greatest difference in cow's milk was in the proteids—in human milk the proteids consist of caseinogen 6 per cent. ; lactalbumen, 1.4 per cent. ; while in cow's milk the proteids consist of caseinogen, 3.75 per cent., lactalbumen, .75 per cent. It is the caseinogen which causes the trouble. Now, if whey is used, the caseinogen is practically nothing, while the fats are reduced from 5 to 1 per cent., and the lactalbumen is .75 per cent., practically what it is in human milk. Now, if cream is added to the whey mixture, we have a very suitable substitute for human milk. He went on to show that if the child was able to digest the caseinogen it was suitable for the child, and he gave a table which regulated the percentage of caseinogen in the mixture.

Dr. H. A. Bruce gave some conclusions based on over 400 operations for appendicitis. He strongly advocated the early operation.

Dr. Bruce Smith read a very interesting paper on the Preludes of Insanity, illustrating chiefly that the prophylactic treatment of insanity was the course to follow. He believed that if the first symptoms, such as sleeplessness, indigestion, etc., etc., were looked thoroughly into there would be fewer cases in the asylums. In the discussion Dr. Mitchell thoroughly agreed with Dr. Smith. Dr. A. A. Macdonald thought it was a disgrace that people who are suddenly stricken with mania would have to either go to the gaol or directly to an asylum for the insane. Dr. Barrick thought that a special part of the asylum should be set apart for insane patients with tuberculosis. Dr. Ross thought the Government should compel the hospitals to provide accommodation for patients with acute mania, where they could be intelligently watched and see if their cases were curable or not. All of the speakers were of the opinion that the name asylum should be cast out of the language and hospital substituted.

Dr. William Burt, of Paris, delivered his presidential address, which was a very able contribution to the programme of the association.

In the afternoon Dr. A. J. Ochsner, of Chicago, read an excellent paper on the surgery of the stomach from the standpoint of the clinician, especially taking up gastric ulcer, giving the symptoms, differential diagnosis, complications, sequelæ and surgical treatment. In the discussion following this paper, Dr. Bingham said that he was glad to hear Dr. Ochsner mention that there was not any advantage of the posterior over the anterior operation of enterostomy. Dr. J. F. W. Ross, brought up the subject of the Murphy button vs. the McGraw ligature. Dr. Primrose wanted to know the results of simple sutures in these cases. Dr. N. A. Powell and Dr. McPhedran also took part in the discussion.

Dr. J. F. W. Ross gave a paper on operations for immediate repair of the genital lesions of childbirth. He was of the opinion that no matter how careful the physician might be, he would sometimes get lacerations. In lacerations of perineum and vagina he advocated immediate repair, *i. e.*, within 24 or 48 hours of the injury; but in lacerations of the uteri, he advocated waiting till the cervix contracted, showing just what the extent of the injury was. In the discussion, Dr. A. A. Macdonald thought that in most of these cases prevention was better than cure, and he said that in occipito-posterior cases if you change the position of the child to anterior position you will seldom have a laceration. Dr. Fenton mentioned the plan adopted at the Burnside Hospital which consisted of repair of these lacerations within a day or two of injury. He also mentioned that if he discovered that, six days after labor, involution was not going on, the pulse and temperature being normal, he suspected laceration of the cervix.

Dr. Hadley Williams, London, gave the results of two interesting cases of stone in the kidney. He advocated early operations and careful examination of the urine in suspected cases. The two most important symptoms were, he thought, the character of the pain and frequency in micturition. In the operation itself, the opening should be made in the pelvis of the kidney and not through the kidney substance, as the bleeding from the opening in the pelvis was practically nil.

Dr. J. Biggar, Tillsonburg, gave an interesting paper on the "Contrast between Urban and Rural Results in Broncho-pneumonia," illustrating his paper by giving the results of twenty cases of his own without a death. He advocated, using less drugs in these cases, greater attention to the digestive system, an initial dose of calomel, counter irritation to the chest, and the use of stimulants if required.

Dr. C. A. Hodgetts gave a paper on a plea for a Provincial Minister of health. He pointed out that since Confederation the Province had expended over \$25,000,000 on health institutions. This was more than one-fifth of the total expenditures of the Province. The abolition of the Board of Health would go a long way to paying the Minister's salary.

Dr. A. McPhedran read a paper on the "Evidences Resulting from the Functional Disturbances of Digestion." He mentioned that the stomach trouble might be primary or a symptom of tuberculosis, carcinoma, chronic Bright's disease, etc. The fault might be with the motor power, a sensory disturbance, or secretory disturbance. He then took up each in turn, giving causes, symptoms and treatment. He mentioned that the sensory or secretory function might be seriously at fault; but as long as the motor power was all right very few symptoms were shown.

Dr. S. M. Hay, Toronto, read a paper on "A Critical Review of Ventral Suspension of the Uterus, Favoring the Operation," and giving his experience in about twenty operations for the relief of retro-displacements of the uterus. He mentioned that the operation was only applicable in chosen cases. In the discussion, Dr. Webster stated that the good results in these operations came not from the ventral suspension, but from other interferences, such as fixing the cervix, etc., which is generally combined with ventral suspension. Dr. Ross said that anybody wanting the operation of ventral suspension done would have to go to some other surgeon, as he did not favor the operation at all. Dr. Arnold, London, also spoke against the operation. Dr. Clouse mentioned operations by Bessel, New York, and Johnson, Cincinnati, for relief of these retro-displacements.

Dr. Graham Chambers, Toronto, read a paper entitled remarks on the cutaneous affections observed in hysterical patients, the classification of the paper being as follows:—

1. Feigned eruptions.
2. Sensory Neurosis: Hyperæsthesia, dermatalgia, pruritus, paræsthesia, and anæsthesia.
3. Motor Neurosis: Anæmia, asphyxia (Raymand's), gangrene erythema, and urticaria.
4. Secretory Neurosis: Hyperhydrosis, anhydrosis, hæmathydrosis, and uridrosis.
5. Trophoneuroses: Alopecia, atrophy and dystrophy.

At the business session it was decided to hold only a business session of the association next June, on account of the British Medical Association likely meeting in Toronto next year. The nominating committee having recommended the following list of officers, a resolution was passed declaring them elected: President, Dr. George A. Bingham, Toronto; first vice-president, Dr. Ingersoll Olmsted, Hamilton; second vice-president, Dr. E. B. Echlin, London; third vice-president, Dr. A. Gillespie; fourth vice-president, Dr. Hadley Williams, London; general secretary, Dr. Charles P. Lusk, Toronto; assistant secretary, Dr. Samuel Johnston, Toronto; treasurer, Dr. Frederick Fenton, Toronto.

Dr. Price, Toronto, gave a paper on the Pharyngeal Tonsil, followed by a paper on "The Faucial and Lingual Tonsil," by D. J. Gibb Wishart,

Toronto. Dr. Trow took part in the discussion and he thought that some cases of adenoids and enlarged tonsils could be cured by local treatment.

Jas. Newell, Watford, reported two very interesting cases, one a case of "Liver Tongue," showing the difficulty of differential diagnosis of abdominal tumors in this condition. In the discussion Dr. Ochsner, Chicago, said that he had seen a goodly number of these cases, and that it of itself did not give any symptom; and if pain or other symptoms were present in these cases of prolongation of liver substance that either gall stones, gastric ulcer, or, rarely, appendicitis would be found to be present. Dr. Holmes reported two very interesting cases of "Liver Tongue" in his practice. Mr. Cameron also mentioned a few cases which he had operated on. The other case reported by Dr. Newell was a case of achylia gastrica. Dr. McPhedran objected to the use of this term, as only indicating a symptom often present in many diseases, such as pernicious anæmia, etc. Mr. Cameron thought the use of the term a good one.

Dr. T. K. Holmes, Chatham, gave a summary of 270 laparotomies done by himself, with remarks on the technique adopted. In these cases Dr. Holmes had only a mortality of 2 per cent. In the preparation of the patient he stated that the night before operation he had the part washed with soap and water. Then a saturated solution of permanganate of potash used, followed by oxalic acid, then cloths wrung out of 1-2,000 bichloride of mercury put on over night. Next morning the part was again washed with soap and water, alcohol and then ether.

K. C. McIlwraith, Toronto, gave a statement of his "Clinical Experience With Labors in Contracted Pelvis."

F. W. Marlow, Toronto, took up for his paper, "Simple Ulceration of the Stomach and Duodenum."

H. Howitt, Guelph, made some "Remarks on the Surgical Treatment of Chronic Nephritis with Notes of Cases." Besides simply decapsulating the kidney, he makes a blunt incision along the convex border of the kidney, which relieves the engorgement, and seems to aid greatly in the success of the operation.

Dr. W. B. Pritchard, New York, read a very able paper on neurasthenia, the title of his paper being "The American Disease; An Interpretation." In the discussion Dr. McPhedran thought that the term neurasthenia should be applied to the milder grades of the disease and not only to the advanced type that Dr. Pritchard wanted it limited to. Dr. Meyers, Dr. McCallum, London; Dr. Britton, Toronto; and Dr. Beemer, Toronto, also took part in the discussion. The trend of the discussion was that in this condition the nerve cell was badly nourished, over worked, exhausted, or poisoned, or all of these combined.

Dr. Ingersoll Olmsted, Hamilton, cited a very interesting case of "Resections of the Splenic Flexure of the Colon" for malignant disease, with exhibition of the patient and specimen. Dr. Olmsted used the simple suture in the anastomosis of the intestine. In the discussion Dr. Teskey thought the practice of physicians of giving cathartics in all cases where the intestines were not acting was too prevalent. He thought that the intestine was like any other part of the body. If there was inflammation present and nature tried to secure rest of the intestine to get healing, and that it was a great mistake to get up active peristalsis in these cases.

Dr. R. D. Rudolf, Toronto, took up the medical treatment of exophthalmic goitre and Dr. C. B. Shuttleworth discussed its surgical treatment. In the discussion following, Dr. Ochsner, Chicago, mentioned his plan of guarding against the danger of thyroidism, injury of the recurrent laryngeal nerve, and the anæsthetic. He found that thyroidism would not occur if the gland was handled gently, and not pulled around too much. In guarding against the injury of the recurrent laryngeal, he left a piece of gland in the immediate neighborhood of the nerve. In giving the anæsthetic for the operation the patient should be put fully under its effects at first, and then no more should be administered throughout the operation.

Dr. H. H. Oldright, St. Catharines, read a paper on cases of electrical burns and lesions from live wires. The important point in the paper was to show that the burns differed essentially from other kinds of burns, and that the healing took a great deal longer. The prognosis would therefore have to be guarded. In the treatment, a dry aseptic dressing was applied and later, moist dressing for suppuration. He showed that sudden death, in these cases, was due to the paresis of the cerebral centres or a tatanic condition of the heart muscle.

Dr. G. H. Burnham, Toronto, gave a paper on abnormal refraction and eye-strain.

Dr. Goldwin W. Howland, Toronto, dealt with compression paraplegias, following spinal caries and the results of surgical intervention for its relief. The operative cases did not appear to do as well as the other cases; but, as he said, the ones operated on were the worst cases. The symptoms produced in these cases consist of the ordinary symptoms of caries with paralysis.

Dr. C. J. O. C. Hastings, Toronto, discussed the duty of the profession and the state in regard to the mental, physical care of our improperly cared for children. He stated that in England every one in five children died before the age of one year; and that in New York, out of 75,000 children, 25,000 died before the age of one year, while in Ontario, out of 40,000 children, 6,000 died before the age of one year. He showed that this great mortality was due to want of food, improper food and

lack of care of the parents. He thought (1) that the Government should print a pamphlet, instructing the public in the care of children, these pamphlets to be distributed through the medical men. (2) That there should be inspectors to make a systematic inspection of our public schools for infectious diseases, etc. (3) That it was the duty of the state to give the improperly cared for child a good moral, physical and mental training till 15 years of age. He spoke strongly against the Government in expending so much money for bringing into the country the class of immigrants that were being brought in, instead of giving more money to train and bring up the uncared-for children of our country.

Sir James Grant, of Ottawa, who was present, spoke very favorably of the paper and said that in Japan there were 9,000 inspectors to look into the condition of schools, etc.; while in this Canada of ours there was not a single medical inspector of schools.

Dr. Thistle, Toronto, spoke on the treatment of intestinal lesions in typhoid fever. He favored the use of free purgation and the use of intestinal antiseptics. He said that since he had used this treatment (1893) he had not had a single case of perforation in his practice. Dr. McPhedran said that he did not agree at all with Dr. Thistle's treatment; and that some one would have to prove to him wherein this treatment was ahead of the ordinary treatment for typhoid fever before he could see his way clear to use it.

Dr. Parfitt took up the selection of cases for the Muskoka Free Hospital for Consumptives.

Dr. D. Campbell Meyers, Toronto, introduced the subject of wards in general hospitals for acute nervous and mental diseases. He mentioned the different places where this was being done and the success of the plan. Instead of having to send our patients, who are taken with acute mania, to the jail or directly to the asylum, we could send them to the hospital to watch and treat them to find out the extent of the mental trouble. A committee was appointed to look into this matter and report at a later date.

Dr. Paul L. Scott, Toronto, read a paper on the Clinical Estimation of Blood Pressure, showing its advantage in clinical diagnosis, especially in chronic nephritis, in the onset of uræmia or eclampsia, in the differential diagnosis of hæmorrhage or perforation in typhoid fever. In hæmorrhage there is a sudden fall of mercury, while in perforation we get a sudden rise of the indicator. In the administration of chloroform there is a gradual fall in the indicator from first to last; while, in the administration of ether, the mercury tends to rise. In the administration of anæsthetics the danger signal is indicated in this manner quite a few minutes before symptoms begin to make themselves manifest. It is of

great value in finding out the effects of stimulants. It has been found that the effects of the nitrites in lowering blood pressure are temporary, only of about 30 minutes duration. It has been found that alcohol is no longer a cardio-vascular stimulant, as it only gives a momentary stimulation, then remains stationary, or has a depressing effect. Strychnine has been found to be a valuable stimulant. It has been found that in collapse or shock, in which the centres are so affected as not to react to stimulation, the use of strychnine does harm instead of good. The initial dose of strychnine to have the best effect should be large, 1-15 to 1-10 grain. The subsequent doses are much smaller, 1-60 to 1-30.

Dr. Shaw Webster, Toronto, described his method of hysterectomy by bisecting the uterus and when the operation is indicated. He strongly advocated the vaginal route. He exhibited the instruments required for the operation. The advantages of this method are that it can be performed rapidly, that there is good drainage, and no after hernia.

A number of resolutions were carried, including a vote of \$100 to the Ontario Library Association, a vote of thanks to the officers and committees, and to the University authorities for the use of the medical building. One member was expelled from the association and his name ordered to be erased.

DR. CHARLES O'REILLY HONORED.

