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Original Contributions.

CONGENITAL DISLOCATION OF THE HIP.

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It is safe to say that previous to 1890 there had been but little heard in this country about congenital dislocations even by the medical profession. Within the last decade, however, articles on various aspects of the subject have appeared from time to time in our medical journals. The older medical authors do not seem to have recognized the condition. Hippocrates did not distinguish between traumatic, spontaneous and congenital dislocations; and others, Galen, Avicenna, Pare; cited from Hippocrates. Paletta, early in the last century, recognized the condition and wrote upon its anatomical aspects. In 1826 Dupuytren (*Memoir sur un déplacement originel ou congenital de la tete des femurs, etc.*) says: "It is a species of displacement of the upper extremity of the femur of which I have found no trace in the authors whose researches I have examined." He gave at that time a clinical picture which was correct in all essentials, and was the first to make reference to treatment. He says: "Before making extension, examine carefully to learn what is the kind of dislocation; for if the lameness has continued from birth, your extension will serve no purpose but to reveal your ignorance."

In Germany Volkmann made some reference to the subject, but no practical advance was made there until Albert Hoffe, of Wurtzburg, by his operative work, threw light upon the etiological and anatomical darkness. Consequent upon the work done by Hoffa and a few others a great impetus was given to the careful study of this condition in Germany, France and America. In the later years of the century, no name has been so prominent in connection

with the treatment of this disability, as that of Adolphe Lorenz, of Vienna. His "bloodless method" has been much heard of and talked about by the laity and by the profession.

Congenital dislocations, except that of the hip, are rare; at that joint, however, the deformity can scarcely be said to be very uncommon. About 83 per cent. of all cases of this disability of the hip joint are found in females. It is more frequently unilateral than bi-lateral.

The etiology is not well known. There is found more or less imperfection of the acetabulum and of the head and neck of the femur. The pathological anatomy varies with the age of the



Figure shows lordosis well; also position of great trochanter is seen in right gluteal region.

child examined. Before the age of weight bearing the head of the femur is likely to be found not far from the acetabulum, which is sometimes nearly normal, but is often shallow and small. The head and neck vary greatly; sometimes the head is nearly sessile upon the shaft of the femur. The length of the neck and prominence of the head doubtless have much to do with successful retention in place after the reduction has been made.

Weight bearing soon causes lengthening of the capsule, and it is often drawn into the shape of an hour-glass, in the upper part of which the head is found, while the anterior wall is stretched across the acetabulum, and the constriction of the capsule between

the head and the acetabulum is such as to present a serious obstacle to the direct return of the latter to its natural location in the former. The head of the femur is generally found on the dorsum of the ilium, but may lie above the acetabulum or even in the position of an anterior dislocation.

Signs and Symptoms.—If both hips are affected and the femoral heads directed backward, there will be very marked lordosis, and the patient will walk with a waddling gait, the body sinking downward in its relation to each extremity alternately as the weight passes from one to the other. The trochanters may be seen and felt prominent under the gluteal muscles.

If the defect exists in only one hip there will be a limp, the body dropping in its relation to the limb; the limb on that side will seem to be shorter than its fellow, and in reality it will generally be found to be somewhat smaller and shorter.

When the patient is recumbent and the pelvis is held steady the leg may be drawn downward and shoved upward again in its relation to the pelvis often through the space of one or two inches. Observation will discover the trochanters much higher up than normal, they may be even above the line, passing horizontally from one anterior spine to the other, around the pelvis.

Pain is seldom complained of, and only after much exertion or when, later in life, the weight of the body is greatly increased.

The defect generally passes unrecognized until, in the second year of life, the child tries to walk, when it may be observed that he falls more easily, learns more slowly, and is lame or has a waddling gait. In very many cases, even when these signs are observed and noted, their significance and cause are not known, and the orthopedic surgeon sees many cases who have grown up to the years of maturity without a diagnosis having been made, and the foregoing peculiarities explained.

Treatment.—In 1890 the open operation was performed for the first time. After Hoffa, Lorenz, and others had operated upon several hundred cases with results that were not encouraging, and after learning through their operative work the exact pathological anatomy, attention was drawn, chiefly by Lorenz, to the fact that better results could be achieved by manipulation, avoiding entirely the use of the knife—the so-called “bloodless method.” This method is not often practicable in patients who have passed their seventh year, but has occasionally succeeded in older persons.

The Bloodless Method.—The patient, anesthetised, is placed upon the back, and while an assistant holds the pelvis steady the operator flexes the thigh to a right angle, and then abducts strongly, pressing and rubbing with the ulnar border of the hand upon the abductor muscles near their origin, until they have been so thoroughly torn as to permit the thigh to be brought to the

table while the patient is lying evenly upon the back. Then keeping the leg extended at the knee the thigh is completely flexed upon the abdomen and thorax. Next the child is turned upon the face, and, holding the knee flexed, the thigh is strongly extended.

The purpose of these manipulations is to lacerate or lessen other obstructions, muscular and ligamentous which would prevent the drawing of the femoral head down to the plane of the acetabulum. When this can be done the patient is kept upon the back, the leg flexed at the knee, and the thigh flexed to a right angle and abducted, while a fulcrum is placed under the trochanter major, over which the femur is so pressed by the operator that its



The figure shows well the meeting of ischium ilium and pubes at the acetabulum. Position of femoral heads well-seen above and behind. Girl, 2½ years old, now under treatment. The femoral heads are being retained in position by a plaster spica.

shaft becomes the long lever-arm and the head and neck the short arm. Very soon the head is felt and heard slipping over the posterior border of the acetabulum.

The plaster dressing is now applied to hold the femoral head in place while the thigh is kept at right angles in the transverse plane of the body. This position is to be maintained for several months with a view of securing a permanent abiding place for the femoral head. In the meantime the child is encouraged to walk.

As the back thigh muscles are now too short to permit ready extension of the leg at the knee they should receive daily stretching during this period.

Several months must elapse before one can judge of the success of the operation in keeping the femoral head in the acetabulum.

Experience thus far gathered would lead one to expect that a "cure" may be reasonably looked for in about half the hips operated upon. Though the femoral head be not retained exactly in the acetabulum, yet the operation may result in improvement; for a transposition of the head so as to give it a place below the anterior iliac spine secures a better anchorage, less lordosis, less limp, and greater comfort in weight-bearing.

As in most orthopedic work the operation *per se* is not the chief thing; the after care and attention are most important. Following the replacement the assiduous attention needed in maintaining it in place, massage, and training after the plaster is removed, etc., are essential to success.

Though the time which has elapsed since the adoption of this method is not sufficiently long to warrant one in making positive statements as to results, yet one may with fairness and confidence claim that it marks a great and beneficent advance in the treatment of these hitherto unhelped patients.

The bloodless method has been under observation and has been performed by various surgeons on this continent for more than four years past; but the exact technique, as the operation is now performed and as described above, differs considerably from that employed in the earlier years. Then the limb was drawn downward by strong traction force, sometimes employing screw power, so as to bring the femoral head to the level of the acetabulum; now this is accomplished by manipulation.

The first case operated upon in this manner, treated in the Toronto Orthopedic Hospital, March 23rd, 1899, illustrates well how much we are dependent upon the anatomical conditions present for the result obtainable. Both femora were reduced to position without much difficulty; one has remained in position and the hip is a splendid joint to-day; the other, though at intervals since, three attempts have been made, could not be retained in position.

If the operator be careful to make certain to transpose the head of the femur to an anterior position, and if he retain it there as he may do in nearly every instance, he will have made a substantial gain, though he may not lodge and anchor it in the acetabulum.

MEDICINE IN CHINA.

BY THE REV. JAS. MENZIES, M.D., HONAN, CHINA.

WE should expect great advance in medical science and important contributions to its literature from a nation, the history of whose civilization goes back two or three thousand years before Christ. Such a history has China, and she has not been altogether idle in medicine. Her pharmacopeia is large, and her medical writers have prepared many volumes, though, as in countries yet unborn when China was already hoary with age, her medical works and modes of treatment are in some instances a little out of date.

Pharmacopeia.—There is no standard in China as the “B.P.,” though a great deal has been written on the action and value of drugs. One work (which I have not read, and don’t intend to), which is in common use, comprises some fifty or sixty volumes, and the number of remedies dealt with is very large. Drugs are almost always employed in the crude state, and except in the case of imported drugs of foreign manufacture, tinctures, extracts, compounds, etc., are very rare. In the shops or drug stores, medicines are sold in the shape of leaves, roots, bark, etc., of vegetables, and in a very crude and impure state of metals or salts of metals. Pills and plasters are much in demand, but differ materially from those supplied by Canadian druggists. One pill much employed is composed of a white wax shell, about an inch in diameter, containing another and smaller oblong reddish pill, covered with gilt paper. Tiger bones, snake skins, ox gall, scorpions and centipedes are in common use among the valuable drugs sold by a travelling apothecary, and I have seen a very ancient tin of condensed milk, of the character of the contents of which the owner was entirely ignorant. For the surgeon, a dirty needle, about the size of a darning-needle, is frequently a complete outfit, but I have seen a whole set of about a dozen knives and lancets, the entire cost of which was ninety cash, or about five cents.

Medical Education.—The number of medical students and practitioners in a population of 400,000,000 must be very large, but, so far as I can learn, there are neither medical schools nor councils. A prospective M.D. buys a book on diseases and a needle, and proceeds to practice medicine. He may spend some time in the office of another doctor, but generally not. No examinations, “sups” or councils disturb the studies or the comfort of the Chinese medical student. Unscrupulous members of the profession are prone, as at home, to advertise themselves, but they do it more decently here. Instead of the papers being filled with his photographs and accounts of his cures, the house-wall of a successful

Chinese doctor, with its numerous plasters stuck all over it, bears testimony to the number and importance of the patients who had come sick, and bruised, and plastered, but who had departed leaving their plasters behind them as grateful tokens of the benefits received. Books on medicine deal largely with two things, viz., the breath and the blood, for if either of these ceases to work properly there is serious trouble. Internally there are five organs, the heart—located in the gastric region—liver, spleen, lungs, and kidneys, all of which are more or less subject to disease.

Native Medical Practice.—The pulse is an important factor in diagnosis. Three fingers are placed on each wrist, as each contains three pulses, which indicate the condition of the corresponding internal organ. Patients are frequently forbidden to eat a certain kind of vegetable or other article of food, and exhausting operations, such as shaving and bathing, are prohibited during convalescence. The study of anatomy is unknown, and the dissection of a human body is a thing unheard of. The surgeon who jabs his needle into any part of the body to let out the pain is blissful in his ignorance. The pain is in, and he makes a hole to let it out. The application of clean water to a wound is greatly feared. Little or no real surgery is attempted, and in case of an accident the regular dressing is the wadding cotton from some garment too old and dirty to be of further use. In midwifery, the suffering imposed on Chinese women is terrible. Brute force and ignorance appear to be the only requisites of the attendants. Among specific cures are the following: For the weakness of old age, tiger's bones, powdered;¹ for asthma, licorice root; for fever, rhubarb, bamboo-leaves, alum, lamp-wick, or bleeding; for syphilis, mercury or arsenic. Scorpions are an antidote for poison; while for opium poison, the patient is given wood-varnish, or human ordure, and those failing, the last resort is the blood of a white duck. Among the more ignorant, devil-drivers or exorcists do a thriving business. Lately, while treating a railway engineer (British) for typhoid, some of the servants found a small snake, and immediately fell down to worship it, and pray for the sick man. The creature was then reverently carried to the temple and deposited there as a god.² My patient made a good recovery, and I imagine the Chinese servants will give most of the credit to the reptile.