At least one hundred medical friends of Dr. O'Reilly gathered at the Albany Club on Saturday evening, 10th June, to pay their respects to the doctor on the event of his retiring from the medical superintendency of the Toronto General Hospital. Among those present were the Hon. J. J. Foy, Attorney-General of the Province. Others present were Dr. L. H. Barker, successor to Dr. Wm. Osler in the chair of medicine in the Johns Hopkins Hospital, Baltimore, Dr. Thomas Cullen, professor of obstetrics in the same university, both graduates of the University of Toronto; Drs. W. H. B. Aikins, Duncan Anderson, H. B. Anderson, Allen Baines, William Barnhardt, Mr. S. T. Bastedo, Drs. N. H. Beemer (Mimico), G. A. Bingham, C. Bird (Gananoque), E. J. Barrick, Wm. Britton, G. G. Boyd, H. A. Bruce, G. H. Burnham, W. P. Caven, Graham Chambers, G. S. Clelland, E. K. Cullen, J. M. Cotton, W. G. Collison (Lindsay), Mr. C. Cockshutt, Drs. J. L. Davison, C. R. Dickson, P. E. Doolittle, G. Elliott, J. E. Elliott, F. Fenton, J. Ferguson, G. H. Field (Cobourg), J. T. Fotheringham, J. S. A. Graham, F. L. M. Grasett, J. B. Gullen, H. J. Hamilton, A. J. Harrington, A. O. Hastings, C. J. O. Hastings, W. B. Hendry, Mr. J. H. Horsey, Drs. R. M. Hillary (Aurora), H. S. Hutchison, C. Hodgetts, Samuel Johnston, A. J. Johnston, John S. King, Mr. Cecil Lee, Drs. A. A. Mac-

Donald, T. B. Macdonald, G. R. McDonagh, H. A. McCullough, W. J. McCollum, D. N. MacLennan, D. McGillivray, Murray McFarlane, K. C. Mellwraith, Mr. John Massey, Drs. C. F. Murray, T. H. Middleborough (Owen Sound), R. T. Noble, Bredney O'Reilly, Gerald O'Reilly, H. C. Parsons, W. T. Parke (Woodstock), S. G. Parker, W. H. Pepler, A. Primrose, R. A. Reeve, J. F. W. Ross, B. L. Riordan, J. W. Rowntree, R. L. Stewart, S. Singer, E. W. Sprague, R. W. Bruce Smith, G. Silverthorn, G. B. Smith, J. A. Temple, Chas. Trow, T. S. Webster, T. Wylie, D. J. G. Wishart and Messrs. D. R. Wilkie, J. O. Orr, and W. A. Wilson.

Dr. Adam H. Wright acted as chairman of the banquet. It would be giving him but scant praise to say that he filled the position most acceptably. Throughout the entire evening he delighted the audience with his wit and humor on all occasions.

Dr. J. F. W. Ross, Mr. D. R. Wilkie, Hon. J. J. Foy, Dr. T. S. Cullen, and Prof. L. F. Barker made very appropriate speeches, somewhat of a reminiscent character, full of incidents which revealed many of the good qualities of the guest of the evening.

Dr. John S. King was called upon, and spoke as follows:—

"I am indeed happy at this eventful period in the life of Dr. Chas. O'Reilly, to be permitted to give expression to a few of the many thoughts evolving regarding him, and to call up some of the reminiscences of him who has been my earliest preceptor—my Aesculapius—my friend.

"The birth of this fair Dominion on the 1st day of July, 1867, was marked by much rejoicing, and the inauguration of Dr. O'Reilly as Medical Superintendent of the Hamilton Hospital. At the time I entered the hospital, a couple of years later, the Medical Superintendent organized a clinical class, and a junior medical and surgical house staff. Both class and staff were composed that summer of myself. Dr. O'Reilly at once became my preceptor, and few, indeed, there were among preceptors as painstaking in imparting practical knowledge, not only in his clinical work, but in the detailed instruction as to the wound dressing, bandaging, making fracture splints, compounding medicines, and everything connected with hospital work. He was himself a genius at making new and original devices for all manner of purposes.

"His exemplification of treatment of obstinate cases was most original and effective, as may be illustrated by one case, if I may be permitted by the doctor to speak of it. It was a case of persistent hysteria, which had for nearly two years baffled the skill of the older physicians. The woman remained constantly in bed, and vowed she was unable to use her limbs. One day he was seen running into her ward with a pail of water, crying "Fire! fire!" and, stripping down the sheets, told the woman the place was on fire, and to escape for her life, at the same

moment emptying the water over her prostrate form. The application was sudden, so was her exit from the bed, and she made good speed into the corridor. She was cured.

“Another circumstance, which was somewhat exceptional even at that early period of the doctor’s experience, I may mention as characteristic of the man, was that of the amputation of the foot and lower third of the leg without the use of an anesthetic. The patient was himself a doctor who objected to chloroform for personal reasons, this long antedated the Oslerized chloroform age limit. Preparations for the operation were effected by first filling a box with stones, to the lid of which box the limb was securely strapped. The patient, meanwhile, was seated in a chair adjacent to the box, and braced his courage with a goblet of what was known in those days as “Old 40 Rod,” and smoked a pipe of tobacco. The O’Reilly bandage—now called Esmarch’s bandage—was employed to empty the limb of blood. The bandage was previously saturated with Oxide of Hydrogen. It will thus appear that the antiseptic treatment was unique, and, besides being cheap, was always on tap. Result, a bloodless amputation satisfactory and complete. The amputated portion was preserved in a cool place until the recovery of the patient, when with the help of my preceptor, the doctor dissected his own foot to decide what were the remote and proximate causes of the trouble.

“Another matter that differed then from now was the absence of fear from contagion. It was the custom of the preceptor and his pupil to go the rounds daily of the medical, surgical and small-pox wards, the latter patients occupying the old frame building on the grounds at the rear of the brick building. One diagnostic feature of the small-pox cases, as pointed out by my preceptor in his clinic to me, and which was verified in repeated cases, and which permanently impressed me with its value, was that this most disgusting contagious disease gave rise to a most fragrant and agreeable odor when the nose was brought near the pustules, which odor most nearly resembled that of the contents of a freshly broken bumble-bee’s honey-comb in the meadow in the summer time.

“Hours might easily be occupied in outlining interesting events of our friend’s career; but time forbids, though I cannot refrain from citing one which might have prevented the possibility of this social gathering. Be it remembered that at the time alluded to our friend was a blushing bachelor; and being the disciple of this Aesculapius and, as such, his friend, I occasionally accompanied him in his voyage to the northern shore of that most beautiful bay called Burlington, where resided a worthy lady destined to become, as she since became and continues, the partner in his joys and sorrows. On the particular occasion to which

I refer his call was prolonged well into the evening—and so was mine at the beach—which evening proved to be one of the darkest I ever remember. After my long wait I saw my preceptor's near approach, and found him equally anxious with myself, owing to the rapid approach of threatening storm. By the aid of the electric flashlights we started our row-boat in the direction of the hospital on the opposite shore of the bay. Aesculapius sat at the helm, and his disciple plied the oars. When well on our way the storm broke into violence and fury. Heaven's artillery roared, and electric pyrotechnics at swift-following intervals enabled the helmsman to guide the tiny boat over the vast billows which were rolling higher and higher every minute. We two mortals felt our time had come, and expected every moment to sink to a watery grave. Had it not been for his good judgment and discernment, and correct work at the helm, I would not have been able to tell you anything of the doctor's early career; and if I had not made the most strenuous effort at the oars till the shore was reached, you would not have had our mutual friend as guest here to-night; and free I am to confess before you all, and in which confession I doubt not he will join—that the joint toiling of each for both and both for each proved a bond of friendship never yet broken; and Heaven forbid that it should ever be. We landed safely as you see, though fear turned my hairs to gray, and drove crimson blood into his, thus giving me the appearance of age, and he of youth, which, as you all must know, is the reverse of the true condition. This condition of his will be in his favor in seeking to avoid the chloroform age. But of reminiscence and of humor enough.

“Environment contributes greatly to education, and is a most important factor in the formation of character; and the aggregate of the diversified environment to which our friend was related during a period of over one-third of a century as medical superintendent, first of the Hamilton Hospital, where his natural qualifications, scholastic attainment, practical experience and professional lore had marked him a most suitable man to assume the responsibilities of a similar but more onerous position, to which he was called, namely, that of medical superintendent of the largest hospital in the province, in the Queen City of Toronto. The varied environments in the latter position during a period of thirty years must have occasioned a crucial test of strength of will, power of self possession, of self abnegation, resolution of purpose and other attributes of a strong, well-balanced mind so necessary in one having to consider the varied interests of the trustees, the profession, the patients, the staff and the public. That he met their expectations, and merited their fullest confidence and appreciation, has been or is being proved in a marked degree.

“As the composite picture or aggregate of impressions of the several artists produces the true physiognomy and cranial form of the individual marking well each characteristic, so the constantly occurring, extensive yet varied impressions received from the wise, experienced, skilled, cultured, and fraternal in the medical and surgical world of the province continuous over more than one generation of time must have created the ideal composite representative doctor.

“And such ideal, permit me to say, in my humble judgment, is personified in the mentality, individuality, and professional lore of him whom we to-night in a social way seek to honor as Our Friend.

“As he now withdraws from the activities of a long filled official position to enjoy a season of rest and enjoyment, he will carry with him our friendship, and our best wishes that the afternoon of his life may, like the later leafy days of June, be long, bright and cheerful.”

Dr. J. Algernon Temple, in a very neat and feeling speech, proposed the toast of the guest, Dr. O'Reilly. He referred to the doctor's fine administrative abilities, and mentioned his great tact in adjusting all the difficulties that must necessarily arise in a large institution like the General Hospital. He said that Dr. O'Reilly had done much for the medical profession.

Dr. Allan Baines then read the following address:—

TO CHARLES O'REILLY, M.D., C.M.,

Medical Superintendent of the Toronto General Hospital.

SIR,—We heard recently that you had tendered your resignation as Medical Superintendent of Toronto General Hospital, after occupying that position for 29 years. This announcement has caused in us feelings of the deepest regret. We recognize the fact that the present satisfactory conditions of the hospital is largely due to your untiring efforts on its behalf. While we admire the ability you have always shown as an executive officer, we respect more those qualities in you which have caused in us enduring feelings of friendship, and will follow you wherever you go.

We ask you to accept these pieces of plate as a very slight token of our good will, and we, the members of the committee having charge of this function, beg leave to subscribe ourselves, on behalf of the subscribers, your sincere and faithful friends.

J. Algernon Temple, A. H. Wright, Allen Baines, W. H. B. Aikins, H. J. Hamilton, Bruce L. Riordon, J. O. Orr, James F. W. Ross, Samuel Johnston.

After the reading of the address the chairman, Dr. Wright, presented Dr. O'Reilly with two handsome pieces of silver plate, as a souvenir from his friends in Toronto.

Hon. Senator Sullivan, M.D., Kingston, sent a telegram which read, "Toronto General Hospital was a monument of Dr. O'Reilly's reforming genius and love of humanity."

On rising to reply, Dr. O'Reilly was evidently deeply affected by the warmth of his reception, and the good will shown him by so many of his medical friends. He made a very neat speech, recounting the growth of the Toronto General Hospital during the past thirty years. He referred to the handsome treatment he had received from his medical friends in Hamilton when he resigned his charge of the hospital in that city, and from the mayor and aldermen, who tendered him a banquet on that occasion. He did not wish to emphasize anything he had done, but rather what others had done to him. He spoke of the growth of the Toronto General Hospital, now requiring a civil service of over 200 persons. He thought he would not mind resigning from a hospital every year to receive such an expression of good-will as he had when he left Hamilton Hospital, and now on his retiring from the Toronto General. He thanked all present for the magnificent banquet, and the absentees for their cables, wires, letters and messages, and was glad to see so many of his ex-house staff present. He had come to Toronto on January 1st, 1876, at the request of the board, all of whom—C. S. Ross (Chairman), W. T. O'Reilly, Thomas McCrosson, Wm. Elliott, and W. H. Howland—had since slipped away. Judge Patterson and Walter S. Lee had also joined the great majority. The medical staff then consisted of Drs. Aikins, H. Wright, Bethune, Hodder, Graham, Thorburn, who have joined the great majority; and Drs. Geikie, Richardson, Adam Wright, Cassidy, Reeve and Temple, who were all alive, and some of them present.

"I was at Dr. Hodder's last operation, and at Dr. Grasset's first operation, he being the youngest surgeon on the staff at that time, and glad I am to see him here to-night as senior surgeon of the hospital. My first two house surgeons were Drs. Fisher and McArton, then fourth year students, and my two first graduates were Drs. Langstaff and Dr. Stark, both alive to-day. I cannot be accused of being a 'rolling stone,' as I have only lived, in all my life, in my father's house, and in the hospitals of Hamilton and Toronto.

"I am not saying good-bye, but only good-day, and may we all have many happy years. Let us keep young by associating with each other oftener than we do, and with the younger members of the profession like ourselves, for the vitality of youth is very contagious, and will carry us over the chloroform period. The very idea of knowing that I am surrounded by over a hundred friends to-night makes it hard, indeed, for me to put into words the feelings which I should like to express. I shall conclude by saying how sincerely Mrs. O'Reilly, my son and my-

self appreciate this magnificent ovation, your expressions of kindly feeling and your handsome present, and by thanking you for all you have done and said for 'me and mine.' "

The gathering broke up by singing "Auld Lang Syne," and the feeling of all was—

"Thrice happy they whose hearts are tied
By love's mysterious bonds so close;
No strifes, no quarrels can divide,
And only death, fell death can loose."

THE SURGICAL COMPLICATIONS OF PNEUMONIA.

Dr. John H. Gibbon said at the meeting of the Philadelphia County Medical Society that, of the surgical complications of pneumonia, empyema was the most common, and that the success of surgical treatment depended largely upon early recognition. Confirmation of the diagnosis is made with the exploring needle, which procedure should be carried out with as much care as any surgical opening of a clean, healthy cavity. When pus is present, the procedure must be followed by thorough drainage. Dr. Gibbon used chloride of ethyl as an anæsthetic, either alone or as a precursor of ether. In practically every patient beyond the age of twenty, he would do a subperiosteal resection of the rib rather than simple drainage. Masses of lymph were removed by the fingers. There should be two drainage tubes as large as the finger, and they should be stitched in. The keynote of the treatment of empyema was early and thorough evacuation of the pus, with the opening made as low in the pleural cavity as possible.

Another condition which was very common was lung abscess, due to foreign bodies lodged in the bronchi, to tuberculosis, or to pneumonia. Of the three varieties, that due to pneumonia gave the best results from surgical treatment. The diagnosis was attended with more difficulty than that of empyema. Drainage should be carried out exactly as in empyema. In the presence of adhesions between the lung and the chest wall, one of two courses might be followed: The protection of the healthy pleural cavity by gauze packs and immediate drainage of the abscess; or stitching of the lung to the parietal pleura, allowing the formation of adhesions before drainage.—*N. Y. Med. Jour.*

UNIVERSITIES AND COLLEGES.

GRADUATES IN MEDICINE, UNIVERSITY OF TORONTO.

The results of the fourth year examinations in medicine at the University of Toronto are as follows.—

Medals—Faculty, gold medal: W. S. Lemon. First faculty silver medal: G. Ford. Second faculty silver medal: W. Merritt. Third faculty silver medal: M. E. Gowland.

Scholarships—First year: I., J. G. Harkness; II., R. E. Davidson. Second year: I., G. C. Gray; II., W. C. Shier.

Post-graduate scholarship.

The George Brown Memorial Scholarship in Medical Science—For this scholarship W. S. Lemon, A. G. McPhedran, G. G. Little, S. R. Dalrymple, R. H. Bonnycastle, ranked in the order named.

Final examination—The following received degrees with honors: (1) W. S. Lemon, (2) G. Ford, (3) R. H. Bonnycastle, (4) S. R. Dalrymple and G. G. Little, (6) Miss McAlpine, (7) M. E. Gowland, (8) A. G. McPhedran, (9) W. Roberts, (10) C. Schlichter, (11) Miss M. E. Reid.

The following have completed the examination in the fourth year:—
W. H. F. Addison, Miss E. E. Bagshaw, Miss E. Beatty, J. C. Beatty, A. C. Bennet, G. I. Black, T. W. Blanchard, R. H. Bonnycastle, D. H. Boddington, G. Boyd, S. J. Boyd, J. H. R. Brodrecht, F. J. Buller, R. B. Burwell, K. C. Cairns, Miss M. B. Callaghan, W. H. Cameron, M. H. V. Cameron, F. M. Campbell, J. A. Campbell, W. M. Carrick, J. D. Christie, R. L. Clark, H. B. Coleman, T. W. Collinson, F. H. Coone, H. H. G. Coulthard, H. D. Cowper, J. M. Dalrymple, S. R. Dalrymple, C. B. Eckel, W. G. Evans, G. Ford, A. J. Gilchrist, W. C. Gilday, E. A. Goode, M. E. Gowland, D. A. L. Graham, G. W. Graham, F. W. Hall, F. V. Hamlin, J. J. Hamilton, E. C. Hanna, E. B. Hardy, J. E. Knipfel, W. S. Laird, Mrs. L. C. Langstaff, W. S. Lemon, G. G. Little, R. C. Lowrey, E. J. Lyon, Miss M. McAlpine, J. McAndrew, E. A. McDonald, F. F. McEwen, J. A. McKenna, G. L. MacKinnon, F. D. McLachlan, G. D. MacLean, C. McMane, A. McNally, A. G. McPhedran, J. H. McPhedran, T. T. McRae, W. W. Medley, W. Merritt, M. Middleton, S. F. Millen, J. I. Morris, F. B. Mowbray, A. G. Munns, C. W. Murray, W. J. O'Hara, C. Powell, W. E. Procnier, J. A. Rae, Miss H. E. Reid, Miss M. E. Reid, W. Roberts, A. M. Rolls, C. Schlichter, J. A. Scratch, A. Sinclair, A.

B. Smillie, W. J. Smith, F. J. Snelgrove, J. H. Soady, J. A. Speirs, C. E. Spence, A. M. Spohn, C. H. Stapleford, A. P. Stewart, A. W. Thomas, R. W. Tisdale, J. H. Todd, W. C. Toll, S. Traynor, L. A. Trueman, R. M. Turner, F. Vanderlip, A. G. Wallis, F. J. Weidenhammer, J. L. Wilson, A. C. Woods.

MEDICAL GRADUATES, UNIVERSITY OF TRINITY COLLEGE.

Final M.D.C.M. examination—Certificates of honor: W. J. Dobbie, (gold medallist), R. R. B. Fitzgerald, (silver medallist), E. F. Atkinson.

Class I.—R. D. Orok, C. A. F. Caviller, W. J. Corrigan, J. A. Kinnear, W. Dales, H. C. Kindred, C. W. Field,

Class II.—A. R. Curtis, H. W. Burgess, G. E. Seldon, T. C. Brereton, J. R. Serson, J. S. Springer, R. J. Carson, B. T. Davey (equal); E. C. A. Reynolds, W. H. Godfrey; G. H. Carlisle, F. W. Rolph (equal); J. A. Gallagher; Miss M. E. Donglan, G. W. Hall (equal); M. J. C. Naftel, H. M. East, J. A. Cullum, W. B. Cassels, J. S. Pritchard, J. Boyce, J. P. Campbell, A. J. Weart, R. M. Cumberland, E. J. Hagan.

Class III.—H. Clendenning, T. H. Argue, F. W. McKee, S. J. Staples, G. S. Strathy, A. E. Murphy, J. G. Middlemas, C. A. McKay, Miss G. L. Urquhart, A. W. Keane, C. Howson; S. Blumberger, W. J. J. Brawley (equal); D. C. Lothead, W. A. Peart, H. A. Abraham, J. M. Dale, D. H. Gesner, B. E. Tughen, G. D. R. Black, W. E. Wallwin, G. F. Milne.

Certificates of Honor.—W. J. Dobbie (gold medal), R. R. B. Fitzgerald (silver medal), E. F. Atkinson.

McGILL MEDICAL GRADUATES.

A. R. Alguire, Cornwall, Ont.; J. A. Briggs, New Westminster, B.C.; F. F. Brown, Cornwall, Ont.; H. C. Burgess, Sheffield Mills, N.S.; H. A. Chisholm, B.A., Lindwood, N.S.; E. L. Connor, Berlin, Ont.; W. J. W. Costello, B.A., Montreal; C. F. Covernton, Montreal; A. Cumming, B.A., Scottsburg, N.S.; B. H. Dougan, Hampstead, N.B.; W. H. Dowler, Billings Bridge, Ont.; W. Dykes, Nanaimo, B.C.; J. F. Finigan, Oshawa, Ont.; R. W. Geddes, B.A., Deseronto, Ont.; J. H. Gillis, Metapedia, Que.; R. D. Grimmer, St. Andrews, N.S.; J. W. B. Hannington, Victoria, B.C.; J. J. Heagerty, Montreal; E. H. Henderson, B.A., Franklin Centre, Que.; E. G. Henry, B.A., Lennoxville, Que.; G. M. Hume, Leeds Village, Que.; S. S. King, Albert, N.B.; H. A. Leslie, Souris, P.E.I.; D. S. Likely, B.A., St. John, N.B.; W. S. Loggie, Chatham, N.B.; J. H. McDermott, Gordontown, Jamaica; M. E. McKay, Whycomogah, N.S.; J. D. McLean, Beaton's Mills, P.E.I.;

J. A. McDonald, B.A., Valleyfield, Que. ; J. C. McDonald, Peak's Station, P.E.I. ; G. J. McIntosh, Dalkeith, Ont. ; W. A. McLeod, Finch, Ont. ; A. E. T. McMicking, Victoria, B.C. ; S. O. McMurtry, B.A., Montreal ; W. C. McMurtry, Port Hope, Ont. ; W. B. McNaughton, St. Raphael West, Ont. ; J. H. Mason, Lachute Mills, Que. ; H. C. Mersereau, Doaktown, N.B. ; A. P. Miller, Chatham, Ont. ; C. F. Moffat, B.A., Montreal ; F. W. C. Mohr, Arnprior, Ont. ; H. S. Muckleston, M.A., Perth, Ont. ; J. W. Mulligan, Omemee, Ont. ; J. A. Munro, Pugwash, N.S. ; T. R. E. Nelles, Simcoe, Ont. ; A. R. Prendergrast, B.A., Montreal ; W. G. Pruyne, B.A., Napanee, Ont. ; E. T. F. Richards, St. Vincent, B.W.I. ; A. R. Robertson, Victoria, B.C. ; B. W. Robertson, St. John, N.B. ; E. Rommel, Alma, N.B. ; L. McD. Ryan, B.A., Newburg, Ont. ; A. R. Sawyer, Rosindale, Mass. ; W. J. Scott, B.A., Montreal ; F. C. C. Scrimger, B.A., Montreal ; F. W. Seifedt, B.A., Quebec ; E. E. Sinclair, Summerside, P.E.I. ; W. A. L. Styles, Montreal ; W. A. Smith, Almonte, Ont. ; J. A. Sullivan, Arnprior, Ont. ; F. J. Tees, B.A., Montreal ; J. A. C. Tnull, Antigua, B.W.I. ; E. G. Turnbull, Branchton, Ont. ; R. E. Valin, Ottawa, Ont. ; N. Viner, B.A., Montreal, Que. ; C. Waterman, Ogdensburg, N.Y. ; P. G. White, Woodstock, Ont. ; C. A. Wigle, Warton, Ont. ; W. M. Wilkinson, Woodstock, Ont. ; J. B. Winder, B.A., Compton, Que. ; W. C. Winfrey, B.L., Sault Ste. Marie, Mich. ; G. O. Wood, Kenmore, Ont. ; W. H. Wood, Montreal, Que. ; C. A. Young, Ottawa.

DEGREE OF M.D. AND C.M., QUEEN'S UNIVERSITY.

H. J. Bennett, Gananoque ; Joseph Chant, Chantry ; J. H. Code, Kingston ; E. C. Consitt, Perth ; J. A. Corrigan, Kingston ; W. H. Dudley, Pembroke ; J. G. Dwyer, M.A., Kingston ; J. Y. Ferguson, B.A., Renfrew ; E. A. Gaudet, B.A., Moncton, N.B. ; A. W. Girvin, Stella ; M. E. Grimshaw, Wolfe Island ; R. W. Halladay, B.A., Elgin ; J. T. Hogan, Perth ; J. M. Hourigan, Smith's Falls ; A. H. Hunt, Bridgetown, Barbadoes ; M. Lesses, Kingston ; M. Locke, Brinston's Corners ; T. D. Macgillivray, B.A., Kingston ; D. L. McKinnon, Lake Ainslie, N.S. ; A. D. MacMillan, Finch ; A. E. Mahood, B.A., Kingston ; P. A. McIntosh, B.A., Dundela ; C. R. Moxley, Kingston ; G. R. Randall, Seeley's Bay ; M. E. Reynolds, B.A., Athens ; R. G. Reid, Kingston ; J. J. Robb, B.A., Battersea ; W. M. Robb, Lunenburg ; B. A. Smith, Hartington ; W. A. Smith, Kingston ; J. F. Sparks, B.A., Kingston ; A. C. Spooner, B.A., Latimer ; E. W. Sproule, Harrowsmith ; R. W. Tennent, Belleville ; John Turnbull, Lowville ; C. M. Wagar, Enterprise ; F. R. W. Warren, B.A., Balderson ; J. W. Warren, Harper ; H. J. Williamson, B.A., Kingston.

Medals and Prizes.—Medal in Medicine, A. C. Spooner, B.A., Latimer; Medal in Surgery, M. Lesses, Kingston; Chancellor's Scholarship, J. F. Sparks, B.A., Kingston; Dr. Clarke's Prize in Mental Diseases, equal, T. D. Macgillivray, B.A., Kingston, and E. W. Sproule, Harrowsmith; Dr. Mundell's Prize in Medical and Surgical Anatomy, J. G. Dwyer, M.A., Kingston; Dean Fowler Scholarship (third year), Elmer Bolton, Phillipville; MacCabe Prize in Pathology, A. E. Baker, Osnabruck Centre; Faculty Prize (second year), F. H. Trousdale, Hartington; New York Alumnae Association Prize in Physiology and Histology, J. P. Quigley, M.A., Kingston; Hayunga Prize in Pharmacology and Therapeutics, M. L. Burke, Port Antonio, Jamaica; Hayunga Prizes for best dissection made by two students, A. T. Spankie, Wolfe Island, and M. J. O. Walker, Kingston; Wm. K. Warner & Co. Prize for best examination in Anatomy of 1st year, C. T. C. Nurse, Georgetown, British Guiana; House Surgeons in General Hospital, A. C. Spooner, B.A., Latimer; M. Lesses, Kingston; H. J. Williamson, B.A., Kingston; and Next in order—J. F. Sparks, B.A., Kingston.

GRADUATES IN MEDICINE, MANITOBA UNIVERSITY.

M. D.—William Wilson Amos, Robert Naismyth Burns, B. A., Frederick Todd, Cadham, B.A., William Andrew Clark, Thomas Andrew Cohoe, George Hector Craig, B.A., Robert Edward Davis, James Duxbury, Albert Ernest Finley, William Jesse Grant, Benjamin Arthur Hopkins, Marsden Frank Ross Irwin, Robert Duncan Kippen, Arnot Leishman, David Park Miller, B.A., Harry Morton Murdoff, Harold Wigmore McGill, Charles James McKinnon, William John Mactavish, William C. Nickle, Richard R. Procter, George Walter Rogers, Albert Henry Rondeau, Herbert Samuel Sharpe, Harry Blackett Stacpoole, David Chester Thompson, Wilfrid Tucker, John Alexander Valens, Frederick Charles Walton, George Albert Woodruff, Joseph Theodore Wright.

C.M.—William Andrew Clark, George Hector Craig, B.A., Albert Henry Rondeau, Herbert Samuel Sharpe.

GRADUATES IN MEDICINE, DALHOUSIE UNIVERSITY.

Edward Blackaddar, M.A., (Acad.); John Archibald Ferguson, B. Sc., (Dal.); Daniel Robert McDonald, George Gladstone MacDonald, George Arthur McIntosh, Victor Neil MacKay, Mary MacKenzie, Alexander W. Miller, B.A., (St. F. X.); James Alexander Murray, John Ignatius O'Connell, B.A., (St. F. X.); James Adam Proudfoot, Peter James Wallace.

CURRENT CANADIAN MEDICAL LITERATURE.

The Canadian Practitioner, June, 1905.

CYSTIC DEGENERATION OF THE VILLI OF THE CHORION AND ITS RELATION TO CHORION EPITHELIOMA.

This paper was read by Dr. C. J. C. O. Hastings last year at the Ontario Medical Association, being then well received. It is an address of much merit. The writer contributes three cases to the growing literature upon this interesting subject. He reviews the history of the advance of our knowledge regarding this condition. In 1853, Virchow taught that the degeneration was due to a myxoma of the endochorion. In 1895, Marchand showed that it was the epithelial covering of the villi that was mainly affected, involving the syncytium and Langhan's layers of cells. The etiology is still in doubt, as both a foetal and a maternal causation have been advanced, but the latter appears to be favored by the leading modern pathologists. Syphilis, tuberculosis and endometritis are given as causes, and Virchow thought the trouble was in the decidua, which underwent degenerative changes. It would seem that the most likely cause is some disturbance in the maternal circulation of the parts. Most of the recorded cases were in multiparæ, and between the ages of 20 and 30. The condition occurs once in 2,000 conceptions.

The symptoms usually appear before the end of the tenth week, and consist of the evidence of pregnancy, the disproportiona~~l~~e size of the uterus, and a bloody or sero-sanguineous discharge. The only trustworthy sign, however, is the discharge of the vesicles.