Medical Cases.—A nation like China, with the science of medicine at such a stage as I have described, presents a most interesting field to the medical missionary. I say missionary, for except in the coast cities a foreigner would scarcely be able to make a living out of patients who support themselves on from two to five cents a day. In one of our Honan hospitals³ there were last year over 28,000 different treatments, and a correspondingly large number of operations. Perhaps the least satisfactory part of the work is the medical, though there are many most interesting cases

come to us. It is, however, often difficult to make a correct diagnosis, as the history given by the patient is very unreliable, and it is impossible to get out of him what one wants. Then, too, unless he be an in-patient, the doctor can never be certain that the medicine has been taken as directed. None may have been taken, or the whole in one dose, or it may have been alternated with any amount of native nostrums. One thing I must mention is the large number of patients, more often women than men, perhaps, who date the beginning of their disease to when they *shenged chi*, or had a very violent outburst of temper. It may not be all imagination, though sometimes it seems utterly impossible to associate the disease with the supposed cause. Still, I dare say, aneurism, or heart disease may be caused by such outbursts of fury as are here very common and very violent. Most of the diseases met with in Canadian hospitals are found in China. Venereal diseases, except in the coast cities and along the main lines of travel, are not prevalent. Hard drinking is not the vice here that it is in Western lands, but its place is taken by the opium habit. I shall here take no part in the bitter controversy regarding the opium trade, but the excessive use of the drug is spreading very rapidly. In Honan Province three or four-tenths of the people are said to be opium users, and in Shansi Province as many as seven-tenths. Most institutions, commercial as well as missionary, refuse to employ a man addicted to the opium habit, regarding him as a person unfit to be trusted.

Skin diseases are very common, as we should expect to find among a people not overly fond of bathing. One of the commonest diseases is smallpox, and there is some truth in the Chinese saying that adults do not take it, for here almost every one has it in childhood. Scabies is not quite, but almost, universal. Malaria epidemics occur as regularly as the wet seasons, and in low-lying places are constant, while dysentery is very prevalent every autumn. Were a doctor in China confined to the use of three drugs, he would do well to load up with quinine, sulphur and santonin, and if a fourth were allowed him, he should take castor oil. Every few years, as this past year, an outbreak of cholera carries off great numbers of the people. Famine fever is often epidemic in tracts of the country flooded by the rivers that have burst their banks.

Surgical Cases.—The work of the surgeon in China is not altogether determined by the nature of the cases that are presented for treatment. Where little can be done in the way of antisepsis, of course, such work as abdominal surgery is impossible, and, at least, not advisable. A hospital such as you have in Canada would by its very cleanliness frighten away most patients, who would prefer to go on suffering rather than submit to the baths, dietary, clean sheets, soft beds, etc. The patient here comes in, is operated on in, sleeps in, goes away in the same suit of clothes, the only suit he

has. Give him a brick, or mud bed, with a brick for a pillow, and he is quite contented. The absence of railways and machinery makes the number of bad accidents comparatively few, and when amputations are necessary it is usually for malignant disease. Cancers and tumors of all kinds are common, and are generally very large before the sufferers come to us to be operated on. Gunshot wounds are frequent; sometimes the patient is a soldier, but oftener he has been interfered with while pursuing his calling in his neighbor's stable or hen-roost. Chinese shot are of iron instead of lead, and are not particularly smooth. The great majority of operations in our hospitals are upon the eye. In inland China cataract is very common, and I have performed as many as five operations for this in one day. Entropion is much more frequent. In my own case the first day I began operating in Honan, my forenoon's work was the cutting of thirteen lids for entropion. The causes are no doubt various. Dust storms are frequent, and the soil being in places strongly alkaline, is very irritating to the eyes. The houses, too, are dark and smoky, with often no sign of a chimney. Glaucoma is also very common. The Chinese stand pain remarkably well, and quite serious operations can sometimes be performed without anesthetics.

Sanitary Science and Hygiene.—Good sanitary conditions in China do not exist. In towns and cities the water supply is from uncovered wells in the street, or from the river into which all kinds of garbage and dead bodies are thrown. There is no drainage except into the wells during a freshet. Streets present only a long wall on each side, with the doors that lead to the compounds at regular intervals. All the windows look inwards to the compound. There is no attempt at ventilation. A yard with an open area of only a dozen square yards will have several families within its bounds. In the villages where in Canada are seen the boulevard, or flower bed, here is the universal midden. The stench from these is horrible, but they are, after all, the salvation of the people. In the absence of all attempts at drainage, the street scavenger comes in to prevent the accumulation of sewage that would threaten the health of the community. The dense population which must be fed off the land makes manure extremely valuable, and none is allowed to go to waste.⁴ Thus, unintentionally, some attention is paid to sanitary science. It must, in justice be said, too, that as a rule the Chinese are careful not to drink water which has not first been boiled. In hot weather, instead of cooling himself with cold drinks, the Chinaman drinks hot water and sweats himself cool.

During the recent cholera epidemic, which carried off a great many people, conditions were most favorable to the spread of the disease. It was the height of the watermelon season when it reached Honan. Along the streets melons sliced open were ex-

posed for sale. Swarms of flies covered these, as well as other fruits in the market, and the constant traffic kept the whole liberally sprinkled with dust. Many who were taken with the disease died almost in a moment, while others, with or without treatment recovered.

1 It is a regular belief in primitive society that a man becomes like what he eats, or receives the character or virtues of the animal whose flesh he eats. It is this principle which underlies cannibalism.

2 Amongst almost all primitive peoples the serpent is a symbol, or god of healing.

3 There are no hospitals of native origin in China, nor are there asylums for the insane of whom there appears to be a great many.

4 The ordinary occupation of mechanics, soldiers, etc., in the winter when work is slack is collecting manure in baskets from the roads and closets.

5 Of ninety men at work in our yard none died of cholera, though the disease was in their houses and immediate neighborhood. Their food was prepared in the yard, and all unboiled water, and raw foods, and fruits were prohibited.

AN UNUSUAL CASE.

BY A. J. HARRINGTON, M.D., M.R.C.S. (ENG.), TORONTO.

I WAS called to this patient, a multipara, at 8.30 a.m., and arrived at her residence at 8.45, when I was told that her infant had been still-born twenty minutes and was in the closet. I immediately went to the bathroom, and looking in the closet saw the infant there head downwards, and submerged to the hips, *i.e.*, the whole of the infant except from the buttocks down was completely under bloody water. On the top of the infant lay the attached placenta. The mother was in her bed and was quite comfortable with a pulse of 84. She says that she began to have pain in her right side, where she has a chronic salpingitis, at 3 a.m., and thinking that it was only another of her many attacks she took a one-quarter grain morphia tablet, which gave her very much relief; pains coming on again at 5.30 she took another morphia tablet, and going to the closet at about 8 she felt the birth of her infant into the closet, followed in a short time by the expulsion of the placenta. As there was only a useless charwoman in the house she immediately sent for her nurse and for me. She had not felt any fetal life for five or six days previous to birth and concluded this was due to the death of the fetus. While giving me this history I put on a bandage and arranged her toilet, which would take about fifteen minutes. The patient was still under the narcosis of the morphia (one-half grain). I then went to the bathroom, intending to remove the infant from the closet, and grasping it by the feet drew it out of its cold medium and placed it in the bath-tub with the placenta still attached, and while doing so I noticed a faint gasp by the infant, and seeing there was still some life present, I began by Sylvesterism, Schultzism and mouth to mouth

inflation to try to resuscitate the infant and succeeded in about half an hour in getting a lusty strong cry. It was exceedingly interesting during the manipulative procedures to witness the expansion of the atelectatic lung degree by degree to its fullest appreciable extent and the concurrent changing of the pallid bloodless cutis to the purplish-red color of the new-born child. The infant showed the development of an eight months' fetus. The interesting features in this case were that the change in medium from a hot to a cold condition did not induce inspiratory efforts, and the fact that this infant was totally immersed, with the exception of its buttocks and legs, for a period of not less than thirty-five minutes and yet lived. Who will explain these phenomena?

HOW MAY WE CURE POSTERIOR DISPLACEMENT OF THE UTERUS?*

BY DR. AUGUSTIN H. GOELET, OF NEW YORK CITY.

(Abstract.)

THE author began by stating that errors in treatment and unsuitable operations are far too numerous to warrant the belief that posterior displacements of the uterus are clearly understood by all who attempt to deal with them.

He emphasized the importance of the utero-sacral ligaments in supporting the uterus, claiming that their significance is frequently lost sight of both in the operative and non-operative treatment of these conditions. He called attention to the importance of an accurate knowledge of the condition of the endometrium, uterine walls and pelvic floor, and pointed out the necessary condition for success in the treatment of retroversion as relating to them. Attention was called to certain concomitant conditions which would make operations fail in their object. Dr. Goelet disputes that posterior displacements can ever be cured by strictly non-operative treatment.

He advises in the treatment of retroflexions of not too long standing, dilatation with curettage and introduction of drainage stem with the fundus thrown forward by a tampon during treatment, followed by a pessary to hold the fundus in an exaggerated position till no tendency to return to the former position is shown.

In retroflexion with retroversion, after the first condition is

*Read by invitation at Fifth Annual Meeting of the Tri-State Medical Association of the Carolinas and Virginia, held at Columbia, S. C., February 25th and 26th, 1903.

cured, the second is best treated by shortening of the utero-sacral ligaments, while some can be cured only by ventral suspension.