The treatment consists in emptying the uterus at once. For this purpose the cervix must be dilated by means of a Barnes bag, or a metal dilator. The fingers and the ovum forceps are employed to clean out the uterus. Great care must be taken not to rupture the thin uterine walls. Hæmorrhage is controlled by pressure on the abdomen, the hypodermic injection of ergot, and hot intra-uterine douches. The curette should not be used, unless for the removal of embedded cysts. The utmost aseptic precautions should be taken.

The cysts vary in size from a current to chestnut. These cysts are attached to each other somewhat like a string of beads, rather than by a short pedicle to a common stalk. The first of the series springs from the outer surface of the chorion. When the cysts are discharged in a bloody fluid, they resemble white currants in red red-currant juice. In

some cases no embryo is found, while in others a blighted one is still present. The patient should be kept under observation for some time, owing to the risk of deciduoma malignum occurring.

This latter condition is preceded by hydatidiform mole in about thirty per cent. of the cases. Sanger was the first to notice this relationship, but he inclined to the view that it was a sarcoma, Gottschalk, Williams and Teacher have more recently held that deciduoma malignum is of foetal origin and arises from the epithelia of the chorionic villi. It is therefore an epithelioma and not sarcoma.

THE SYMPTOMOLOGY AND DIAGNOSIS OF SMALLPOX.

Dr. G. E. Greenway, of Toronto, contributes this paper from a study of 33 cases. He states that the incubation period is 12 days, but this may be exceeded by 5 days, or the incubation period may be 5 days less. In some cases the initial symptoms are very slight, but in others they are quite severe, such as chills, intense frontal headache, backache, and pains in the thighs. There is generally vomiting and the temperature may rise to 103 to 106 F. At this stage there are no definite diagnostic features. The fever continues for three or four days, falling to about normal on the appearance of the papules. Preceding these papules, there are red macules, which are minute in size and disappear on pressure, and are first seen on the forehead and wrists. These may be rather general and resemble scarlet fever.

The rash passes through the several stages of macule, papule, vesicle, pustule, and crust. In varioloid cases, the disease frequently aborts between the macular and papular, or between the papular and vesicular stages, there being no, or very little, suppurative or secondary fever. The usual course of events is that on the fourth day the macules appear on the forehead, on the fifth day these are all over the body, and those on the forehead are papules and shotty. On the sixth day the papules become umbilicated vesicles and on the eighth day these are globular pustules, the surrounding skin being congested and swollen. These vesicles and pustules vary in size from a large pin's head to a split pea. The vesicles on the palms of the hands and soles of the feet may be six or seven days later in appearing.

The temperature usually falls on the fourth day and again rises on the sixth or seventh. In some cases there is no interval when the temperature falls. This secondary or suppurative fever usually lasts about five days, so that about the twelfth day the pustules begin to dry and scale off. By the fifteenth day desquamation may be advanced.

The pustules may become confluent, which takes place most frequently on the face and hands, as these are the points where the eruption begins. Delirium is most likely to occur about the tenth day.

In the hæmorrhagic type the symptoms are severer, and the mucous and conjunctival membranes are injected and bleed. Hæmaturia, malæna and hæmatemesis are met with; and bleeding into the pock may occur. The earlier the hæmorrhage the worse the prognosis.

Laryngitis and pharyngitis are common. There is usually an eruption of pustules in the buccal cavity. The eyes are also the seat of a very troublesome catarrhal and suppurative inflammation. In some cases, convalescence may be accompanied by a crop of boils. The drying into crusts begins on the face and goes over the body in the order the rash came on. Usually early in the third week the pustules rupture.

The Dominion Medical Monthly, May, 1905.

CROUP.

Edwin Seaborn, London, Ont., discusses the subject of "croup," using the term as meaning those cases of spasm of the muscles of the larynx causing closure of the glottis. When the glottis closes respiration is stopped, when it is partially closed respiration is noisy. He deals with the subject under the two headings of causes and treatment.

The muscles of inspiration are stronger than those of expiration, also those that close the larynx are more powerful than those which open it. If these sets of muscles are stimulated together the larynx is closed and inspiration is forced. In other words those that open the larynx are overcome and the inspiratory muscles make an effectual effort to overcome the expiratory muscles.

The respiratory centre is located in the medulla, and, though automatic in its action, it is under the influence of the higher cerebral centres and responds reflexly to the action of certain nerves as the glosso-pharyngeal, the pneumogastric and the spinal accessory. In some diseases, croup-spasm is a symptom. Thus it results from the minute hæmorrhage in hydrophobia, from the degenerations in locomotor ataxy, and from the disturbed cerebral centres in epilepsy, in hysteria, and boys about puberty. Laryngismus stridulus is a neurosis.

Treatment must be directed to the cause. Generally, it is the mucous membrane somewhere, or the higher cerebral centres, that are at fault.

The treatment may resolve itself into the correction of other conditions as enlarged tonsils, adenoids, chronic laryngitis, a foreign body in the ear, or some abnormal state of digestion.

When the nervous system is primarily at fault tonics, good diet, and proper hygienic care are requisite.

In croup it is necessary, therefore, to be on the alert for the two conditions—some inflammation of a mucous membrane, and some instability of the nervous system.

THE STATUS OF SUPRARENAL THERAPY.

Dr. Samuel Floersheim, of New York, contends that the introduction of the suprarenal gland principle into practice is one of the most important advances during the past 15 years. The two forms in which the suprarenal gland is used are the dried and powdered gland, and the alkaloid adrenalin chloride.

The powder is given internally in 3 grain doses. The active principle is administered in the form of a solution, 5 to 15 drops of a solution varying from 1 in 10,000 to 1 in 1,000. To get the best results, it should be given frequently, every one to three hours. It may be placed under the tongue, when it is rapidly absorbed. It is not necessary to give it hypodermatically. When it is dropped under the tongue the effects of the remedy are noticed in about 20 seconds.

It causes much pain by the subcutaneous method, and in solutions of 1 in 1,000 may cause gangrene.

Adrenalin chloride is a valuable remedy in organic diseases of the heart, even when strychnine and digitalis have failed. In diseases of the respiratory organs it is of much value in laryngitis, bronchitis, pneumonia, the cough of phthisis, in hæmoptysis, and asthma. In these cases it lessens the congestions, the tendency to bleed, and stimulates the heart. In hæmorrhages from any portion of the body, the internal administration of adrenalin chloride is the most valuable of all remedies. Unless the bleeding is from a large vessel, it is almost at once stopped. It is particularly valuable in the so-called bleeders. In apoplexy its timely administration is very useful. If given in the earliest stage of apoplexy, the attack may be arrested. In all forms of uterine hæmorrhage, no matter from what cause, it is a most valuable remedy. It arrests hæmorrhage, induces involution and lessens the risk of infection. In hæmorrhages from the stomach and bowels, it is of undoubted value. It is also of much use in controlling bleeding from any part of the genito-urinary organs. Its local application is well known in

cases of the eye, ear, nose, and throat. It has been administered with excellent results in the collapse of chloroform and in surgical shock. One drop of 1 in 1,000 occasionally under the tongue is invaluable.

The Montreal Medical Journal, May, 1905.

SOME CONDITIONS ASSOCIATED WITH MOVEABLE KIDNEY.

In this paper, Dr. John M. Elder, gives an interesting resume of the most important symptoms and pathological conditions met with in moveable kidney. He points out that many other troubles are often associated with this state of the kidney. These are hernia, gastric symptoms, constipation, diarrhoea, jaundice, appendicitis, urinary symptoms, renal colic, calculus, pyelitis, chronic nephritis, neurasthenia, general enteroptosis, and uterine abnormalities.

The moving of the kidney causes nerve disturbances and dragging upon the peritoneum that may be responsible for some of these conditions. The results of moveable kidney are such that effect the organ itself, and those in other organs due to this mobility.

Under the first heading, there may be temporary congestion of the kidney a kinking of the vessels and ureter, extreme pain and hæmaturia, albuminuria, hydronephrosis, and polyuria.

Associated conditions in the abdominal cavity are very common with moveable kidney. All the viscera may undergo ptosis on account of this state of the kidney. The kidney does not slip down behind the peritoneum, but drags down the peritoneum with it as a sort of mesonephron. The peritoneal folds around the foramen of Winslow, the ligaments at the hepatic and duodenal region become stretched or rendered tense, and colic produced. Many cases of chronic appendicitis are attributable to moveable kidney. Serious results in the gall bladder and biliary ducts have been caused by this condition of the kidney. Irregularities of the bowels, such as constipation and diarrhoea have been assigned the same cause. Glycosuria has also been found in connection with it. Many nervous disturbances arise from the same cause. It is readily seen how the close connection of the sympathetic nerves with all the viscera would give rise to reflex symptoms, if the kidney set up irritation in its nerve supply.

MICROPHTHALMUS.

Under this title, Dr. J. W. Stirling describes a case of persistent pupillary membrane, anterior synechia and central opacity of the cornea. The eye ball was microphthalmic in type and there was a gray opacity over the central part of the cornea. During embryological development the pupillary membrane became adherent to the cornea as the result of some inflammation. A good epitome of Treacher Collin's views are set forth.

CONGENITAL ABSENCE OF THE UTERUS AND VAGINA.

Dr. A. Laphorn Smith reports a case of this kind. The patient was 21 years of age, and was engaged to be married. On examination there was no appearance of a vagina, though the labia and perineum appeared normal. On making a rectal examination, it became clear that there was also an absence of the uterus. A careful dissection was made of the tissues between the bladder and the rectum, taking care not to open either of these. This continued until the finger could be introduced four inches. There was only cellular tissue in this space. The cavity was packed with sublimated gauze. She made a good recovery and wore a glass tube to keep the new formed canal open. Subsequently she was operated on for appendicitis, when it was found that the uterus, the vagina and the right ovary and tube were absent, but the left ovary and tube were present.

AN UNUSUAL CASE OF THYROIDECTOMY.

Dr. F. J. Shepherd gives the history of a case of a woman, aged 38, who suffered from a greatly enlarged thyroid gland. Both lobes were enlarged and also the thymus. The anaesthetic used was equal parts of chloroform and ether.

The operation was a very difficult one. The incision was made along the inner border of the right sternomastoid muscle. The upper thyroid artery was tied. There were many adhesions. The inferior thyroid artery and the middle thyroid vein were tied. The recurrent nerve was found embedded in the lobe, and was carefully freed. The left lobe was removed through the same opening. There was a sharp bleeding point which was taken up by a pair of forceps. In doing so the nerve was caught and immediately there was very stertorous breathing. The forceps were removed, but a little later, it was necessary to perform tracheotomy. The patient made a good recovery.

THE JUBILEE OF LARYNGOLOGY.

This very interesting paper by Dr. H. S. Birkett is an address before the students of McGill Medical College. It deals with the laryngoscope and its inventor, Manuel Garcia, who recently celebrated his hundredth birthday. The writer gives a good account of the discovery of the laryngoscope by its eminent inventor, who was a professional voice trainer, and taught Jenny Lind and many others.

The Maritime Medical News, May, 1905.

THE RESIDIUM.

This is a continuation of Mr. G. T. Irving's paper in the previous month's issue. He deals at great length with the influence of poverty and intemperance in causing a certain number to sink into the lower levels, and become criminals or mentally deranged. He draws attention to the effects of these conditions upon the next generation, pointing out the increase in the numbers of juvenile criminals and imbeciles. He quotes Mr. John Burns, M.P., to the effect that in Britain the families who use alcoholic liquors spend on an average on these beverages £18 15s 4d.

THE PREVENTION OF TUBERCULOSIS.

Dr. J. W. Daniel, M.P., for St. John, spoke strongly in the House of Commons in favor of the Government taking steps to aid in the prevention of tuberculosis. Dr. Daniel is an optimist and believes the disease can be eradicated. He points out that five hundred years ago there were 19,000 leper houses in Europe, and 95 in England alone. Now leprosy was a disease of the past. So it was possible to eradicate tuberculosis, and the results were well worth the effort and the cost in doing so.

THE ARREST OF POISONING IN WOUNDS.

Dr. J. J. Reid reports three cases of poisoned wounds treated by the application of strong nitric acid to the infected surfaces. The results in all cases were satisfactory. If necessary the parts may be incised and cocainised prior to the application of the nitric acid.

CURRENT MEDICAL LITERATURE

MEDICINE.

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

A CASE OF HÆMOCHROMATOSIS WITH CHRONIC PARENCHYMATOUS NEPHRITIS.

This condition, which derives its name from the deposit of pigment in the cells of the liver, has been observed in cases of anaemia so far as the liver is concerned, but Von Recklinghausen in 1889 described 12 cases of a general deposit throughout the cells of the organism.

There are two varieties of pigment, which are distinguished from each other by their distribution in different tissues of the body and by the dissimilarity of their morphochemical reactions. One of these deposits is called haemosiderin, and, as its name implies (*Eideros*, iron), it contains iron, and can be demonstrated in the tissues by means of ferrocyanide of potash and dilute hydrochloric acid, which gives the Prussian-blue reaction. This haemosiderin is usually deposited in the cells of the various glands of the body, and in a typical case the granules can be detected in the secreting and other cells of the liver, pancreas, stomach, intestines, and kidney, and in the endothelial cells of veins and capillaries. The second pigment is called haemofucsin, and does not give the characteristic reaction for iron, but when stained by methylene-blue the granules take on a dark-blue stain. This granular deposit is not present in the secreting cells of the glands, but is found in the connective-tissue cells of the liver, pancreas, and spleen, and in the muscle cells of the heart, stomach, intestine, and larger blood vessels.

It is thought that owing to the absorption of some poison, or through some other unknown cause, the blood undergoes a profound change. The poisoned and functionless red blood corpuscles are sorted out by the liver and the cells take up the haemosiderin from the injured corpuscles. Frequently no anaemia is present in these cases and as no great blood destruction takes place it is probable that the pigmentation is caused by the injured cells not being able to carry on the normal destruction of blood pigment, and it thus accumulates in the parenchymatous cells of the liver and other viscera. The poison itself may also injure the cells. The same cause may produce changes in the pancreas, and this is usually followed by diabetes.

In *The Maryland Medical Journal*, May, Stokes and Latane report the following case:

J. H., age 52 years, white, male, married, shipmaster. Patient was brought to the hospital from his vessel in a semi-comatose condition, from which he could be roused with difficulty. His coma gradually increased, and he died in an uraemic condition without convulsions at the expiration of 48 hours.

There was obtained a scant history extending back some months of gradually-increasing ill-health, with headache and general disinclination for exertion, culminating in anasarca, ascites, and shortness of breath. He had been confined to bed for several days prior to the arrival of his vessel. He had contracted a chancre five months previously, had been on treatment, and was a constant and hard drinker of gin.

The liver, pancreas and kidneys showed the greatest changes, the spleen was enlarged with increase of splenic pulp.

The liver showed great increase of connective tissue, especially in the portal spaces, the liver lobules are smaller than normal and are invaded by connective tissue bands with proliferation of the bile ducts. Under the high power the nuclei of the liver cells are seen to be obscured by a deposit of granules brownish-yellow in color which on test with hydrochloric acid are proven to be haemosiderin. The pancreas shows a connective tissue proliferation but a more normal appearance than the liver, the pancreatic cells are lessened in number but their nuclei are visible, the yellowish granules are everywhere apparent. The kidney shows a well marked chronic diffuse nephritis of the parenchymatous variety, there is not so much deposit of the iron-bearing granules as in the other organs.

AN IMMUNE BODY CAPABLE OF INHIBITING THE DEVELOPMENT OF CANCER IN MICE.

In the April number of *The Johns Hopkins Hospital Bulletin*, G. H. A. Clowes, Ph. D., gives a preliminary report on some investigations pursued by Dr. Gaylord and himself on this subject, suggested by the fact that while there are many authentic cases of recovery from carcinoma, no attempt has been made to determine the effect of the serum of these spontaneously recovered cases upon those suffering from a similar affection. Mice were used for these experiments, inoculation being made from two supplied by Prof. Jenpen of Copenhagen.

The method pursued was to treat in each case two affected mice at the same time, one with injections of blood derived from mice recovered from the disease, the other with a similar amount of ordinary mouse's blood. Up to the time of making the report, experiments had

been carried out on twenty mice; and, of those treated with repeated doses of the so-called immune serum, one only has failed to show some effect, which may be attributed to the serum and all are alive. Of those treated with normal serum five are already dead and the others have now tumors larger than those for which they served as controls. Tumors weighing more than three or four grains were not appreciably affected by the serum, but the cachexia from which the mice suffer in the last stages was in all cases alleviated. The serum or mice cured of their tumors by the above treatment was found to possess a certain degree of activity, but not to the extent exhibited by that of the spontaneously recovered cases.

It must be borne in mind that these mice tumors are very irregular in their development, both as to time and size, so that one must be cautious in drawing conclusions from any limited number of experiments but in these cases the tendency to recover was very slight, in only one case did a tumor larger than a buckshot recover spontaneously in the series of second inoculations, which were very virulent. Test tube experiments with this serum make it extremely improbable that it can be classed among the cytolytins; it does not exert any more marked haemolytic effect than the blood from the normal animal. Sections of tumors in cases thus treated show changes comparable to simple atrophy, increase in connection tissue, and reduction in the epithelial elements. On the whole, there seems to be evidence of the existence of immune forces antagonistic to the development of cancer.

THE DRINK HABIT.

Dr. C. W. Hidden, of Newburyport, Mass., has for some years urged the curability of the drink habit by a method of treatment for which he claims credit of bringing before the medical profession. Stated in his own words we find it thus given in the *Medical Brief*.

"The remedy that I employ is a combination of cinchona rubra, strychnia nitras, capsicum annum, and avena sativa. This destroys the craving for liquor, and starts the patient on the road to health, strength and moral control. Only the once intemperate can appreciate what it means to lose that awful consuming thirst for strong drink.

"My discovery removes the appetite for liquor, restores the system to normal or healthy tone. No man in health craves strong drink. I bend every energy, utilize every means at command, to restore the drink patient to health, to make him sound in body, brain and mind. When this has been accomplished, the reign of old king alcohol is at an end.

"The primary sensation on taking the medicine is one of delicious

warmth, which extends to all parts of the body. Patients frequently say, "The first dose made me thrill and glow from the crown of my head to the tips of my toes." This is not to be wondered at when we recall the condition of the patient prior to beginning treatment : stomach irritable, nerves out of tune, brain in a jangle, vital powers depressed, a weak, trembling, physical wreck. It is well worth while to reverse all this : To suffuse the body with warmth and power, to find the nerves steadying down, the brain clearing, the stomach able to retain food, an awakening sense of manhood and of growing control over a debased appetite."

BACTERIA ON MONEY.

A number of experiments have been carried on by the New York Board of Health, with the following results : The germs of only two diseases have been experimented with—tuberculosis and diphtheria—and both of these may be communicated from one person to another on money. Moderately clean bills obtained from a cheap grocery store held 2,250 living bacteria, and dirty bills held 73,000. Pennies held only 26, and dimes 40. The experiment was made of placing pennies, nickles, and dimes in the mouths of children suffering from diphtheria. The coins showed no trace of diphtheria bacilli twenty-four hours afterward. The report sums up the results reached thus : Pennies at the end of twenty-four hours gave a growth of diphtheria bacilli when fairly dry; at the end of forty-eight hours they gave no growth. Nickles at the end of twenty-four hours gave a growth at times, but not at others; at the end of forty-eight hours they gave no growth. Dimes gave a growth at times, not at others; in forty-eight hours the growth had disappeared. Paper money at the end of forty-eight hours gave a growth and continued to do so at times for a month. The number of bacteria found alive on paper was 170,000, on nickel about 40,000, and on copper none. The data thus obtained ought to convince the authorities what a menace soiled bills are to the public health.

SURGERY.

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

TREATMENT OF THE STUMP IN APPENDISECTOMY.

In a letter of Dec. 12th, 1904, to the editor of the *St. Louis Medical Review*, Edmund Owen, Consulting Surgeon to St. Mary's Hospital, London, says :—

As is well known, a very usual way of dealing with the stump is to turn back a considerable cuff of peritoneum, and then, having tightly

surrounded the naked fibromuscular tube near its base with a fine ligature, to bring forward the peritoneum again, and to stitch it over the raw end of the stump. Probably before the cuff has been drawn forward the mucous membrane lining the end of the stump has been scraped out with a small sharp spoon, and the raw tissue disinfected by a drop of pure carbolic acid. In most cases where this treatment has been carried out, certainly in nearly all in which the operation has been resorted to in the "quiet stage," the result has been good. Nevertheless, one cannot regard it as the most perfect way of operating, for there is always the risk—notwithstanding the presence of the carbolic acid—of the tubular piece of the appendix between the ligature and the cut end becoming a small incubation chamber, and of an abscess being formed beneath the cuff of peritoneum, which has been stretched over the end.

I have done the operation in this way many times, and, like my confreres, I suppose, I have now and then been annoyed by the formation of a small, deep seated abscess.

The way in which I now try to deal with the stump is by cutting it as close to the large intestine as possible, turning it into the bowel, and stitching up the opening after bringing together the neighboring parts of the peritoneal coat.

Seemingly, some surgeons do not mind if they leave a rather long stump; my belief is that there ought to be *no stump* left.

THE TREATMENT OF CONGENITAL TALIPES EQUINOVARUS.

Dylio*n*, *Arch. de Med. des Enf.* says that much has been written upon the subject of club-foot, but the writer believes that the bloodless method of treatment is steadily gaining in favor.

Having completely cured several complicated cases of club-foot by manipulation alone, the author draws the following conclusions :

(1) By methodical manipulation congenital talipes equinovarus may be completely corrected.

(2) If the result proves to be unsatisfactory, it is proof that the method was faultily applied, or that it was not continued long enough.

(3) The treatment should not be regarded as auxiliary, but as the principal and exclusive method.

(4) By manipulation one restores the normal form as well as the function of the member.

(5) Correction of the position having been obtained, the treatment should be continued for a time in order to prevent recurrence.

(6) In the intervals of treatment the foot should be supported by a small splint.

(7) It is desirable to begin treatment as soon after birth as possible.

REDUCTION OF STRANGULATED HERNIA.

Fischer, *Therapie der Gegenwart*, No. 3, 1905, finds that by applying an ether spray to strangled hernia it may be reduced without difficulty or danger. The patient lies on his back with the pelvis raised and knees flexed. The skin surrounding the rupture is smeared with vaselin and covered with cotton. The ether spray is then directed over the rupture and inguinal canal; the intense cold if continued for one to two minutes condenses the tissues, blood-vessels, and the gass in the distended bowel. Taxis is then made, usually with success; if it fails, the procedure is repeated in fifteen minutes.

ENTEROSTOMY.

J. W. Long, *American Medicine*, April 8, 1905, says that enterostomy is always a life-saving measure, never an operation of choice. Enterostomy is not indicated when a more ideal surgical procedure is feasible.

In the hands of an experienced, carefully trained abdominal surgeon, capable of dealing with grave emergencies, an enterostomy is rarely resorted to; but the better the surgeon, the more quickly will he adopt any measure that will save his patient.

Every abdominal surgeon, according to the abundance of his material, must find cases in which only an enterostomy can with propriety be done.

When an enterostomy is indicated, to hesitate is to lose your patient; to operate promptly, dexterously, and with celerity means to tide your patient over the imminent peril and spare him for future consideration.

RADIOTHERAPY AND SURGERY, WITH A PLEA FOR PREOPERATIVE RADIATIONS.

William T. Morton *Medical Record*, March, 1905, draws the following conclusions :

1. Radiation treatment exerts a retarding effect upon the growth of some cancers.
2. It cures some cases—the ratio to operative measures is not here discussed.
3. Preoperative radiation will increase the ratio of cures by operation.

4. Preoperative radiation transforms some inoperable cases into operable cases.

5. Preoperative radiation is recommended as a precautionary measure, probably quite as important as preoperative antiseptic preparation for surgical operation.

ALLEGED DISCOVER OF SYPHILIS MICROBE.

The Paris correspondent of *The Times* reports what is described as an "important medical discovery," viz., the identification of the microbe of syphilis. He reports that at the last sitting of the Academy of Medicine of Paris. At this meeting, says *The Times*, Drs. Roux and Metchnikoff, of the Pasteur Institute, lent the authority of their names to the assurances which reached the scientific world from Berlin a few days ago as to the probable identification of the microbe of syphilis. This microbe would appear to have been observed for the first time three years ago by two students at the Pasteur Institute—MM. Bordet and Gongou. The late director of the Institute, M. Duciaux, had long sought to hunt down the microbe of this malady in the Hospital St. Louis, but all his researches were vain. Previously several observers had detected the presence of certain bacilli which for a time put investigators upon a false scent. MM. Bordet and Gongou in their observations noted an infinitesimal being, long, pale, refractory to staining, and so extremely evanescent that when they looked for its fellows they could never find them. This microbe would seem, however, to be the one now observed by Herren Schaudinn and Hoffmann in twenty-six cases and in varying conditions of the malady. It has been given the name *spirochæ pallida*. Its length is from four to fourteen-thousandths of a millimètre, while its breadth is a quarter of a thousandth of a millimètre. It bears a family resemblance to other well-known microbes, some of which are quite inoffensive, and are to be found in human mucus. Drs. Metchnikoff and Roux, in their communication to the Academy of Medicine, announce that they, too have found the Schaudinn bacillus. During the last two weeks they have observed this microbe four times out of six in the human cases examined, and Herr Schaudinn, to whom the preparations have been sent, recognizes them as identical with his. But, more striking than all, M. Metchnikoff has found the microbe in the monkeys that he has had inoculated. He found it four times out of six, and in one case the discovery had special importance, for the *spirochæta pallida* was identified at a point on the monkey's body, and at a certain stage of the affection, in which no possible confusion could be made with the spiral bacilli of certain mucuses. *Med. Times and Hosp. Gazette.*

GYNAECOLOGY.

Under the charge of S. M. HAY, M.D., C.M., Gynaecologist, Toronto Western Hospital; Consulting Surgeon Toronto Orthopedic Hospital.

WHAT SOME AUTHORITIES SAY REGARDING THE CO-EXISTENCE OF OVARIAN CYSTS WITH PREGNANCY.

Herman, Diseases of Women, says. "If the tumor is small and the patient near term, ovariectomy may be postponed till after delivery; but except in such cases the proper treatment of an ovarian tumor complicated by pregnancy is its immediate removal. Ovariectomy must be done sooner or later, and experience has shown that the presence of pregnancy little, if at all, increases the danger."

Garrigues, Gynecology, 1905, page 345, says: "When the ovarian cyst is complicated with pregnancy, it is *sometimes* better to postpone the radical operation till after the puerperium and afford temporary relief by tapping."

Penrose, Diseases of Women, 1904 page 389, says: "Pregnancy is no contra-indication to operation. In fact, the dangers of obstructed labor, rupture of the cyst, and torsion of the pedicle urgently call for immediate operation in such cases. Pregnancy usually progresses to full term after operation."

Howard Kelly says: "The proper treatment of ovarian tumors is by extirpation as soon after the discovery of the tumor as the physical condition of patient will permit."

"Ovariectomy as a rule is the simplest and the safest abdominal operation in pregnancy to both mother and child; but its dangers are increased by extensive adhesions, and abortion is liable to be produced by a protracted operation with much manipulation of the uterus."

Jardine, Clinical Obstetrics, 1903, page 200, remarks: "If the tumor is discovered early in pregnancy it should be removed at once, even though it is small, as the risk of twisting of the pedicle is considerable. If the pedicle should become twisted, immediate operation is called for. If the tumor is not discovered until within a few weeks of full time, I should be inclined to wait to full time, unless, of course, there should be a good reason for operating at once. The reason for this is, that the abdominal wound would not have time to become consolidated before labor came on, and it would probably yield."

Dudley, in his work on Gynecology, 1904, page 465, states: "Ovarian cyst complicated by pregnancy may give rise to the following accidents:

1. Twisting of pedicle.
2. Abortion.

3. Obstruction to labor, necessitating Cæsarean section or ovariectomy during labor. From these and other possibilities the danger of labor to child and mother is extreme. In the complication of pregnancy the necessity for an early, rapid, gentle, aseptic ovariectomy is apparent."

Bland-Sutton in his *Diseases of Women of 1904*, page 354, says: "Ovarian Tumors and Pregnancy." "When an ovarian tumor complicates pregnancy, it is not too much to state that the life of the woman is in peril through the period, and the danger increases with each succeeding month of gestation, and often culminates with labor or abortion."

"During pregnancy the chief dangers are :

1. Axial rotation of the tumor ;
2. Rupture of the cyst ;
3. With large tumors, impediment to respiration ;
4. Incarceration of the tumor in the pelvis.

"From a study of a large number of records the following results may be stated :

"These facts make it clear that pregnancy exerts a baneful influence on ovarian tumors ; and ovarian tumors are, as a rule, inimical to successful pregnancy."

1. Before the fourth month of pregnancy, single or double ovariectomy is attended with a very low mortality, and the risk of disturbing the pregnancy is small.

2. The removal of a parovarian cyst during pregnancy is more liable to be followed by abortion than single or double ovariectomy.

3. After the fourth month the risk is that of an ordinary ovariectomy, but the chance of abortion increases with each month."

"It is a fact that ovariectomy may be safely carried out between the eighth and ninth months of gestation, even when the tumor is incarcerated in the pelvis without precipitating labor.

"It may be said that when an ovarian tumor lies high in the abdomen delivery exercises a baneful effect on the tumor, but when the ovarian tumor occupies the pelvis it exercises a baneful effect on the uterus and its occupants :

1. When the tumor is situated above the uterus the following accidents may happen : (a) Rupture of the cyst ; (b) axial rotation ; (c) supuration of the cyst.

2. When the tumor occupies the pelvis, it offers mechanical impediment to delivery. The fœtus invariably dies in these circumstances. The following accidents have happened : (a) Rupture of the cyst ; (b) rupture of the uterus, (c) rupture of the vagina, (d) extension of tumor through the anus.