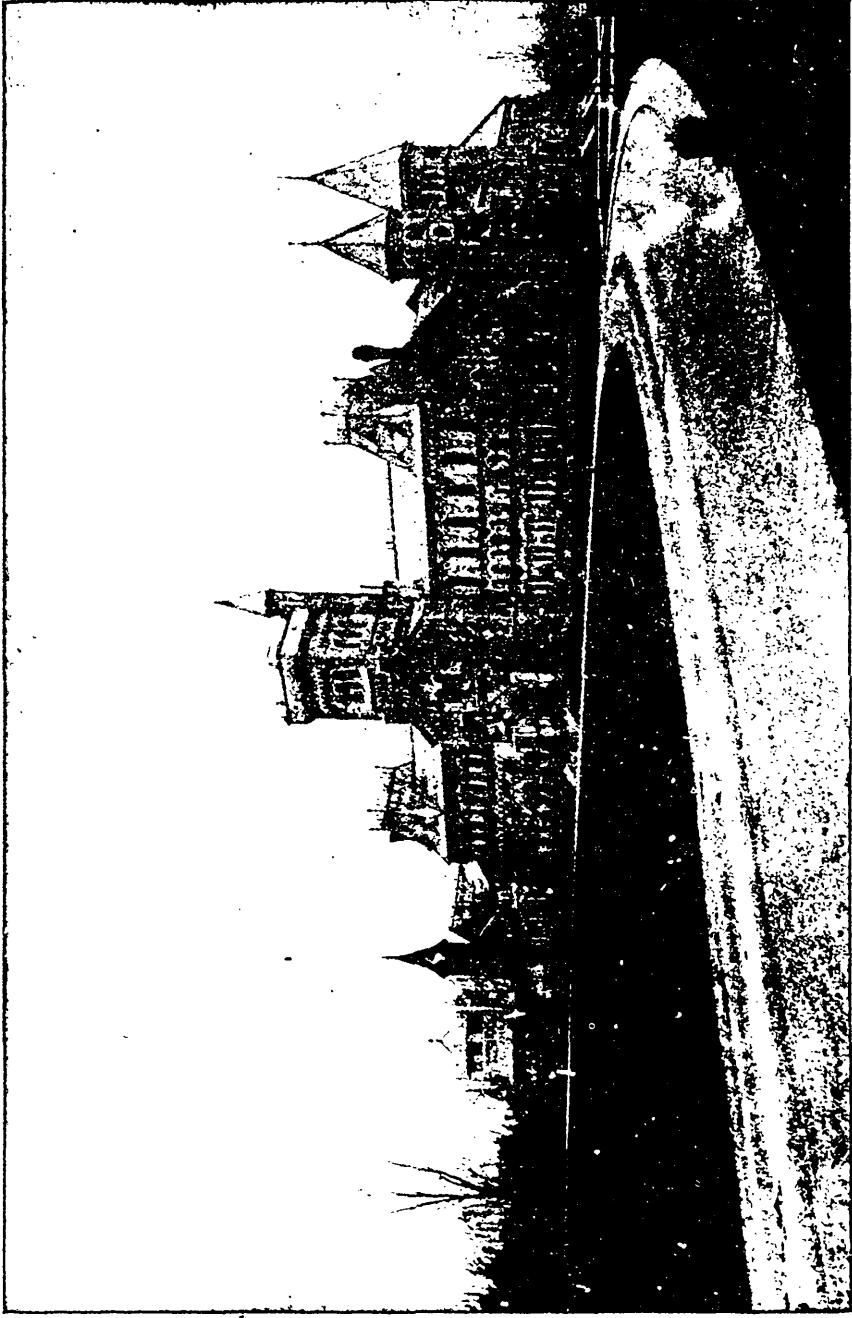
Shortening the round ligaments in the inguinal canal was advised in "movable retroflexions" without complications as the best method of procedure.

In retroversions the author advises as sufficient in a limited range of cases initial treatment of the metritis and endometritis present by curettage and gauze in the uterus, followed by tampons rather than pessaries, with the faradic current for tonic effect to the utero-sacral ligaments.

The author describes a new operation for fixation of the cervix in a posterior position. After denuding a small area on the posterior aspect of the cervix and a corresponding one on the vaginal wall in the posterior cul-de-sac, the two places are brought together by suture. This simple procedure holds the cervix backward in position and throws the fundus forward.

It was further claimed that in retroversion with prolapse and cystocele ventral suspension gives the best results, as also in conditions of extensive adhesions complicated by diseases of the appendages. Ventral suspension, it was shown, did not interfere with pregnancy.

Trinity's Federation.—A closer federation between Trinity Medical College and Trinity University than exists at present is, it is said, being arranged for. For some time a joint committee of the two bodies, under the chairmanship of Mr. Frederic Nicholls, has been at work drafting a plan of reorganization. It is proposed to erect a new and modern medical building, completely equipped with adequate and up-to-date facilities for the work of a growing medical college. The committee has options upon a number of sites, and as soon as one is chosen work will be begun on the new building. At present Trinity Medical is federated with Trinity University only in regard to the degree conferring power. The proposed arrangement contemplates a closer connection along the lines of federation between Toronto Medical and the University of Toronto. For some years past this scheme has hung in abeyance, pending the outcome of the negotiations for affiliation with the Provincial University. So far these negotiations have resulted abortively, and a short time ago the present movement was inaugurated. Pending arrangements will be completed as soon as possible. Trinity Medical will seek to keep pace with Toronto Medical in the matter of new and better equipment.



MAIN BUILDING, TORONTO UNIVERSITY.

**TORONTO UNIVERSITY—A FEW FACTS AS TO ITS PAST,
PRESENT AND FUTURE.**

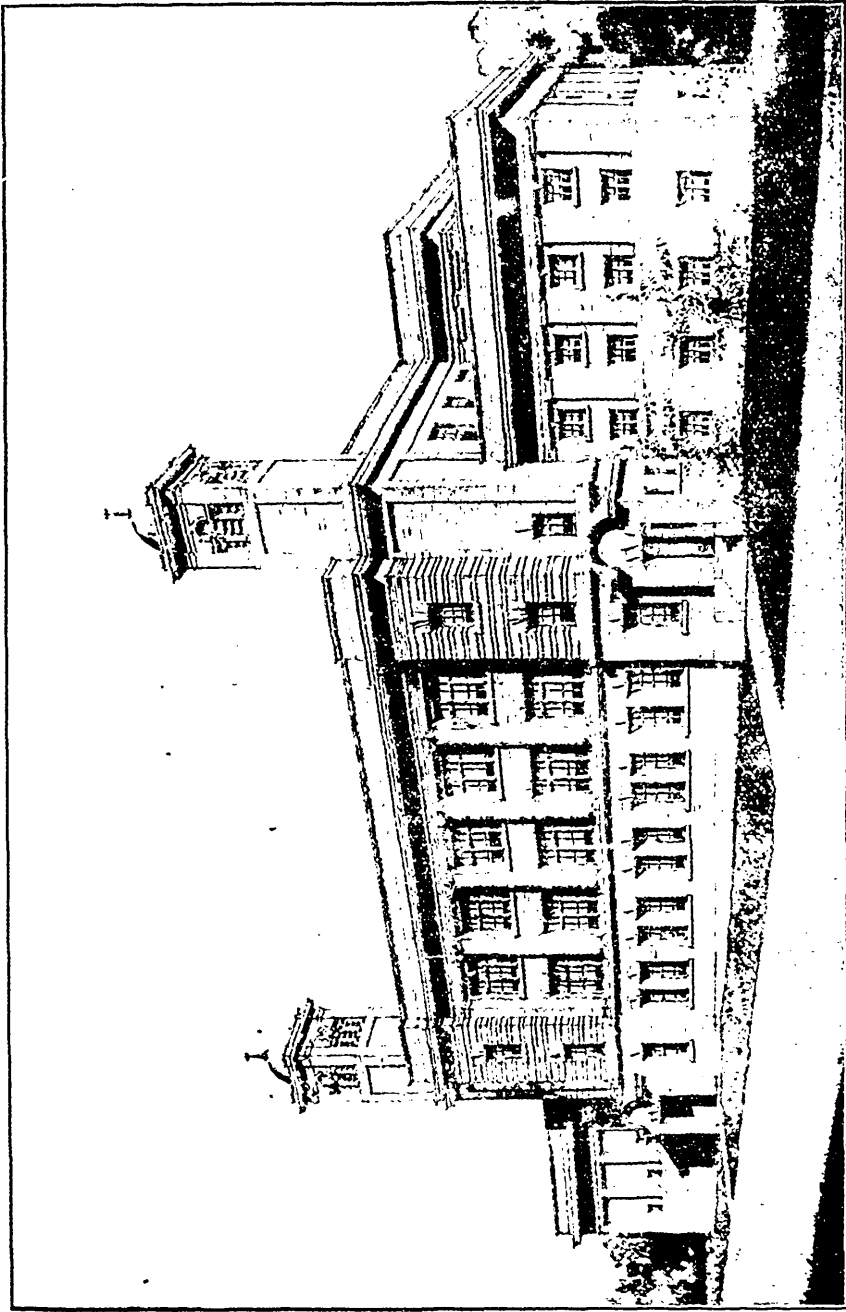
It lacks but four years of a century since John Graves Simcoe passed away to sleep with his fathers; but his many deeds for the advancement of the Province of which he was the Lieutenant-Governor have caused him to be ever held in grateful memory, and his name is frequently upon our lips. A matter which always held in his estimation not the last place was education, and not the least enduring monument to the keenness of his perception is the University of Toronto. It was he who first impressed upon the Crown the national necessity of a Canadian university.

In a letter written soon after his arrival in Canada, to the Colonial Secretary, he said that while "lower education" might be provided for out of the resources of the Province, "the higher must be indebted to the liberality of the British Government, as, owing to the cheapness of education in the United States, the gentlemen of Upper Canada will send their children there, which would tend to pervert their British principles." In a letter written from York (now Toronto), in 1796, he intimated that the first claim on the public purse was "the endowment of a university, from which, more than any other source or circumstance whatever, a grateful attachment to His Majesty, morality and religion will be fostered and take root throughout the whole Province."

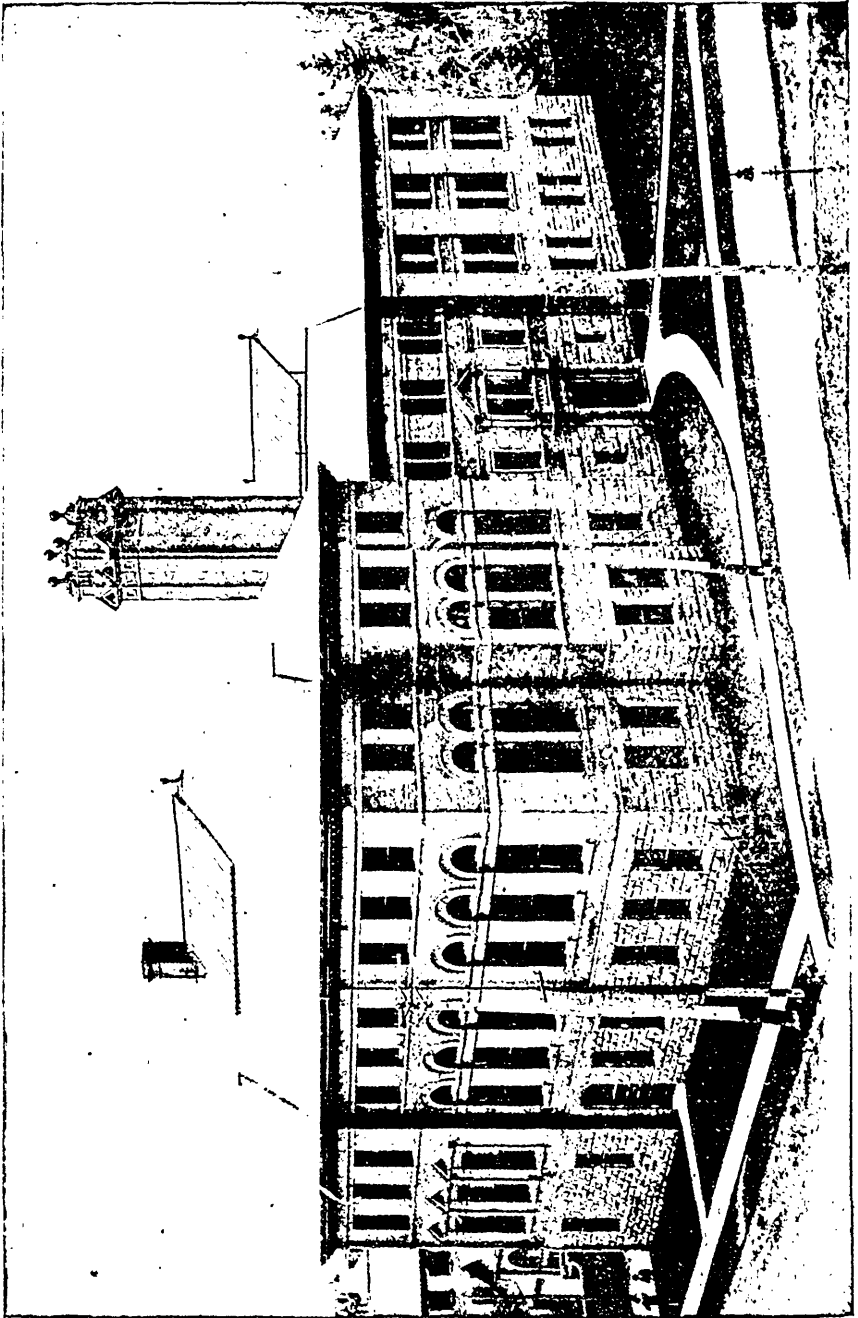
Satisfied that his schemes would reach a successful conclusion, he summoned to Canada in 1799 Mr. Strachan, a graduate of Aberdeen University, and afterwards Bishop of Toronto. At the age of nineteen he was a Fifeshire schoolmaster. On his arrival in Canada he found that ways and means were in an embryonic state, so he settled down to school teaching, first at Kingston, and afterwards at the "Home District School" at York, of which parish he had been appointed rector.