"The broad rules for treatment may be formulated thus :

(1.) When an ovarian tumor is discovered during labor, and it impedes delivery, ovariectomy should be performed.

(2.) If the tumor offers no obstacle to the passage of the fœtus, it should not be interfered with until after the puerperium, unless unfavorable symptoms arise.

“It is now well known that ovariectomy can be successfully performed even while labor is in progress—that the operation in no way interferes with the contraction of the uterus. Ovariectomy can also be successfully performed in the puerperium without in any way interfering with either the involution of the uterus or lactation. Therefore it cannot be too strongly urged that when a puerperal woman known to possess an ovarian tumor exhibits unfavorable symptoms, ovariectomy should be resorted to without delay.”

UTERINE FIBROIDS.

J. Wesley Bovee, Washington, D.C. (*Journal A. M. A.*, May 27) says that his former publication on the occurrence of uterine fibroids after ablation of the appendages was the only publication in the literature on the subject, except the report of a case by Hey Groves and some incidental references in other articles. He republishes here his own four cases and that of Dr. Groves. Such occurrences throw serious doubt on the theory of the efficiency of the removal of the appendages to produce atrophy of existing fibroids, which has been accepted to a considerable extent in Europe and in this country. The possibility of the growths having existed in an undeveloped state before the ablation is admitted, but not considered probable, as is also that of pelvic adhesions acting as a causal factor. That an infectious process of some degree of variety in the uterus may bring about this fibroid degeneration is deemed by the author as highly probable, though problematic. The only adequate theory he finds on which to base a cause for the development of fibroid after double salpingo-oophorectomy is that of the endarteritis noted by Benckeiser, but Bovee wishes the relation was clearer and better substantiated by cases. Such development of fibroids after castration is probably rare, and due to some infrequent cause like this endarteritis obliterans. In the absence of a better explanation he is therefore inclined to accept this one.

THE EFFECT OF SUSPENSIO UTERI ON PREGNANCY AND LABOR.

Dr. Joseph Taber Johnston, of Washington, D.C., contends that very few, if any, such injurious effects need be feared as have been fre-

quently charged against the operation of suspensio uteri. That it sometimes fails to cure is true, but that is not the charge. In over one hundred suspensions done by himself, he only knows of two pregnancies. These were normal. In one case the labor was so rapid that the child was born before the doctor's arrival, and he knows from recent examinations that there has been no return of the retroversion. The other case he delivered in November last, after a five-hour normal labor, without chloroform or forceps.

He says the two principal objections made to the suspensio-uteri operations are its supposed effect upon pregnancy and parturition, and also that the suspensory ligament which finally holds the uterus in an approximately normal position, is liable to entangle the intestines in a fatal obstruction or inflammation.

Among the thousands of suspensio-uteri operations which have been successfully performed he has heard of only three such accidents and these may have been the result of imperfect or inexperienced work.

By ventral *suspension* he does not mean ventral *fixation*. He freely admits that the uterus should not be securely fixed into the abdominal wound, or to the abdominal wall in women likely to become pregnant.

TECHNIC OF PELVIC OPERATIONS BY VAGINAL SECTION.

Dr. J. Riddle Goffe, of New York, *Northwest Medicine*, January, 1905, gives a detailed description of the methods of operative procedure in vaginal pelvic surgery. With growing experience he concludes that "any pathologic condition that is confined to the true pelvis can be dealt with as satisfactorily, with as permanent results, and with far greater safety to the patient, through the vaginal than through the abdominal incision." He believes its successful application will lie with the man who practises the specialty of gynecology. The preoperative and post-operative treatment of vaginal cases by Goffe differs somewhat from the usual. He sterilizes the vagina by frequent 1-3000 bichloride douches and the day previous to the operation packs the vagina with 10 per cent. iodoform gauze, wrung out in a 1-5000 bichloride solution. This is removed by the operator and vagina douched with plain saline solution before beginning to cut. In acute pelvic inflammation Goffe uses the Fowler position, raising the head of the bed about 30 degrees so as to assist by gravity the flow of pelvic secretions.

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EDITORIAL.

THE MEDICINE OF THE GREEKS.

To the Ancient Greeks we owe much, and not the least of their gifts to us is what they did for medicine. The Greeks were not only originators, they were successful imitators and much of their systems of learning came to them from earlier periods and other countries. But they were not satisfied with merely borrowing from the Egyptians, Scythians, Phrygians, etc., but raised what they so obtained into a higher plane and added their own peculiar development. It may be said that no people has exercised such a controlling influence upon the culture of the world, and, through this, upon the history and development of medicine. The Greek mind always strove for the profound and the entire, and ever sought the essence of things. In the midst of this profound search after the essence of things, they did not neglect the outward phenomena and the appearances of natural conditions. They sought more to find out what disease was than to study any one disease or group of diseases.

The Greeks had a deep regard for medicine and the physician, whom they called "the Godequal, or Godlike philosopher," and spoke of the study of medicine as a true science, and its practice as a true art. As in other lines of Greek thought, so in medicine they traced its origin back to the ever-ruling gods and goddesses. This, of course, brought the true spirit of poetry into their study of medicine, and made them regard the physician and his work as worthy of true reverence. Hera was the protectress of lawful birth, Artemis was the goddess of parturition, Apollo sent pestilence, Pallas Athene was the special patroness of the eyes.

The real god of medicine was Aesculapius, the son of Coronis and Apollo. He was the "bearded son of a beardless sire." Apollo is said to have brought the pregnant Coronis to the funeral pile, and Aesculapius was saved by being taken from the mother's womb—a mythical case of Caesarean section. Another legend has it that his mother was the beautiful Arsinoe, that she abandoned him at his birth, and that he was reared by a goat. Among Aesculapius' children may be mentioned Hygeia, Machaon—"a good physician," Panacea, and Telesphorus—the bearer of convalescence. Aesculapius is said to have flourished about 1250 B.C. After his death, he was made the god of medicine, and was followed by a long list of priests. The teachings of Aesculapius and the

propagation of a knowledge of the healing art were due to the Asclepiadæ or lay disciples of Aesculapius. The physician was in high esteem among the Greeks in Homer's time, for we read in the *Iliad*—

“A wise physician, skilled our wounds to heal
Is more than armies to the public weal.”

There were also female physicians of high repute of whom he sang—

“She that all simples' healing virtues knew,
And every herb that drinks the morning dew.”

Among the ancient Greeks, the philosopher, the physicist, the metaphysician and the physician were all combined in the same person. When we reach the time of Hippocrates, tried observation and experience begin to assert themselves; and analysis and synthesis form the basis of the reasoning in medicine. Medicine in Hippocrates' hands becomes less a system of speculative philosophy, and more and more a system of natural science.

In the Ionic school, the Crotonic school, the Eleatic school, and the various schools of philosophy, the teachings of medicine underwent many changes. The Asclepiadæ and the gymnasts did much to keep alive the spirit of true medicine. They were mainly of the physical school and knew much less about internal medicine than surgery and the treatment of disease by means of exercise and bodily manipulations.

At the time of Hippocrates there were stationery and travelling physicians, and those who gave their time and attention to the army and the navy. Xenophon had eight surgeons with his famous ten thousand. There were also many midwives. The ancient Greeks, in their poetry, speak of the physician as—

“A seer, physician in our time of need,
With gentle hand the balm he poured around.”

The physician usually followed general practice, though there were such specialties as dentistry and diseases of the eye. The fees were, in most cases, in the form of an honorarium. They also dispensed and prepared their own medicines, mostly obtained from the vegetable kingdom.

The Greeks had but a limited knowledge of anatomy—such as was derived from the exposure of the viscera of various animals and the manipulation of the body. Their physiology was the humoralist theories of the east, which continued to dominate medicine till a comparatively recent period. A guiding principle among the Greeks—Hippocrates and his followers—was phenomena first, then judgment, then general propositions, then practical knowledge and craft. They lacked in experimental verification; and this was the fundamental weakness of Greek medicine.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

The annual meeting of this Association was held a few days ago. The reports of the trustees, the treasurer, and the curator were of a very satisfactory character. There is some money in the general fund, the number of books is steadily increasing, and the property is paid off and some \$1,500 of balance in the building fund. There is much yet to be done, but what has been done so far has been well done.

CANADIAN MEDICAL ASSOCIATION.

Medical men who will attend the annual meeting of the Canadian Medical Association at Halifax, N.S., Aug. 22 to 25, are requested to communicate as soon as possible with C. Dickie Murray, M.B., chairman of the information and lodgings bureau, 66 Queen St., Halifax, with a view to securing hotel accommodation in advance. The hotel rates vary from \$1.50 to \$3.00 per day.

THE PREVENTION AND EARLY TREATMENT OF INSANITY.

The advances that are being made on the effects of fatigue, exhaustion, auto-intoxication, the effects of poisons, such as alcohol, tobacco, etc., and the toxins from the infectious diseases, have greatly widened our views upon the etiology and treatment of insanity. Much has been written of late years to show that insanity is a preventable disease in the majority of instances.

Every one is not born alike as to circumstances, wisdom, health, stability, of nervous system, or environments. The keen struggle for an existence may break down the nervous system of some, who, with easier circumstances, would have escaped becoming a neurasthenic, or a victim of fully developed insanity.

But many lack that forethought and care over their affairs, and as a consequence, do not make the most of their opportunities. Nor do they lay up anything for the future. These improvident and unsuccessful persons are always pretty close to the wall, and often suffer very severely from the fear of want or from the real thing itself. It is very difficult to see how much can be done towards the prevention of nervous break-downs in such cases.

Some come to this world with a poor supply of energy, especially nervous energy. The momentum they received at birth does not carry them far, and is soon lost through the frictions of life. If all goes well

with these people, they may escape nervous exhaustion; but if the cross winds of adversity and disappointment thwart their course, insanity may readily ensue.

Environment plays an important role in the causation of nervous trouble. It is well-known how much dementia paralytica depends upon the life lived by its victim. Irregular and dissipated habits are usually through bad example, though heredity may also figure in rendering the person an easy prey.

It would seem, therefore, that the foundations upon which nervous wreckage and insanity are built are wide, and admit of almost endless variations, combinations and possibilities.

In addition to the above causes of insanity, we have to consider two others. The effects of the toxins of the infectious diseases, and the results of autointoxication. Many of our leading alienists recognize the influence of acute infections in the etiology of insanity. But the poisons caused by infectious diseases are not the only poisons in the system capable of doing great damage to the sensitive nerve cells. Through over eating, or from food of an improper kind or insufficient in amount; or from the consumption of excessive quantities of alcohol, tobacco, or other narcotics, or because of an inert condition of the excretory organs, a state of systemic poisoning results and the nerve cells are made sick.

When all the above causes are carefully passed under review, it will at once appear that they belong to the class of causes known as preventable. Even when they are not foreseen and prevented, their consequences are often amenable to treatment. This is the modern view that is beginning to prevail, and it is being strongly urged that incipient insanity should be treated in suitable wards in general hospitals for a time. If this course was adopted, many cases that are now sent to the asylums for the insane, would recover and never reach the stage of commitment. This is no longer theory. It has been tried successfully in many places. The person with a sick nervous system is admitted to a hospital and properly treated, the result being that the balance of health is restored and reason once more asserts itself. The environments are corrected, worries are excluded, poisons are eliminated, nourishment is introduced, and the nerve cells rested. The person has not yet fallen over the precipice, he is not beyond hope. If not treated properly at this stage, the nervous system may suffer such damage that a cure is impossible, and a condition worse than death is the future of the sufferer. This is the plea of true humanitarianism, and the good old adage proves true that an ounce of prevention is worth more than a pound of cure. Of the thousands in our asylums, many were once in a condition permitting of successful treatment.

THE ONTARIO MEDICAL ASSOCIATION.

The recent meeting of this association was an excellent one, and lacked in nothing but in numbers. There are somewhere about 3,500 to 4,000 medical practitioners in the province of Ontario; and one would think that more than 200 of these would attend the annual meeting of the Ontario Medical Association.

For this there are a number of reasons. Among these might be mentioned the fact that many of the most active of Ontario practitioners, when they take a few days off from their own work, go to the larger centres, such as New York, Baltimore, or Chicago, where they think the opportunities for gaining knowledge is greater than in spending a few days in Toronto in attendance at the Ontario Medical Association.

Another reason may be found in the character of the programme. On this point it is very difficult to offer any criticisms. The committees entrusted with the task of arranging for papers have, we believe, always striven faithfully to make the meetings attractive and useful. If too many persons are brought from a distance, the local men complain that they do not get a fair chance; whereas, if the papers are all by our own men, then the members of the profession throughout the Province think the standard of the meeting may not be high from the scientific standpoint. A combination of papers from foreign and home sources seems to meet the conditions best and has been the one generally adopted.

But we think another reason for the small membership roll and attendance is that the proceedings are not got out in some form. It is true that most of the papers are published in the journals; but no member takes all the journals. We are of the opinion that in the end it would pay to have the papers and discussions printed in some book form, a copy of which would be furnished to every member who paid his fee for the year. This would be the means of inducing many to pay the annual fee, even if they did not find it convenient to attend. If this plan could once be adopted, we feel that it would add greatly to the strength and the usefulness of the association.

But the main reason for the smallness of these gatherings is to be found in the indifference in the minds of the great majority of medical men regarding medical societies. In the cities and counties where there are such societies, as a rule the attendance is much smaller than it ought to be. This is a mistake. Nothing will do a medical practitioner more good than to comingle with his fellow practitioners. Get away from the idea that every moment must be given to the interests of practice and patients. Bread study alone is bad, but bread practice alone is worse; and for the reasons that it lessens one's enjoyment, limits one's view of things, makes one narrow and illiberal, and, finally, even reduces his earning capacity, so that the bread aspect of one's life work suffers. The remedy for this state of things is to attend medical societies.

THE BANQUET TO DR. O'REILLY.

At the Albany Club, Toronto, on the evening of June 10th, there foregathered over one hundred doctors to do honor to Dr. O'Reilly, who has resigned his position of medical superintendent of the Toronto General Hospital after having held the position for thirty years.

Surrounded by so many friends consisting of members of the staff of the hospital, former house surgeons and physicians, and those who had received their clinical teaching in the Toronto General, Dr. Charles O'Reilly would not be human if he did not feel both a peculiar pride and a strange sadness. And Dr. O'Reilly is human.

Dr. O'Reilly has been an admirable medical superintendent throughout all these many years. Of this the feeling of those present at the banquet gave ample proof. No one pretends to say that Dr. O'Reilly has made no mistakes—he would not wish any one to say this. For the greatest men make mistakes, the true test of wisdom being not that one makes no mistakes, but that he sees them quickly and at once corrects them. In this regard Dr. O'Reilly has been particularly courageous and manly, and ever carried with him the confidence of all with whom he came in contact.

The gathering was a particularly happy one. Through it all there ran the feeling to forgive and to forget anything that is faulty, and to remember all that is good. It was because of this feeling that there was so much to remember in all that was said and in the many reminiscences that were told during the evening. For by all present the guest of the occasion was crowned a true disciple of Aesculapius—*inter homines sapiens, intersapientes medicus*.