In 1826 Dr. Strachan drew up a curriculum of studies which he deemed advisable and made an estimate for the annual expense of a university. His modest request for \$8,000, contrasted with the present annual outlay of \$179,000, shows the development that has been accomplished since his day. As a result of a visit to England in the same year, 225,944 acres of Crown reserves were patented to the corporation of King's College, and £1,000 annually, for sixteen years, was granted for building purposes.

The intention of the royal charter granted was to make the college an Anglican institution. The bishop of the diocese was made, *ex-officio*, Visitor; the Archdeacon of York, *ex-officio*, Presi-



THE NEW MEDICAL BUILDING, TORONTO UNIVERSITY.



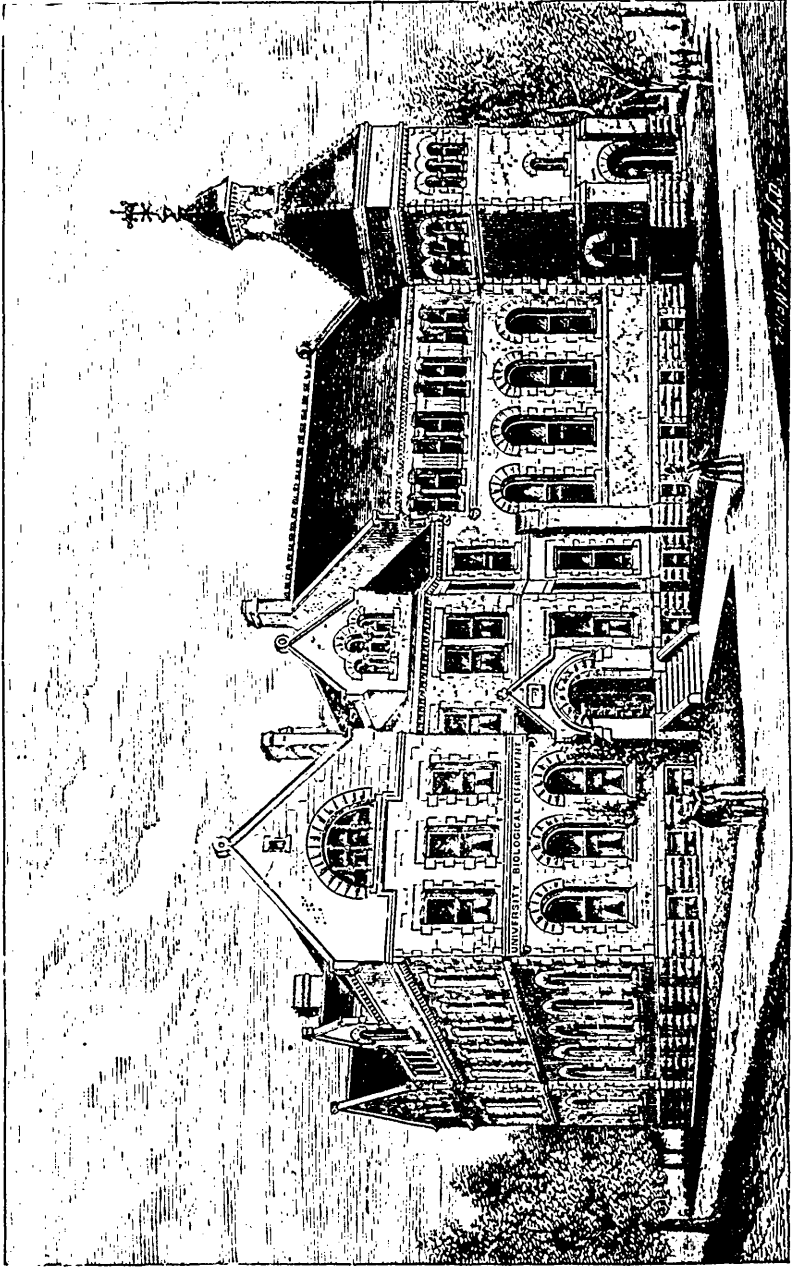
THE NEW CHEMICAL LABORATORY, TORONTO UNIVERSITY.

dent; each of the seven professors, who were to be members of the council, were to subscribe to the "Thirty-nine Articles." Provision was made for the recognition of divinity as one of its faculties, though no religious test was required of any matriculant into any faculty save that of divinity.

The devotion of public funds to sectarian control aroused an acrimonious controversy, which lasted twenty years and effectually paralyzed all efforts to put the university into operation. In 1828 the Legislative Assembly petitioned the King for permission to amend the provisions of the charter, which excluded from the offices and honors all who did not belong to the Anglican Church. The necessary authority was granted in 1829, but dissensions in the assembly as to the nature of the amendments delayed settlement till 1837, when the amended charter received the royal assent. In the same year preparations were made for the erection of a building on the site of the present Parliament Buildings. The rebellion of 1837 delayed the carrying out of the plans, however, till the 23rd of April, 1842, when Sir Charles Bagot laid the foundation stone of King's College.

Pending the completion of the building, the formal opening of the collége for the admission of students took place in the Parliament Buildings on the 6th of June, 1834. After divine service, conducted by Dr. Strachan, the first president, the ceremony of receiving students took place before the members of the City Council and other guests. Of the twenty-six undergraduates who subscribed to the statutes, rules and ordinances, twenty-two were members of the United Church of England and Ireland, one a member of the Church of Rome, one of the Church of Scotland, one a Congregationalist, and one a Baptist. At the present time, and for some years, Presbyterians have been in the ascendancy, showing, perhaps, the appreciation of learning held by the Scotch. The representation of the Church of Rome has been steadily increasing.

The next six years were full of strife. Determined efforts to secularize the college culminated in 1849 in The University Act, by which its name was changed to "The University of Toronto." Contrary to expectation, none of the denominational colleges would co-operate in the promotion of secular culture, nor surrender their rights to confer degrees, as the Act deprived them of the privilege of sharing in the endowment. An Act in 1853 extended to denominational colleges the privileges of affiliation, and empowered the granting of scholarships, prizes and rewards, payable out of the University Income Fund, and open to competition in any of the affiliated colleges. By the Act the functions of the University were limited to the "examining of candidates for



BIOLOGICAL DEPARTMENT, EAST WING, TORONTO UNIVERSITY.

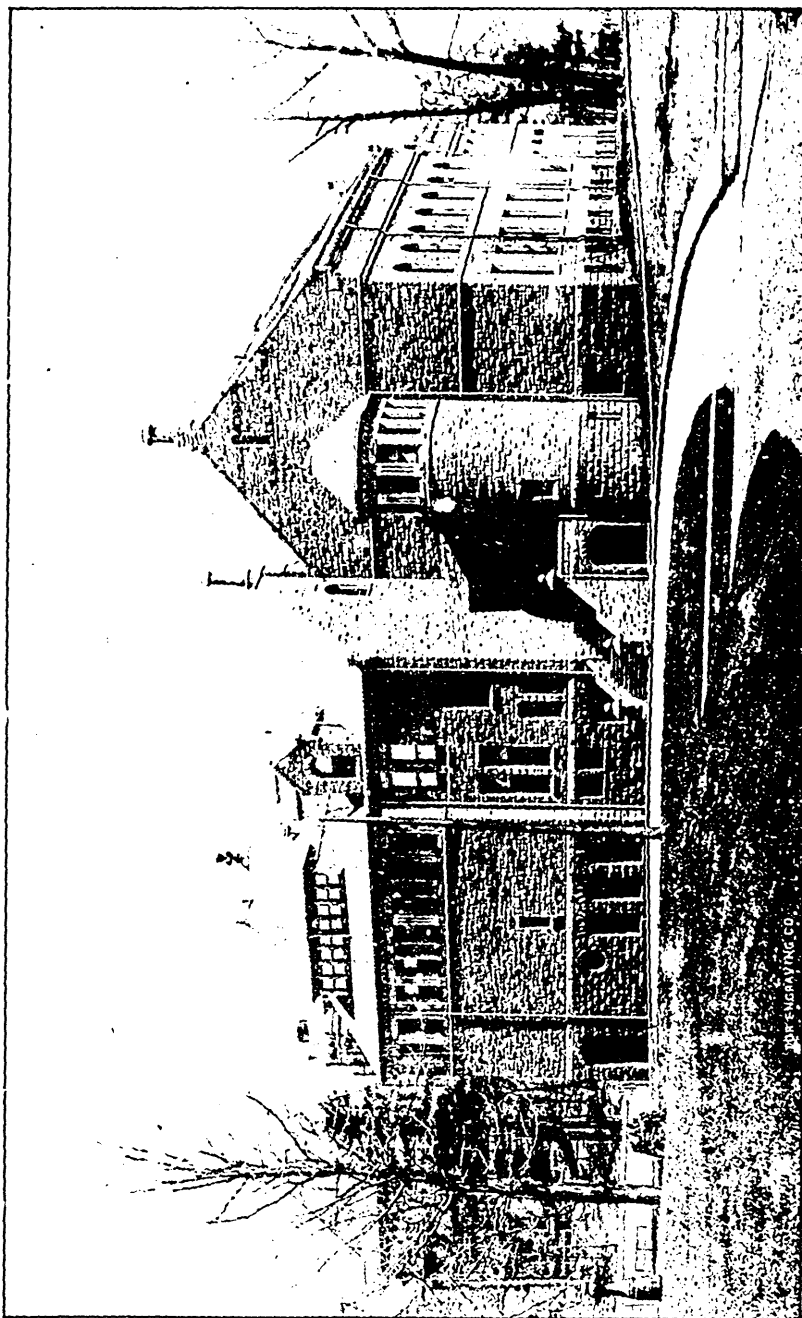
degrees and in standing." The teaching functions were invested in University College. In 1887 an Act restored the teaching of certain subjects to the University. The Act of 1853 was an endeavor to induce the colleges to leave their degree conferring powers (except in divinity) in abeyance, and join in a federal union with the Provincial University. Under this Act, Victoria University and Wycliffe, St. Michael's and Knox Colleges have federated with the University of Toronto.

The present main building of University College was commenced in 1856 and was completed two years later at a cost of \$355,907. In 1890 it was partially destroyed by fire and was restored at a cost of \$160,000. The library was in the main building, and its loss was inestimable. At this time a fine white stone structure was provided for its accommodation, and by the generosity of public-minded citizens it has been stocked with some 75,000 volumes.

The biological building was built in 1890 at a cost of \$129,745. It contains a most valuable museum illustrating animal and vegetable morphology; the Ferrier collection of minerals is also exhibited here. The museum is not as well known to the public as it should be. The building is open to visitors from 2 to 5 p.m. daily, except Sunday. The chemical department outgrew its old quarters, and was installed in its own building in 1895 at a cost of \$82,000.


A Faculty of Medicine in the University of Toronto was established immediately upon the passing of the Act in 1887, and teaching is now imparted in all branches of medical science. All the advantages of the Faculty of Arts are available for the students in medicine, and the laboratories of the scientific departments are utilized by students in both faculties. New buildings for the Department of Medicine have been completed this year at a cost of \$175,000.

James Loudon, M.A., LL.D., the President of the University, was born in Toronto in 1841, educated at public schools, Toronto grammar school and at Upper Canada College. Graduated from Toronto University in 1862, with gold medal in mathematics. He took the degree of M.A. two years later. From assistant lecturer in mathematics he became in 1875 professor of mathematics. His tastes were for applied mathematics, and in 1887 he became professor of physics. He attained the presidency in 1892. In 1894 he received the honorary degree of LL.D. from his Alma Mater. Prof. Loudon stands very high amongst the scientific men of America, and the fact that he has made several important discoveries in geometrical optics has assisted in placing him in that position of eminence in the scientific world that he occupies.



WEST WING OF BIOLOGICAL BUILDINGS, TORONTO UNIVERSITY.
CONTAINING THE MUSEUM AND ANATOMICAL DEPARTMENT.

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1907 ENGRAVING CO.

Pharmacology and 
IN CHARGE OF
A. J. HARRINGTON, M.D., M.R.C.S.(Eng.) *Therapeutics.*

A REPORT OF TWO CASES OF SEPTICEMIA, SUCCESS-
FULLY TREATED WITH H₂O₂ MEDICINAL.

BY E. J. MELVILLE, M.D., BAKERSFIELD, VT.

CASE 1.—Feb. 6, 1894, was called to see Homer B., aged 14, who had been ill with a swelling in right groin for three weeks. Had been treated with hot applications, etc., but during that time abscess continued to grow, and at the time that I first saw him fluctuation could easily be made out. Temperature, 102.5 degrees F. Pulse, 120. Great emaciation. Continued vomiting. Daily chills followed by copious sweating, denoting pus absorption. Diagnosed appendicular abscess and advised operation. This was done same day under local anesthesia.

Much pus escaped, and several small portions of fecal matter, denoting an opening into the gut.

Temperature remained high, and sweats continued for three days following operation, indicating the presence of pus. I then began the use of Marchand's H₂O₂ medicinal, (15 vol.) so as to destroy the pus and morbid element which were still there. I injected 4 oz. of H₂O₂ with a glass syringe slowly, while patient was in the Trendelenberg position, and allowed it to remain about fifteen minutes. The boy was then lowered and laid upon his right side, when large quantities of pus, broken down tissue and gas flowed from wound. By gentle compression and massage of abdomen, much more was obtained. Large quantities of sterilized gauze were packed over the opening in right side.

The flushing out with H₂O₂, etc., was repeated every twelve hours.

The improvement was prompt. Temperature reached normal, and remained so after 48 hours.

Wound was now washed out with the H₂O₂ daily for four weeks, after which time the abdominal wound and fecal fistula were entirely healed. Patient has since developed into a full-

grown laboring man, and has had no hernia nor any outward symptoms of his severe illness.

CASE 2.—March 2, 1897, was called to see George T., a farmer, aged 38 years, who had been in the care of a Christian Scientist for four weeks for a large swelling in right side. The treatment consisted in endeavoring to persuade the man that he was not ill, and insisting that he take active exercise. Found patient in recumbent position with knees flexed upon abdomen, and suffering intense pain over right side of abdomen, which was filled with a soft fluctuating mass. Temperature, 103.8 degrees F. Pulse, 130. Opened abdomen under local anesthesia and evacuated three quarts of foul smelling pus.

Used 4 oz. H₂O₂ full strength, slightly warmed, after pus had ceased to flow, and repeated procedure every twelve hours.

This caused cessation of all untoward symptoms for eight days, when chills and fever returned.

Another swelling was then noticed in right lumbar region, which, upon opening, gave one quart of pus.

Flushed this second abscess in same way. The temperature soon reached normal, and patient made an uneventful recovery with exception of swelling of inguinal glands in left groin, which yielded in three days to hot fomentations.

For conclusion I might say, that in the above cases I used no medicines internally, and nothing externally but clean linen, plain gauze, and H₂O₂ (Marchand's).

The operations performed were simply opening abscesses, no drainage tubes, no flushing with salt solution or water, and no packing of abscesses.

Though I used the H₂O₂ in large quantities, and made no especial effort to see that all the solution returned, and though it was used over a period of several weeks, no untoward symptoms developed from its use.

The above gratifying results induced me to use Hydrozone (which yields 30 times its own volume of nascent oxygen instead of 15 volumes) in other cases where a large amount of pus was present, with such good results that I am now giving the preference to this very strong solution.

THE USEFUL ACTION OF SOME COMMON DRUGS.

Tincture of Aconite.—This drug has been called the "therapeutic lancet," and it is claimed that it is responsible to a great extent for the disuse of venesection. It bleeds the arteries into the veins, so to speak, and is indicated in all cases where there is a high, fast, bounding pulse—best given in minim doses every hour

in water. Especially useful in the beginning of all systemic disturbances, at the onset where there is fever, such as colds or influenza, febriculae, any contagions, infectious or zymotic fever, or any circulatory disease. It lowers the pulse and produces a moist skin. A most useful prescription is:

R Tr. aconite gtt. xvi. or gtt. xxxii.
 Spts. aeth. nit..... $\frac{1}{2}$ iv.
 Syr. aurant..... $\frac{1}{2}$ vi.
 Aq. ad..... $\frac{1}{2}$ ii.
 (One drachm in water every hour.

Morphia Sulphate does not produce cerebral congestion, opium does. Morphia sulphate, hypodermically, will prevent vomiting; by the mouth it will produce vomiting. Morphia sulphate hypodermically stimulates the heart; by the mouth it depresses its action. Morphia sulphate hypodermically will often prevent uremic convulsions; by the mouth, in a similar condition, it may produce the most alarming and dangerous symptoms and even death. Does the hypodermic injection of morphia deepen the asphyxia in asphyxia neonatorum? I have noticed on several occasions when morphia has been given women during labor that the infant has been markedly narcotized and that on two different occasions the efforts to resuscitate the infants were in vain. Opiates have a peculiarly disastrous effect on children except in the minutest doses, and it is possible that the amount of narcotic which the infant receives through the maternal circulation is as disastrous at this particular period.

Heroin Hydrochlorate.—This drug, which is the diacetyl-acid-ester of morphine, is a comparatively recent acquisition to the therapeutical armamentarium and has proven a most useful addition. It has been most efficacious in my hands in the irritable cough which is so frequently seen in old people and that following “la grippe,” where there is no expectoration. It is of no use in whooping cough and is contraindicated in any of the acute bronchial affections where there is any expectoration, with possibly the exception of chronic phthisical patients, where the expectoration is free and abundant. Here it seems to have a certain sedative and stimulant effect. Under its influence the respirations are usually lessened and deepened. The dose I usually prescribe is from one-fifth to one-quarter grain for adults, and one-twentieth to one-twelfth for children. It often produces a soporific effect which soon passes off by lessening the dose, and has no bad after effects. It is best prescribed with syrup of acacia as follows:

R Heroin hydrochlor..... grs. iii. or grs. iv.
 Syr. acacie..... $\frac{1}{2}$ vi.
 Aq. ad..... $\frac{1}{2}$ iv.
 Two ounces 3 or 4 times a day.

A good rule to formulate might be: "Do not prescribe heroin if there are mucus rales in the chest."

Thyroid Extract in Myxedema.—This nutritional disorder was present in a female patient, age 47, who consulted me in August, 1900. It was a typical case and when I saw her it was an easily recognized condition. The face was swollen and disagreeable looking, the tongue was thickened and produced a mumbled thickened speech. The puffy skin did not produce any pitting on pressure. She seemed stupid and sleepy and was exceedingly nervous, especially at night, when she had most distressing pain down the back, shooting into the extremities. This was undoubtedly a case of true myxedema and had been present for nearly twelve years. On account of the nervous condition and the chronicity of the disease I gave a very guarded prognosis and thought it would be many months before she would make any improvement. I put her on 5-grain tablets of thyroid three times a day, which she took for two days, when they began to disagree with her, producing vomiting, faintness, and headache. I lessened the dose to half a tablet three times a day, and finally to one tablet each morning, and this was the greatest amount she has ever been able to take. The symptoms disappeared like magic, for in three weeks she was an entirely different woman and became bright, happy and vivacious. She keeps the thyroid tablets and occasionally takes one. I had intended having this case photographed, but the remedy acted so quickly and the leading symptoms disappeared so completely that I was more than surprised at the therapeutical action of the tablets. Since writing the above notes I see an article in *Anderson's Practice of Medicine* which corresponds to my own observations. The author says good results are obtained usually within a month, though it is probable that even after all the symptoms have subsided the treatment may have to be continued off and on if the thyroid gland seems to be permanently atrophied. This author says that arsenic, combined with thyroid extract, lessens the toxic action of the latter.

Useful Drugs in the Treatment of Warts.—These are all structurally the same, but all the varieties require different treatment. The ordinary warts (*verruca vulgaris*) seen most commonly on the hands of children are best treated by the constant application each night of a poultice of equal quantities (in bulk) of powdered elm bark and powdered linseed meal. These poultices should be faithfully applied every night for ten or twelve nights and taken off in the morning. These warts should never be irritated by caustics under any circumstances, not even the mildest irritants should be applied to them. This is a simple treatment but requires a little trouble in carrying it out on the part of the patient, but it is most efficacious and leaves the skin in a healthy normal condi-

tion, far different from the eschars seen after the painful application of cauterant acids or caustic alkalies. Flat warts (*verruca plana*) generally seen in old people, may be pigmented, are often intensely itchy and may be the starting point of malignant growths. The treatment of these warts is often disappointing, but the following application may prove useful.