Dr. O'Reilly's work during these thirty years in the Toronto General Hospital was a truly great work. What he did for the patients and students in the institution can never be written. It is a memory, but a memory of that kind which

"Time but the impressions deeper makes
As streams their channels deeper wear."

If a man can make friends and hold them for so many years, if his differences only cement these friendships, and if at the end of it all the praises are loud and the fault findings unheard, then the proof is conclusive that the gold is of the sterling standard.

For Dr. O'Reilly we wish many happy years. We do not speak of his retirement; he is too energetic for that. We not only wish for him many happy years, but for himself and the community many useful ones also. His sun is still high, and has scarcely yet begun its westward course. As it once did of old, may it stand still in the heavens: not for a brief space, but for many years; and thus project the evening of his life far into the future, in character like the radiant tints of a golden sunset. Such is the wish of his many friends.

REPORT ON HOSPITALS, REFUGES AND ORPHANAGES.

The thirty-fifth annual report on the above institutions is just to hand. There are now 61 hospitals, 35 refuges, 32 orphanages, 2 homes for incurables, and 2 magdalene asylums. The total number of patients in all the hospitals was 39,223, there were 2,241 deaths, or a percentage of .5½. The government grant was \$110,000, the amount received from other sources was \$738,881.69, and the subscriptions, donations, etc., were \$123,858.80, being over \$28,000 less than the previous year. The total expenditures were \$852,240.51, or 89 cents per day. The government grant is 17 per day to the patients entitled to it.

The report speaks, at some length, regarding tubercular cases. It condemns the custom of placing these cases in hospitals along with other patients, as this is not good for the consumptive nor the other patients. It would be better if the hospitals provided special tents for these cases. The report urges the establishment of municipal sanatoria for consumptives. If the municipalities would only show a little generosity to the hospitals in their vicinity and make them a substantial grant, these hospitals would be able to furnish the medical accommodation, and without the multiplication of institutions, which always means extra expense.

The report goes on to criticize adversely the hospital accommodation in Toronto. This is scarcely justified. The Toronto General Hospital has a beautiful site, and many recent buildings well adapted for hospital work. The older portion could be remodelled. That portion of the city requires a hospital. No one has ever called in question the wards or arrangements of St. Michael's. Indeed, it would impress an unbiased visitor as a very fine hospital. Grace Hospital is a modern and well constructed building. Its only drawback is lack of ground. As far as its hospital accommodation is concerned, the person would be hypercritical who could find fault with it. The Western Hospital is young yet. It has a splendid site of four acres, and is now beginning to put up new buildings. Its strength is the fact that it is not encumbered with out-of-date buildings. The first of its many new buildings is now finished, and will challenge the severest criticism. The Children's Hospital, The Orthopedic Hospital, St. John's Hospital for Women, and the Home for Incurables, we always thought, were a credit to the city. Whence then this bitter attack on the Toronto hospitals as shown by the words of the report, "I do not wish to be unduly severe in my criticisms, but I would be remiss in the discharge of duty if I refrained from calling attention to conditions which should not be allowed to prevail?" This is followed by a recommendation for a new central hospital.

We would again take the liberty of saying that the hospitals throughout the province should receive more liberal treatment from the govern-

ment. The Government grant is down to 17 cents a day to those entitled to it. In most cases the municipalities pay for a pauper case 40 cents a day, and in a few places 50 cents a day. This is not enough. The hospitals would have to close their doors were it not for the slight margin made on the private ward patients. It is hardly fair to criticize too harshly the hospitals for not having everything as nice as might be desired. These institutions are doing a very great service for the province, and should receive more assistance and less criticism.

In the early part of April, an influential deputation waited on the Government and asked for a larger grant. So far nothing has come of it. Just take one instance. The Government made a grant of \$15,000 to the National Sanatorium Association for the Treatment of Tuberculosis. But the hospitals of the province are now treating hundreds of consumptives; but could secure no increase in the grant, which is now altogether too small. Here is a question that touches the very life of the people, and yet there was no money for it. The grant remains stationary at \$110,000, though the number of claimants upon it is steadily increasing.

PERSONAL AND NEWS ITEMS.

Dr. A. T. Rice, who has been in practice in Woodstock since 1884, has removed to New Dundee, between Galt and Berlin.

Dr. G. Sterling Ryerson, accompanied by his son, Eric Egerton, have been in England for a couple of months.

Dr. Gunne, who has practised for many years at Dauphin, Man., has removed to Rat Portage.

Dr. J. T. Duncan and Mrs. Duncan are enjoying a three months' trip in Europe.

Dr. and Mrs. H. P. H. Galloway, of Toronto, are having an extended trip through the Eastern States.

Dr. Hotham, formerly of St. Marys, Ont., has entered into partnership with Dr. Argue, of Winnipeg.

Dr. Freeman, Medical Superintendent of the Hamilton City Hospital, has resigned.

Dr. and Mrs. Hay, of Wallaceburg, are spending a few months in Europe.

Dr. Duncan N. MacLennan, of Toronto, was married, June 14, to Miss Marion Clemesha, daughter of Dr. Clemesha, of Port Hope.

In Hamilton on June 4, Miss Jean Leslie, daughter of Dr. James Leslie, 69 Main Street west, was married to Dr. R. R. Wallace.

The International Medical Congress will meet in Lisbon, 19-26 April, 1906.

Dr. James Henderson, M.D., C.M., of Warren, Ont., has opened an office in Fort William.

Dr. Morrow, of Arthur, has been appointed a coroner for the County of Wellington.

Dr. Stewart, of Fort William, was married to Miss Eva Pettitt, of Glencoe. The doctor will locate in Fort William.

The American Association of Surgeons held their meeting this year in Montreal at the Windsor Hotel on June 13th.

Dr. R. A. Pyne, Minister of Education; Dr. J. A. Temple, and Dr. L. F. Barker had the degree of LL.D., honoris causa, conferred on them by the University of Toronto.

The many friends of Dr. L. F. Barker will be delighted to learn that he has been appointed physician-in-chief at Johns Hopkins, the position recently vacated by Dr. Osler.

The University of Toronto graduated this year 157 persons in medicine. Truly Aesculapius should feel proud. Little did he think he was establishing so popular a calling.

Dr. Sprague, Stirling, Ont., author of *Medical Ethics*, was in the city, acting as examiner in medicine for the Medical Council of the College of Physicians and Surgeons.

Dr. William Clark, one of this year's graduating class from Manitoba College, has been appointed medical superintendent of St. Boniface Hospital, in succession to Dr. Turnbull.

Dr. A. H. Singleton, of Newboro, has returned from Edinburgh, Scotland, where he spent two months in post-graduate work. He was also in London, England, for the same length of time.

St. Michael's Hospital, Toronto, is arranging to erect a new \$50,000 wing to the present building. This makes the hospital a large one, with accommodation for over 200 patients.

Dr. Beeman, of Mallorytown, started for Montreal recently. He will be absent for two or three months. Dr. Judson, of Lyn, will attend to his practice during his absence.

Dr. W. Turnbull, who has been, during the past year, medical superintendent of St. Boniface Hospital, has decided to practice his profession in Winnipeg.

The marriage took place, 5th June, at Birtle, Man., of Miss Fannie Doyle to Dr. P. P. Ballachey, of Brantford. The bride is well known in that city.

Dr. Graham Chambers, of Toronto, has retired from general practice and will, in future, devote himself to internal medicine and diseases of the skin.

Dr. D. J. Dunn, after a successful professional career of twelve years in Beeton, has disposed of his practice to Dr. J. C. Hodgson, formerly of Beaverton, but for some time past engaged in post-graduate work in the United States.

Dr. F. H. Shanks intends taking up his permanent residence in Victoria, B.C. For some years past he has been in charge of the hospital service on the Fiji Islands. He has been over a quarter of a century connected with the British service in India, Egypt, and elsewhere.

Some months ago, while performing a surgical operation, Dr. J. D. Gauthier, wounded himself seriously in the left eye. After a few days had elapsed blood poisoning set in and the removal of the eye was decided upon, and the operation took place at Notre Dame Hospital, Montreal.

The Hamilton doctors held a meeting June 7th, and passed a resolution that it would be in the interests of the hospital to have a competent medical man in charge. The salary to be not less than \$2,000 a year to start with.

A very pretty wedding took place, 6th June, in Knox Church, South London, when Miss Maude Amelia Somerville, eldest daughter of Mr. G. A. Somerville, was married to Dr. Norman B. Alexander, of that city.

A very pretty wedding was solemnized at St. Paul's Church, Dunnville, on 9th June, when Mr. Joseph Morley Jory, M.D., of St. Catharines, was married to Alice Mary, second daughter of the late Mr. Edward Docker.

A pretty and fashionable wedding took place 1st June, in St. Margaret's Church, Spadina Avenue, Toronto, when Miss Minnie Darling, only daughter of Mr. and Mrs. Richard Darling, was married to Dr. Thomas Herbert Bell, L. R. C. P., only son of Mr. F. J. Bell, of Peterborough.

Dr. Charles Grange McGreer arrived home at Napanee the 2nd of May, after an absence of a year and a half in Edinburgh, Glasgow and London. The doctor secured diplomas in all these places, where he spent the time in the pursuit of his medical profession. About July 1st he leaves for Winnipeg, where he intends practising his profession.

In connection with the excellent work that is being done at the London School of Tropical Medicine, it is of interest to note that Canada is well represented. Dr. Hamilton Wright of McGill, whose name is already widely known in connection with his studies on Beri Beri, is continuing his investigations there, and another Canadian, Dr. A. T. Stanton, of Toronto, is Sir Patrick Manson's senior house physician.

A. H. Rondeau, M.D., C.M., one of the successful candidates at the recent final examinations in medicine, has been appointed house surgeon at the Winnipeg General Hospital. Dr. Rondeau passed his examination

with honors, and his appointment is giving himself and his friends much satisfaction. Others who have also been appointed are Doctors Harry Murdoff, H. W. McGill and B. A. Hopkins. Dr. S. J. Pierce and Dr. Brown at present on the staff, have decided to remain for the coming year.

Dr. O'Reilly said no harder task was known to man than to say good-bye to those whom you think will miss you, and he hoped they would realize the effort and excuse him from even trying to say what his heart felt. He appreciated their kind motives, their farewell address, and the more than handsome, useful and substantial souvenir given to him by the united kindness of nearly 200 of "his own household." He only hoped that their friendship would last as long as the desk, for that meant forever, and he would assure them that it would be handed down in the O'Reilly family as an heirloom to—he was almost going to say—unborn generations. He wished them with heartfelt regrets a long good-bye.

Dr. Hamill, who conducts the Canadian Medical Exchange for the purchase and transfer of medical practices and properties between medical men, wishes us to state that at no time during the past ten years has he been in a position to so fully meet the wants of all needing practice as at the present time, as he has over 30 medical practices for sale in all parts of Ontario and the Northwest Provinces, all of which are most inviting opportunities to secure a lucrative practice at most inviting prices and terms. Physicians desiring a practice can secure what they desire better by applying to Dr. Hamill than by all other methods combined that they could adopt. See his offers among our advertising pages.

All the officials, nurses and employes of the General Hospital, numbering nearly 200, assembled in the theatre and presented an address and a handsome table desk and arm chair, made of quarter-cut golden oak, to Dr. C. O'Reilly, who is retiring from his long official life the end of June, when he and his family sail for England. Mr. Miller, secretary, spoke in the most complimentary terms of Dr. O'Reilly, his life-long work, and of the success of the hospital, under his direct personal management. Mr. Brown, the steward, read the address on behalf of the employes, nurses and officials, and Miss Snively presented Dr. O'Reilly with the keys of the desk, which they all hoped he would use for many a long year. They also hoped that it would remind him of the many sincere friends he was leaving in the hospital, and assured him that they would long remember him as a trusted chief and kind master.

The attention of the Woman's National Sabbath Alliance having been called to the harmful effect of overtaxing brain and nerves, resulting from incessant excitement and toil, appeals to the medical faculty for a leaflet of not more than 2,500 words, demonstrating the urgent need of a weekly

mental and physical rest-day as appointed of God, for the moral and religious welfare of man, and offers a prize of \$25.00 for the best essay on this subject. The experience of a Christian physician preferred. Manuscripts with the name and address of the writers in a sealed envelope will be received until the first of November next, at the headquarters of The Alliance, room 709,, 156 Fifth Avenue, New York City. The accepted manuscript shall become the property of the Alliance, and the others will be returned when called for or accompanied by the full amount of postage needed.

OBITUARY.

JAMES THORBURN, M.D.

Dr. James Thorburn, for years recognized as one of the first physicians of Toronto, died at the family residence, 418 Bloor Street west. Heart trouble was the immediate cause of death. His illness was brief lasting only a few days, though the affection had been serious with him for some time. All the members of the family were at the bedside. The end came peacefully. The interment took place at Mount Pleasant Cemetery, and was very largely attended.

James Thorburn was born at Queenston, Ont., November 21st, 1830, and was, therefore, in his 75th year. He was the son of the late D. Thorburn M.P., for Lincoln County in the old Parliament of Upper Canada. He was prepared for college by Dr. Russell of Stamford, and took his medical course in the Toronto Medical School, and after graduation prosecuted studies at Edinburgh University from which he received a degree in 1855.

Dr. Thorburn entered upon his practice in Toronto at once, and for some years was professor of pharmacology and therapeutics on the medical faculty of his alma mater. He was also on the staff of the Toronto General Hospital and physician to the Upper Canada College. Dr. Thorburn was surgeon to the Queen's Own, and in that capacity accompanied the regiment to Ridgeway in 1866. The esteem in which he was held by the profession was shown in his election to the presidency of the Canadian Medical Association, 1895, and the presidency of the Ontario Medical Council in 1897. He was for years an examiner of the College of Physicians and Surgeons. He was a medical director of the North American Life, and was the first surgeon to the Grand Trunk Railway.

Dr. Thorburn married Miss Jane, daughter of Donald McTavish, of Grafton, Ont. Their family consists of one son and two daughters, Dr. James D. Thorburn, of Toronto; Mrs. Dr. Diordan, and Miss Thorburn, at home.

A. E. HARVEY, M. D.

Widespread regret was felt in Sarnia and throughout the County of Lambton over the sudden death of Dr. A. E. Harvey, of Wyoming, which occurred at his home at an early hour on 27th May.

The day before, about two o'clock, while the doctor was walking in his garden, he was stricken with paralysis, and remained unconscious until his death.

Deceased was one of the oldest practising physicians in the County of Lambton, and was well known everywhere within its borders. His brusque manner covered a kindly, generous disposition, and those who knew him best admired his many admirable qualities. Dr. Harvey was in the 64th year of his age, and had been a resident of Wyoming for about 37 years.

The funeral was held at 2 p.m. on Tuesday, May 30th, and was under the auspices of Burns Lodge, A. F. & A. M., Wyoming, and Bruce Chapter, Royal Arch Masons, of Petrolea, of which bodies deceased was a valued member.