R	Ac. salicylic.....	ʒ i.
	Ext. cannab. ind.....	ʒ ss
	Collodion.....	ʒ i.

Apply each night with a camel's hair brush for three nights, then soak off with warm water. Intermit three or four days and apply as before. The intense itching of these warts may be at once relieved by the following salve:

R	Cocaine mur.....	grs. viii.
	Morphia mur.....	grs. ii.
	Vaseline.....	ʒ i.

Apply when irritable.

Venercal Warts (*verruca acuminata*).—These are often called syphilitic warts, but they are not syphilitic, and according to most authorities are gonorrhoeal in their origin. These papillomatous outgrowths being due to irritative discharges are highly contagious. They require different treatment in the male and female. In the male I have had the most satisfactory results by the application each night of subnitrate of bismuth in powder, keeping the part constantly unwashed and dry. If any incrustation of the powder takes place, simply scrape it off and apply fresh powder. In a few weeks they will all have disappeared. If there are only one or two pedunculated growths apply cocaine and snip off with scissors. In the female, where the vulva and surroundings are covered, I order hot poultices for a few days, then apply freely dusting powder of equal parts by bulk of tannic acid and iodoform, or if patient objects to iodoform I use two drachms of tannic acid, 2 drachms iodol, and 1 drachm boracic acid in the same manner.

Herpes Progenitalis.—Herpetic vesicles if confined under the foreskin are immediately checked and magically removed by the constant dusting of bismuth subnitrate.

Painless Treatment of Chancroids.—Apply, after thoroughly drying, a solution of permanganate of potash, one drachm to an ounce of water. After making the application apply thin piece of absorbent cotton. Repeat the application every other night. This is a very satisfactory treatment and easy to carry out and avoids all painful treatment which is necessary in treating these troublesome ulcers with strong acids. The above solution is an excellent application in impetigo contagiosa, in herpes, in all forms of open ulcers where there is much discharge, and is unequalled as an application in tardy healing vaccination ulcers.

Selected Articles.

NOTE ON THE FREQUENT GREAT DISPARITY BETWEEN FALLS UPON THE BUTTOCKS AND THE SUBSEQUENT PERSISTENT PAIN AND IRREMIEDIABLE HELP- LESSNESS IN PERSONS IN ADVANCED YEARS.*

BY OSCAR H. ALLIS, M.D., OF PHILADELPHIA.
Surgeon to the Presbyterian Hospital.

It is well known among the members of the medical profession that very trifling injuries are sufficient to produce fracture of the neck of the femur, and it is quite as well known that the results of these simple injuries vary greatly,—that in one case a good and useful limb will be obtained, while in another total helplessness will result. The fact that in one case satisfactory results follow treatment and in another under similar treatment pain and total helplessness, leads patients and their friends to reflect upon the skill of the respective surgeons, and has led many a surgeon to have confidence in a line of treatment that greater experience would show to be premature and ill founded. In the following remarks I shall not dwell upon the subjects of diagnosis and treatment, but will confine myself to the topic under consideration, and offer a few reasons for the pain and helplessness, and suggest a remedy for it.

I will first give brief histories of cases that have been victims of pain and helplessness until relieved by death; second, report similar cases that have recovered with useful limbs; third, will give the pathology of a few cases that I have posted or operated upon, and conclude with surgical procedures for its relief.

CASE 1.—Mrs. W. H., widow, seventy-nine years of age, active and in apparent good health, arose from her bed at midnight, tripped in her night-dress and fell to the floor. The immediate pain and helplessness were the occasion of my summons. I found her with shortening, eversion, relaxed fascia lata, and excessive pain and helplessness. These being the signs and symptoms of fracture of the neck, she was immediately made as comfortable as possible, and, to prevent the formation of bed-sores,

*Read before the Philadelphia Academy of Surgery, October, 1902.

her position was changed, her bed kept as free from pollution as a dribbling bladder would permit. Efforts to move her were attended with pain, and when it was deemed proper to get her out of bed and sit her up, the pain was greatly increased. She lived four years, and was a helpless sufferer during the entire period.

CASE 2.—Mrs. G., sixty-five years of age, was growing feeble from paralysis agitans, but otherwise not a sufferer. While sitting in a low rocking-chair she slipped to the floor; the fall was accompanied with so much immediate pain and helplessness that I was summoned. All the signs of fracture of the neck of the femur were present. The pain from the time of the original injury to her death, which occurred six years afterwards, necessitated day and night watches to turn and relieve her position.

CASE 3.—Miss B., aged sixty-six years, arose from her bed and through some entanglement was pitched forward upon her hands and knees. She said that if her thigh had been made of glass it would have broken, as she thinks her thigh was broken. All the symptoms of fracture of the neck of the femur were present. She was gently moved about in bed and no bed-sores resulted. It is now six years since the injury. She can barely stand alone, and is practically helpless, though in comparatively good health.

In none of these cases was there any attempt at treatment, the effort on my part being to avoid bed-sores and to make the patients as comfortable as possible. To show that the bad results were not due to faulty treatment upon my part, I will give three cases as nearly parallel as possible.

CASE 4.—Miss R., aged sixty-three years, fell in the yard; as it was in winter, the pavement might have been slippery. I saw the case with Dr. Franklin Mathews a few days later. He had diagnosticated fracture of the neck of the femur, but had not made a thorough examination, deferring it, if necessary, until I came. All the signs were so clear that no further examination was made. She had received no treatment save that of making her comfortable in bed. After my examination, she said, "I do not know why you advise my staying in bed. I am as well as ever except this bruise." She was not told her hip was broken. She was helped out of bed the second week, and in due time walked with crutches, then without them, going to visit friends and to church. An autopsy several years later confirmed the diagnosis.

CASE 5.—Clergyman, aged seventy-eight years, was knocked down by a passing carriage; was rendered helpless and brought home in conveyance. Fracture, neck of femur. Was gotten out of bed second week. Soon moved about on crutches, and later

went into the pulpit, with a number of steps to ascend, and preached an old-fashioned—which means a long—sermon. He was indeed proud of his achievements upon his broken thigh.

CASE 6.—Mrs. G., widow. Though suffering from paralysis agitans, she was able to go about. Was struck by a waggon and knocked down. Every sign of fracture of the neck of the femur presented. Confinement for a few days revealed a forming pressure sore and special treatment abandoned. She was made comfortable. No particular attention was paid to her fractured thigh. Gotten on to her side and propped with pillows to relieve pressure on her buttocks. Later out of bed. She recovered, and had a useful joint, going up and down stairs and all about her house without the use of a crutch or cane.

As the only treatment in these cases was to make the patients comfortable, and to avoid pressure sores by changing their position in bed several times a day, some might infer that had extension been made or long splints been used the results would have been better, but I have been careful to give an equal number of the two classes,—the first of great and permanent sufferers, and the second with but little pain and recovery with useful limbs.

To make my point more emphatic, I add the history of a case treated by Dr. Walter C. Stillwell.

CASE 7.—Mrs. C., aged sixty-seven years, fell in the yard; was treated with extension and lateral supports for eight weeks, during which time there was no pain. She was then permitted to get up, when the pain commenced, and continued until she died six years later, during all of which time she had been obliged to sit in a chair night and day. The injured limb swelled greatly, and the distention, no doubt, caused much of the pain.

The different results from trifling injuries—for such falls as I have described are comparatively trifling—must be due to very different conditions present. These may be considered under the following heads:

1. Osteophytes may spring up about the injured joint, or fragments of bone from the original injury may become fixed like stalactites and pierce the tissues. Such a condition I found present at the autopsy in Case 1.

2. The fall may in one instance produce concussion of the joint. In experimental work, I have found that when great pressure has been exerted against an articulation, in some instances the cartilage has been depressed, cracked, and distinctly broken. Although in fractures of the femoral neck the yielding of the bone under comparatively slight injury would preclude a concussion or severe injury to the joint, yet in autopsies, after years of suffering, I have found evidence of a mild subacute arthritis that accounted fully for the pain. In

one instance in which I was permitted to operate five years after a fracture of the femoral neck, I found no evidence of active degeneration of the articulation, but the head and socket both showed large areas of absorbed cartilage and denuded bone.

3. The sciatic nerve may at times be pinched or torn. I know of no facts to warrant this statement. There are facts that show that this nerve is injured by dislocations. Autopsies show that blood has been effused into the sheath of this nerve, and the same has been lacerated and torn in two. It is also known that paralysis has followed either injury to the nerve from dislocation or from injury in attempts at replacement. In one case of a comparatively slight fall backward, the patient experienced no great pain, and was able to get up and go into her kitchen. The pain arose while she was in a sitting position, and soon became so violent that she could not move the limb without pain. An examination under ether revealed no bone lesion, and the conjecture was that the sciatic had been bruised.

4. The ligamentum teres may be torn. Of this I have no positive evidence. In one autopsy to examine a fractured hip it was either congenitally absent or absorbed. I have in experimental work torn the ligamentum teres without dislocating the head of the femur.

In regard to treatment, I have little to offer. In one case I removed the fragment of the head of the femur five and a half years after the injury because the patient had suffered pain night and day all these years and could endure it no longer. As the patient was sixty years old, with atheromatous arteries, the fact that no brilliant result followed may not be wholly attributed to the operation. The pain is much diminished, none at all at times, and locomotion gradually improving.

If an operation be undertaken, it is reasonable to think that it should be indicated by the persistency of pain,—after one or two months. There are few surgeons who would think of removing the fragments of a broken femoral head and neck without first seeing what effect treatment would bring about, but after one or two months of continuous pain, surgical interference is warranted, provided the patient's age and strength will permit.—*Annals of Surgery*, March, 1903.

THE HOT SULPHUR BATHS OF SAN ANTONIO, TEXAS.

SAN ANTONIO, Texas, has heretofore been known to the tourist and invalid world for its dry anti-malarial southern climate, its clear weather, equable temperature, where snow is practically unknown, and the frost king seldom penetrates, its historical ruins, and memories and quaint picturesque surroundings. These attrac-

tion: have been sufficient to draw here, every winter, thousands of visitors on health or pleasure bent, from all sections of the world.

During the past few years the city has made remarkable strides forward in all the essentials that constitute a modern up-to-date city, and that tend to contribute to the comfort and pleasure of its inhabitants. It is to-day a city of 60,000 people; in point of population, business and importance, the recognized metropolis of the State. It is well governed; its water supply is not excelled by any in the country; it is well sewered and well lighted; its streets and plazas are kept clean and in repair; it has laid out and beautified many handsome parks; when the work now under contract shall have been completed, it will be the best



MISSION OF SAN JOSE, NEAR SAN ANTONIO.

paved city of its size in the country. The Army Headquarters, its importance as a tourist point, and the cosmopolitan character of its population, all contribute to its social importance.

It is at the threshold of the greatest sportsman's paradise with gun and reel remaining in the United States. Nowhere else can be found such deer hunting as on the boundless prairies of Texas; such turkey shooting as in her pecan bottoms; such duck hunting as in the bays that indent her great coast line; and on the thousands of fresh water ponds that dot her prairies. The world already knows of the wonderful tarpon fishing of Aransas Pass, the home of E. H. R. Green's famous Tarpon Club of millionaires. But the lover of the rod and reel nowhere has to go far in search of sport, as all the waters of the state are well stocked with the

funny tribe. Short excursions from San Antonio will bring the sportsman into the heart of the best hunting and fishing ground in the State.

It is an accessible city, being situated about midway across the continent, and directly on the line of winter travel to California and Mexico. It is the junctional point of four great railroad systems, the Southern Pacific, I. & G.N., S.A. & A.P. and M., K. & T. railroads, and the terminus of the latter.

This year San Antonio enters upon a new era in her history, as a "water cure" resort. For several years the southern portion of the city has been known to overlie a subterranean stratum charged with hot medicinal waters, possessed of wonderful properties.

These life-giving waters have at last been made available to the



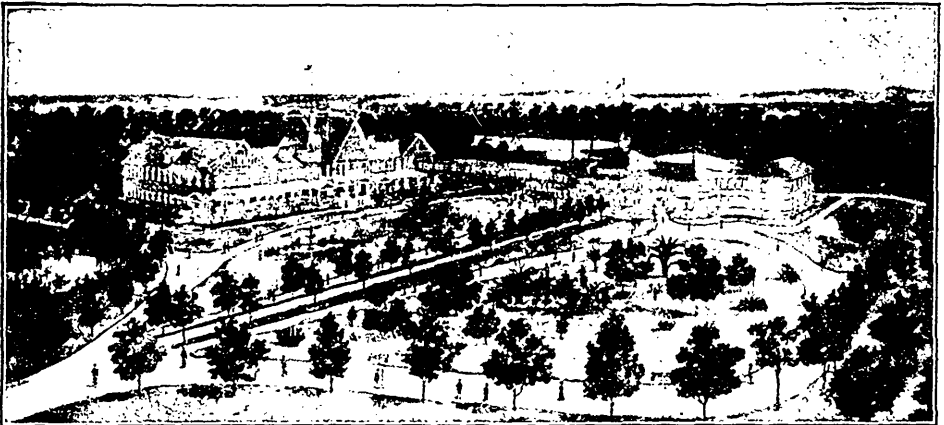
MISSION OF SAN JUAN, NEAR SAN ANTONIO.

public, and it will be the province of this short article to try and give to the Canadian profession a little information in regard to what is probably the most remarkable mineral water yet discovered.

The hot sulphur, alkaline, saline waters come from a volcanic geyser, 2,000 feet deep, with a natural temperature of 194 degrees, Fahrenheit, a natural pressure of 42 pounds, and a flow of about 300,000 gallons a day. The water belongs to the State of Texas, and is leased by special act of the Legislature. It has the distinctive advantage over all other known waters of being just the proper temperature for use as it comes from the earth, requiring neither cooling, heating or mixing with other waters, thus retaining all the virtues imparted to it in nature's laboratory. It is the only natural hot water resort located in a climate that constitutes in it-

self a sanitarium, and where bathing can be conducted with safety the year round. It is the most remarkable mineral water yet discovered, each gallon containing 40 grains of free sulphur (nature's skin and blood purifier) an amount possessed by no other hot water, together with other therapeutic agents of recognized virtue, and nowhere else found in combination.

The San Antonio climate possesses every advantage for an all-year-round resort, where bathing in the thermal waters can be pursued with safety and good results at all seasons. It has no rainy season; is anti-malarial throughout the year. Its dry, warm, balmy winters make it the natural haven in that season for people from the colder latitudes. Its dry atmosphere, invigorating breezes and equable temperature in the summer (where the sultry extremes which occur in the North are unknown) make it a de-



HOT SULPHUR WELLS HOTEL, SAN ANTONIO.

lightful resort for the people from the coast country, and the malarial districts of Central and East Texas, Louisiana and Mississippi. It has a better summer and winter climate than Hot Springs, and presents a marked contrast to that of Central Texas resorts, where the conditions are decidedly malarial.

The San Antonio water contains 285.5 grains of minerals to the gallon, chief among the properties being free sulphur, whose virtues as a blood and skin remedy we are taught in early childhood. No other known water possesses the same amount of free sulphur in conjunction with natural heat; among the other constituents may be mentioned bromide of sodium, carbonate of magnesia, lithia, iodide of sodium, and sesquioxide of iron, phosphate of soda, and chloride of sodium. Of the gases, sulphuretted hydrogen is almost a specific for rheumatism and skin diseases, and the chlorine gas rendering the waters germicidal.

The baths in these waters have a wonderful tonic and magnetic effect imparted by the natural gases and the iron, sulphur and salt and their effect upon the skin and scalp is marvellous. When the world shall know the virtues which this water possesses for the restoration of youth and vigor, the cleansing of the blood of many of its impurities, and for imparting to the skin the clearness and velvety softness of a child, it is destined to become the resort par excellence of the fashionable as well as the invalid world.

Mineral water as a medicine is one of the greatest and best of all known curative agents, and the wonderful discovery, hot sulphur baths, is to all remedial discoveries what Minerva was to all the Grecian mythological gods, for it is perfection itself in all of its constituents, a prescription prepared and put up in the vaults of nature's own laboratory—a God-made remedy—a boon and a blessing to all who suffer. It will prove its virtue in many ailments, for it came from the same source man's life came, and is the leaven that re-leaveneth the life of all whose vitality, from sickness, old age, cares, worry, anxiety, and general depletion, need a re-lifegiver.

Man never has, can, or will discover, make or compound its equal for human ills, be they what they may. Nothing in or out of the earth, yet to the knowledge of man, has performed such miraculous cures.

DOCTORS IN WAR TIME.

At the Armories one evening last month, in the course of lectures which are being given for the benefit of those interested in military science, Surgeon Lieut.-Col. Nattrass, A.M.S., P.M.O., M.D., read a paper on "The Disposition and Work of Medical Units in Time of War."

In approaching his subject, the speaker stated that the present system of dealing with the sick and wounded in war-time was the result of a gradual process of evolution which had seen its beginning in times when war and its hardships were of less frequent occurrence than now. Investigation had brought out the fact that it costs a great deal more to cure a sick or wounded soldier than it does to recruit one, and hence the value of improved methods in the care and treatment of the sick and injured could not be over-estimated.

Medical science as applied to war had shown its greatest development in the Royal Army Medical Corps, one of the great branches of the British army service. The speaker then proceeded to prove by figures that more soldiers died in the field from disease than from wounds received in battle. This was a result of the

extremely unsanitary conditions attendant upon war and its confusion. Scarcity of rations and the overcrowding of quarters also contributed to this cause. The British "Tommy," however, had the reputation of being, of all nationalities, the most tractable and patient in the face of great hardship.

ARMY MEDICAL CORPS.

The speaker then explained the entire organization of the Royal Army Medical Corps, which he illustrated by the diagram of an army division, and pictures of the different methods of removing the wounded from the field to field hospitals.

Every British soldier was nowadays provided with a dressing outfit worn inside the tunic, and consisting of bandages and other necessary appliances, so that if not entirely disabled, he could do anything possible for himself. When a soldier had received medical attendance, and before being forwarded to a stationary hospital by railway or otherwise, he was labelled with a ticket which bore his name and a short description of his injury, for the guidance of the surgeons who would attend him when he arrived there. Also from a diagram was traced the progress of wounded "Tommy" from the scene of the struggle to the field hospital, to the stationary hospital, and if the seat of war were at a great distance from home, to the hospital ship, and from thence to the great military hospital at Netley, where the invalided "Tommy" wanted for nothing.

The location of field hospitals was then taken up, particularly as to their convenience in proximity to rivers and lines of railway, and in this connection were compared the respective railway trains of England and America as to capacity and ease of access, when they had to be pressed into service.

SOUTH AFRICAN EXPERIENCES.

Continuing, the Colonel gave some attention to his South African experiences, and showed the high standard of efficiency to which the medical service had been brought by the statement that, though many charges of gross mismanagement and neglect had been made against other departments, the work of the Medical Service in South Africa all through the war was carried on without criticism. The speaker also related an experience he had had in the Rebellion of 1885, when in command of the Toronto Red Cross Corps in a march from Swift Current to Battleford, a distance of two hundred miles. Though the Corps had been expensively equipped before leaving home, it was found when the scene of action was reached that it was necessary to use rather primitive means of transportation, so half of their equipment had to be left

behind. However, this was a direction in which great advances had been made since those days.

In concluding, the lecturer dealt with the relative severity of the wounds produced by the different rifle-bullets, and quoted a list which showed the "Mauser" to be the least harmful bullet now used by war-like nations. The tendency of the modern rifle-bullet was to make a much more clean-cut wound than the bullet of earlier days. In South Africa it was found that, if a man was not hit in a vital part, in the great majority of cases his wound healed very rapidly. The speaker also commended the provisions drawn up by the Geneva Convention for the government of nations in this regard. After all, the great object of wars and battles was not to kill as many men as possible, but to place as many men as possible *hors de combat*.

A CANADIAN SARATOGA.

"THE Grand Trunk has discovered St. Catharines," said Mayor Burgoyne on Feb. 27th, to a festive gathering of some fifty or sixty Grand Trunk officials and ticket agents from Ontario points who celebrated, with an equal number of the prominent citizens of St. Kits, the house-warming of the Garden City's remodelled and improved sanatorium hotel, "The Welland." The well of St. Kits has now a continental reputation for the curative power of its waters, and to meet the increasing influx of visitors to the city, who come from all parts of the country to drink health from its springs and rest shattered nerves far from the maddening crowd in luxurious ease at The Welland, the hotel has recently been enlarged and greatly improved. The visit of the ticket agents here, on the invitation of the Grand Trunk, was for the purpose of making them personally acquainted with the attractions of the place from the standpoints of health, comfort and recreation, so that they could more intelligently answer the queries of prospective visitors. St. Catharines would like to become the Canadian Saratoga, and the Grand Trunk is disposed to assist in the realization of the dream.

The city has many qualifications for the position. It is situated in "The Garden of Canada," only eleven miles from Niagara Falls, and within easy reach of either Toronto or Buffalo. Nature has smiled on the city and surrounding orchard and fruit lands. Scenic beauty is combined with richness of soil. The visitor, who comes from the strenuous life of big cities seeking rest, finds here a happy combination of the quiet charm of Sleepy Hollow, with the modern stimulus of a thriving little city. The victims of rheumatism, gout, or neuralgia, and martyrs to a recalcitrant liver

find here a model sanatorium, with a remedy provided by Nature in the Saline Well, which is unsurpassed on the continent. And now, with its *hotel de luxe*, St. Catharines is ready to receive with confidence the most fastidious health or pleasure seeker.

The guests from Toronto and eastern points arrived per special car at eleven o'clock in the morning. The Mayor, President McLaren, and Secretary Campbell, of the Board of Trade, and representatives of the Council and city press welcomed the visitors and escorted them to The Welland, where they were shown through the new quarters by Mine Host Malcolmson. The hotel is of colonial type, and is pleasantly situated near the city park. There is accommodation for 150 guests, and a staff of 50 employees are at their service. Last summer the place was taxed to its full capacity, and it is expected that the new additions will soon prove inadequate for the growing popularity of the resort. It is believed that before long a sanatorium with accommodation for 500 guests will be a paying institution. The appointments of the establishment are complete and up-to-date in every particular.