BOOK REVIEWS.

THE DOCTOR'S WINDOW.

Poems by the Doctor, for the Doctor, and about the Doctor. Edited by Ina Russelle Warren, with an Introduction by William Pepper, M.D., LL.D. The Saalfeld Publishing Co., Akron, O., 1904. Price, \$2.50.

This volume belongs to the Doctor's Recreation Series. The poems are of the most varied character and from the pens of 115 authors. There are none that lack merit and many possess very high merit. Many of these poems are old friends; and it is a real treat to meet them all gathered together and bound up in such close fellowship. Among the treats that await the reader might be mentioned "The Morning Visit" by Holmes; "The Country Doctor" by Carlton; "Minerva Medica" by Weir Mitchell; "The General Practitioner" by Johnston, etc. This volume may be recommended to the doctor with great confidence. Many an hour can be agreeably spent over its pages. In these poems there is many a side light thrown upon the doctor; and in the language of Dr. Pepper in the preface, "It is good to find that the role assigned him in the unfolding scroll of time is one of ever growing honor and importance."

TUMORS OF THE CEREBELLUM.

By Charles K. Mills, M.D., Charles H. Frazier, M.D., George E. DeSchweinitz, M.D., T. H. Weisenburg, M.D., and Edward Lodholz, M.D. Reprinted from the *New York Medical Journal* and *Philadelphia Medical Journal* for February, 11 and 18, 1905. New York: A. R. Elliott Publishing Company, 66 West Broadway, 1905.

This little volume is the collection of six papers on the diagnosis, surgical aspects, ocular symptoms, and pathology of cerebellar tumors. These pages contain a good deal of very useful information upon a rather neglected subject. These articles are well worthy of a careful perusal.

LARYNGEAL PHTHISIS.

By Richard Lake, F.R.C.S., Eng. Second edition, enlarged and rewritten by Harold Barwell, M.B., F.R.C.S., Laryngologist, Mount Vernon Hospital for Consumption; Assistant Surgeon, Metropolitan Ear, Nose and Throat Hospital, etc., etc. With 45 illustrations, 20 of which are colored. London: Baillière, Tindall and Cox, 8 Henrietta St., Covent Garden, 1905. Price, 6s. 6d. net.

This is really a beautiful book. It is not large, but it is good. In matter and form it would be difficult to see in what way it could be improved. The illustrations plain and colored are excellent both from the artistic and utilitarian standpoints. The authors go into treatment with much care and are moderately optimistic as to the results of careful treatment. Pathology, etiology and diagnosis are stated in a precise and clear manner. This little book will not disappoint its readers. The hope of the editor of this edition is that the book may lead to an earlier recognition and more hopeful prognosis of tubercular laryngitis.

DISEASES OF THE RECTUM AND ANUS.

By D. H. Goodsall, F.R.C.S., Eng., Senior Surgeon to the Metropolitan Hospital; late Senior Surgeon to St. Mark's Hospital for Fistul and other Diseases of the Rectum; and W. Ernest Miles, F.R.C.S., Eng., Surgeon to the Gordon Hospital for Diseases of the Rectum; Surgeon to the Cancer Hospital, Brompton, etc., etc., London, New York and Bombay. Longmans, Green & Company. Price 6s net; 1905.

One of the tendencies of the age is to produce special books by specialists. The authors in this case have had ample opportunities for observation and experience, and have made good use of them. The book is certainly an attractive one, being printed and bound in the very best form. This volume is part II. of the author's work and contains chapters on Prolapse of the Rectum, Invagination of the Rectum, Ulceration, Stricture, Malignant Disease, Benign Tumors, Foreign Bodies, Pruritus, and Syphilis. After a careful perusal of the book, we can speak in the highest terms of its merits, and can confidently recommend it.

PRACTICAL PHYSIOLOGY.

Part ii. of Exercises and Demonstrations in Chemical and Physical Physiology. by Augustus D. Walker, M.D., F.R.S., and W. Legge Symes. Longmans, Green, and Co., 39 Paternoster Row, London; and New York and Bombay; 1905. Price, 2s. 6d. net.

This is a first class little book by two very competent authors. The work deals with the examination of blood, bile, urine, milk, saliva, breathed air, etc., etc. It is well written, terse and very fully illustrated. It is just the sort of book that the students should have. Many physicians would also find it extremely interesting.

 STIMSON ON FRACTURES AND DISLOCATIONS.

A Treatise on Fractures and Dislocations. For Students and Practitioners. By Lewis A. Stimson, B.A., M.D., LL.D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals, etc. New (4th) edition, thoroughly revised. Octavo, 844 pages, 331 engravings and 46 full-page plates. Cloth, \$5.00, net; leather, \$6.00, net; half morocco, \$6.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Since the publication of the third edition many interesting details, some of much practical importance, have been added to the knowledge of certain forms of fracture, particularly in or near joints. The x-rays have been used so freely that a greater degree of confidence may be placed in the accuracy of diagnosis than was formerly possible. In fact, sufficient details have been obtained in some of the rarer forms of injury to permit systematic description. Much new material of great importance will also be found regarding the operative reduction of old dislocations.

The frequency and severity of the injuries treated in this volume, the necessity for prompt attention, and, finally, their medico-legal possibilities, all unite to render Dr. Stimson's authoritative work essential to general practitioners as well as surgeons. It covers every known form of these lesions, not a few of which were first described in its pages. The author's vast experience and sound judgment are reflected in a literary style of exceptional clearness, and his pages abound in telling engravings and plates. He has endeavored to adapt his work specifically to the needs of the practitioner, particularly in the sections on diagnosis and treatment. In this new and thoroughly revised edition the profession have at command the leading authority upon both subjects in their latest development.

FINDLEY'S GYNECOLOGICAL DIAGNOSIS.

A Treatise on the Diagnosis of Diseases of Women. For Students and Practitioners. By Palmer Findley, B.S., M.D., Assistant Professor of Obstetrics and Gynecology, Rush Medical College in affiliation with the University of Chicago; Assistant Attending Gynecologist to the Presbyterian Hospital, Chicago. In one octavo volume of 588 pages, illustrated with 222 engravings in the text and 59 plates in colors and monochrome. Cloth, \$4.75, net; leather, \$5.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

In no department of medicine are cases more numerous, important and oftentimes obscure than in gynecology, but fortunately there is no class of diseases more open to positive and clear diagnosis by modern methods. Until the appearance of Dr. Findley's work there was no book in English which covered the subject.

The importance of the subject is evident, as correct diagnosis leads directly to successful treatment. In its first edition this excellent work was promptly accepted as the authority. Dr. Findley covers the subject fully and practically, and bearing in mind the needs of both students and practitioners explains the most modern views and methods simply and will careful details, using black and colored illustrations freely. The first edition of this work has already been exhausted, and the author has utilized the opportunity to revise the volume thoroughly, bringing it in every part well up to date. An addition of nearly 100 pages of text, 12 engravings and 14 colored plates has been necessary to present the important growth of the subject during the short interval since its first edition. The new matter on Blood Examination, Differential Diagnosis, Bacteriological Examinations, etc., much enhances the value of one of the most helpful books ever offered to the medical public.

GRAY'S ANATOMY.

Messrs. Lea Brothers & Co. have pleasure in announcing a new edition of Gray's Anatomy, to be published about midsummer, and embodying nearly two years of labor on the part of the editor, J. Chalmers Dacosta, M.D., of Philadelphia, and a corps of special assistants.

Commensurately with the importance of the largest selling medical work ever published, this new edition will present a revision so thorough and searching that the entire book has been reset in new type. In addition to the changes necessary to bring it abreast of the most modern knowledge of its subject, several important alterations have been made with the view of adapting it still more closely to present-day teaching methods, and in fact to anticipate the trend of anatomical work and study.

Thus, while the older nomenclature is used, the new names (B.N.A.) follow in brackets; the section on Embryology and Histology at the back of the present "Gray" has been distributed throughout the new edition in the shape of embryological, histological and biological references and paragraphs bearing directly on the part under consideration, thus contributing to a better and easier understanding.

The illustrations have come in for their full share of the general revision, so that at this writing more than 400 new and elaborate engravings in black and colors have been prepared. "Gray" has always been noted for its richness of illustration, but the new edition far exceeds anything that has hitherto been attempted.

No medical text-book has ever approached "Gray" in sturdy longevity and accumulating strength. Notwithstanding the many would-be competitors which during nearly fifty years have periodically appeared and endeavored to share its ever-increasing popularity, this wonderful creation of a genius who lived barely long enough to realize that his work was done—how well he never knew—goes on and on, each succeeding year bringing new friends and strengthening the fealty of the old.

The editor and publishers have spared neither labor nor expense to keep "Gray" at the forefront of anatomical knowledge, and there seems to be no reason to doubt that its next fifty years will pass as smoothly and as successfully as have those past.

MISCELLANEOUS.

WORDS OF APPRECIATION.

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, The Antikamnia Chemical Company, and reads:

"*Gentlemen.*—Illness, dating from the very day of my former letter must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of the Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succeededaneum for Morphia.'

"Our institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."

MARION T. DAVIS, M.D.,

(University of Maryland School of Medicine.)

Atlanta, Ga., April, 15, 1905.

BRIEF CLINICAL REPORTS ON IMPOVERISHED BLOOD.

Probably the most frequent and important conditions which the average physician is called upon to treat, are of an impoverished blood supply. Blood impoverishment is a condition rather than a disease and may be met with in all walks of life and at any age. It is symptomatic as many disease, and cases are observed where it seems to be the chief clinical symptom where no well defined organic disease can be observed but where many indefinite complaints due to blood impoverishment are plainly in evidence. Whatever concomitant conditions exist with anemia and regardless of whatever special treatment may be demanded by plainly existing established organic trouble, it is, nevertheless, a fact, that the most complete and rapid cures are by restoring to the blood its normal elements. Consequently, the physician is justified in treating all cases of anemia with regard to the anemia itself, but at the same time, not over-looking the care of the other pathological conditions which may exist.

A large hospital experience has given me ample opportunity to study these blood conditions and compare the action of the many therapeutic agents employed in the treatment of blood impoverishment. My efforts have been constantly directed toward finding the remedy which will have the most complete and rapid results in restoring the red blood corpuscles, thereby affording the surest and quickest relief from the weakness and general debility which always accompanies blood impoverishment.

In the beginning of my experiments I noted that those therapeutic elements containing a food produce and a stimulating vehicle have shown the most satisfactory and prompt results while those purely of a drug basis seemed to have a limited usefulness. The conclusion reached by my experiments extending over several years, leads me to unhesitatingly endorse Bovinine as being the best tonic, stimulant and food. Dr. John Griggs, Farmington, Conn.

THE USES OF ERGOAPIOL.

Ergoapiol (Smith) may be implicitly relied upon to promptly relieve the most intractable forms of amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, or, in fact, any disturbance of the menstrual function arising from a disordered condition of the organs of regeneration. It is an emmenagogue of incomparable excellence.

Preceding and succeeding the final cessation of ovulation and menstruation, physical and psychical disturbances of a more or less serious

character are frequently observed. Ergoapiol (Smith) because of its tonic effect upon the female generative system and its splendid antispasmodic influences, is of unsurpassed value in the treatment of the various disturbances incident to this period.

CARBUNCLES.

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncles, flax seed poultices applied locally, emptying of pus, scrapping out of dead tissue and cleansing with peroxide of hydrogen after this a topic application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal of The American Medical Association.*

A REVIEW OF THE REPORT OF THE ANÆMIA COMMISSION UPON HOOKWRM DISEASE IN PORTO RICO.

The report of the Commission appointed by the United States Government, in February, 1904, for the *Study and Treatment of Anæmia in Porto Rico*, has been submitted to the governor of that island. This report covers over 200 pages, and is printed both in the Spanish and in the English language.

The Commission was composed of experts in their special field, and the amount of work accomplished by these gentlemen, and the exceedingly painstaking manner in which they attended to every detail of the subject, stamps this enquiry as one of the most scientific and thorough investigations ever undertaken in the cause of public health.

As early as 1899, Dr. Bailey K. Ashford, who later became a member of this Commission, discovered the parasite *ankylostoma* in the feces of anæmic patients who were then crowding the field hospitals of Ponce. This was the first positive evidence that the disease in Porto Rico known as *anæmia*, was not the ordinary form, but *ankylostomiasis* or *uncinariasis*, produced by the parasite sucking the blood, and so prevalent did this disease become during the ensuing years that fully ninety per cent of the population became affected.

When the Commission appointed by the Government of the United States began its investigation in Porto Rico, it established a hospital consisting of tent-wards, first at Bayamon, and later at Utuado, the most anæmic districts of the island. The object of the treatment was first to remove the parasite and then to cure the anæmia.

To kill the parasite, thymol, malefern, and betanaphthol were given but the preference was for thymol. First the patient received a purge of salts, and then on the following day he was made to fast until one o'clock

and then was given thymol in doses not exceeding four grammes; then another purge was given to remove the bodies of the parasite killed with the antiseptic. The purpose of the first purge was to clear the intestines of mucus, etc., so as to allow the thymol to act. The thymol and purge treatment was continued once a week until the feces showed no more *uncinaria*.

While thymol kills the parasite and the purges remove them from the intestines, also diminishing the amount of toxins in the system, these remedies only clear the field for a reconstructive process in the blood which is needful to restore the extremely anæmic patient to health.

Iron was given in the severe cases of anaemia. *Pepto-Mangan (Gudo)* was the only proprietary remedy reported by the Commission, the other remedies used being pharmacopoeial preparations. That over eighteen pages of the report should be devoted to cases treated with Pepto-Mangan, proves the high regard in which the Commission held this preparation, and establishes the unrivaled clinical value of Pepto-Mangan (*Gudo*), in one of the severest forms of anæmia—that of *uncinariasis*, or miner's anæmia.

In reading the Report of the Commission, the unbiased character of the work stands out clearly, and yet the results obtained point so distinctly to the supremacy of Pepto-Mangan (*Gudo*), that even if numerous other records were not available, proving the therapeutic value of this remedy, this report alone would suffice to establish Pepto-Mangan at once as the foremost hæmatinic known. The eighteen cases in which the Commission used Pepto-Mangan (*Gudo*) in the treatment of *uncinariasis*, were selected on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected. The results obtained with this treatment were extremely gratifying. In nearly all of the cases we find such notes as these, "Excellent condition. Completely cured, etc.," while the difference between the low count of the red cells and the low percentage of hæmoglobin (some cases showing only 11 per cent.) at the beginning of treatment with Pepto-Mangan, and the nearly normal findings at the conclusion, affords convincing proof of the efficacy of the medication.

A noteworthy fact is that none of the patients showed any digestive disturbance after the administration of Pepto-Mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this detail is by no means to be underestimated.

The observations of the Commission were made under Government control, and therefore the Report may be regarded as a supreme test, and the efficacy of Pepto-Mangan in one of the most severe forms of anæmia is proved beyond a doubt.