After luncheon the party boarded two special cars provided by Manager Seixas of the N., St. C. & T. Railway. A quick run was made to Port Dalhousie, where the members spent a half-hour exploring the quaint old town. On the return trip, the Barnesdale vineyards and wine vaults were visited, and the visitors were duly impressed by the sight of the long row of vats containing, in all, a quarter of a million gallons of wine. After a considerable stay, the cars were again boarded for St. Catharines, where the mineral well and the bottling works of the Mack Mineral Springs Co. were visited. The health-giving properties of the St. Catharines waters attracted people to St. Catharines half a century ago. Before the war many wealthy Southerners annually visited the city. Since the war, until recently, the waters have not been vigorously exploited. The Mack Company is now placing the water on the market for table use, and it is rapidly becoming popular. The analysis shows 275 grains of sodium to a pint and 125 grains of calcium chloride. Its prototype in Europe is the celebrated Creuznach Spring in Russia, which contains about 110 grains of sodium to a pint. The visitors filled their pockets with bottles to take home to show their wives exactly what they had been drinking.

In the evening a banquet was given at the hotel at which over one hundred guests, including railway and newspaper men, and prominent citizens, did justice to an elaborate menu. Speeches, cigars, and *café noir* followed in the amusement hall. Some of the visitors were obliged to leave on the night train for Toronto, but many remained over to test the "rest" qualities of the hotel until after Sunday.

AMERICAN MEDICAL ASSOCIATION NOTES.

NEXT MEETING IN NEW ORLEANS, MAY 5, 6, 7 AND 8, 1903.

THE general officers of the American Medical Association, 1902-1903, are as follows: President, Frank Billings, Illinois; First Vice-President, J. A. Witherspoon, Tennessee; Second Vice-President, G. F. Comstock, New York; Third Vice-President, C. R. Holmes, Ohio; Fourth Vice-President, James H. Dunn, Minnesota; Secretary-Editor, George H. Simmons, Illinois; Treasurer, Henry P. Newman, Illinois; Chairman Committee of Arrangements, Isadore Dyer, 124 Baronne Street, New Orleans, La.

Mr. Charles A. Farwell is the Chairman of the Citizens' Committee, with the Honorable Paul Capdevielle, Mayor of New Orleans, as the Honorary Chairman. This committee will shortly be organized for the purpose of soliciting subscriptions from the lay public and for co-operation with the Committee on Entertainment.

Excursions from New Orleans to Cuba and arrangements for a circular trip by way of Washington and New York are being discussed. The Committee of Arrangements are filing all applications and correspondence bearing on these points with an idea of submitting all feasible trips to the consideration of intending visitors to the New Orleans meeting.

Rates.—The Southern Railway has announced a reduced rate of one fare for the round trip from Washington, or from any point on their system to New Orleans and return. Tickets will be on sale May 1 to 4, and will be good for continuous passage in each direction with a final limit of ten days from the date of sale. Tickets can be extended for a longer period, however, provided they are deposited in person, by the original purchaser, with the Special Agent at New Orleans, not later than May 12, 1903, and fee of fifty cents is paid at the time of deposit, when the final limit will be extended to a date not later than May 30. Further information may be obtained from the Chairman of the Committee on Transportation, Dr. H. L. E. Johnson, Jefferson Place, Washington, D.C.

St. Charles Hotel Rates.—*European Plan*.—Room without bath, one person, from \$2 up.

Room without bath, two or more persons, from \$1.50 each, up.

Room with bath, one person, from \$3 up.

Room with bath, two persons, from \$5 up: each additional person, \$2.50.

Alcove parlor and regular parlor suite, regular rates less 20 per cent.

American Plan.—Room and board without bath, one person, from \$4 up.

Room and board without bath, two or more persons, from \$3.50 up.

Room and board with bath, one person, from \$5 up.

Room and board with bath, two persons, from \$9 up; each additional persons, \$4.50.

Alcove parlor and regular parlor suites, regular rates less 20 per cent.

Should there be no unoccupied rooms of the exact kind desired, the next best will be given to be changed when opportunity offers.

A meeting of the Committee of Arrangements, New Orleans, January 26, 1903, was held in the rooms of the Orleans Parish Medical Society. There were present Drs. F. Billings, President of the A. M. A., and Geo. H. Simmons, Secretary of the A. M. A., and Dr. Isadore Dyer, Chairman of the Committee of Arrangements, with Drs. LeBeuf, Friedrichs, Parham, Moss, Matas, Fortier, Maes, Clark, Smyth, Blum, King, Menage, Callan, Graner, Chassignac, de Roaldes, Walker, Guthrie, also Mr. Charles Farwell, Chairman of Auxiliary Citizens' Arrangement Committee.

Meeting was called to order by Dr. Dyer, Chairman. Dr. Dyer introduced Drs. Billings and Simmons to the Arrangements Committee. At the request of Dr. de Roaldes minutes of the meeting of November 15 were read and approved. At this meeting the approaching convention was fully discussed and we will be able to go into details in next month's issue, by which time the full programme will be complete.

The Pan-American Medical Congress in Toronto.—A mass meeting of the members of the Ontario Medical Library Association and members of the medical profession generally was held in this city on Tuesday, the 10th ult., in the Biological Building, Toronto University. In addition to several matters connected with the library itself, a discussion took place as to whether it would be wise to try and arrange that the 1903 meeting of the Pan-American Medical Congress, to be held somewhere in the month of September next, take place in Toronto. Various opinions were expressed on the subject by those present, the majority, however, feeling that, if the Pan-American came here next fall it might seriously interfere with our national society, which meets in the City of London in the month of August. For that reason the idea has been dropped.

The Canadian Journal of Medicine and Surgery

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Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the fifteenth of the month previous to publication.

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

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TORONTO, APRIL, 1903.

NO. 4.

Editorials.

A FORMULA FOR GIVING ALCOHOL IN FEVERS.

So much attention is directed nowadays to the acknowledged evils of the liquor traffic, to its ruinous effects on the individual and the family, that a tendency is growing up among physicians to reject even the therapeutic employment of alcohol. Thus Bunge says: "There are few drunkards who cannot fortify themselves with a medical authority as an excuse for their evil habit;" meaning, of course, that many people would not have learned to drink alcohol to excess had they not first acquired a taste for it through the

means of a doctor's prescription. Even if this assertion were quite true in every respect, it should not invalidate the therapeutic employment of alcohol. Reasoning in a similar way, the use of opium in medical practice should be denounced, because there are so many morphine fiends.

Bunge's statement is, however, only a half truth. To acquire tuberculosis from the bacilli tuberculosis, which swarm in the air of inhabited places, the tissues of a human body must be in a fit condition to nourish these bacilli. In other words, the seed of tuberculosis must fall on a soil in which the power of resistance to tuberculosis is small indeed. It is much the same with the formation of the habit of alcoholic excess. Is it not remarkable that the vast majority of men drink in moderation, or not at all, while a few yield to their intemperate appetites, regardless of wife and child, and careless of the loss of a good situation. "We must admit, to a certain extent at least, the existence in the heavy drinker of a cerebral blemish, consisting of a predisposition to let oneself be carried away by, and to offer no resistance to, one's propensities, or even, in extreme cases, a want of moral sense." Legrain says: "He whose will is opposed to it does not become a heavy drinker; drunkenness is a disease, a morbid condition of the brain." (Triboulet and Mathieu.)

It is not our intention to even recapitulate in this article any considerable number of the therapeutic uses of alcohol. The enumeration would be lengthy and, for our readers, superfluous. Although not so much in demand as it used to be in the days before the antitoxin of diphtheria came into use, most practitioners of experience know how powerfully alcohol aids in the recovery of the diphtheritic patient. In certain stages of acute diseases, such as typhoid, small-pox, pneumonia, cerebro-spinal meningitis, capillary bronchitis, etc., alcohol is a potent remedy for good. Most authorities state alcohol should only be employed in such cases when there is marked depression of the circulatory apparatus, characterized by a weak, soft, rapid and irregular pulse, with a feeble sound of the heart and threatened syncope or delirium. In treating cases of the above mentioned diseases alcohol is beneficial, when by its use the tongue is moistened, the pulse and respiration are slowed, the restlessness and delirium quieted, and the skin becomes less parched.

While the recorded facts which support these observations are incontestable, being, in fact, matters of daily occurrence, the reason why alcohol exercises these beneficent effects has not been as clearly explained as the importance of the subject deserves.

It is now admitted that alcohol, by being consumed in the body, delays the waste of the patient's fat and albumin, and is *pro tanto* a food. In this respect it renders important alimentary services in all wasting febrile diseases in which proper food cannot be taken, quite apart from any considerations as to its stimulating effects.

In *La Presse Medicale*, Feb. 4, 1903, Dr. Martinet essays to give a formula which may serve as a guide for the use of alcohol in febrile cases, and what is more important, the *rationale* of its operation. Alimentation during fever being insufficient to supply the 2,500 calories (heat units) required for the existence of an individual of medium weight, the latter is obliged to live on his capital, *i.e.*, his own tissues: his fat and albuminoids combine and are consumed, while his energy and vital force decrease.

Now, a gram of alcohol yields 7 calories or units of heat, and its combustion in the patient's body is all the quicker and more complete, the higher his fever. Thus, if from 40 to 60 grams of alcohol are given to a patient with pneumonia, scarcely a trace of alcohol appears in his urine, nor can the slightest odor of it be perceived in his breath if after taking the alcohol he washes his mouth and swallows a little pure milk. Bunge also states: "Alcohol is burned for the most part in the body, only a small part of it is eliminated as alcohol through the kidneys and the lungs. Without any doubt, therefore, alcohol is a living force in the body." Martinet asserts that a certain calculated amount of alcohol should be administered to the febrile patient by alimentation in order to forestall the necessary waste of his tissues, and he gives the following formula:

Tr. cinnamon.....	5 grams	̄ 5 i. gr. xvii.
Old rum,		
Simple syrup.....	100	̄ 200 gr. xliij.
Linden water.....	40	̄ 80 gr. xvii.
	245 grams	̄ 490 gr. lxxv.

A tablespoonful every two hours.

The tablespoon should hold a little over 5 drachms, so that the mixture would be finished in twenty-four hours.

As rum contains about 60 per cent. of absolute alcohol, the 100 grams of rum prescribed represent 60 grams of absolute alcohol, corresponding to 420 calories (60×7); the 60 grams of sugar furnish (60×4) 240; so that a mixture like the foregoing represents 660 calories. Martinet goes on to say that the calorific power of his mixture is equal to that produced by a litre of milk, but is practically superior to the latter because its combustion is certainly more complete and its absorption by the body calls for less vital effort. Its calorific power is meant, not its nutritive power, which is quite another thing.

It certainly would be satisfactory to the practitioner, and should be in the best interests of the patient and his family, if alcohol, accurately measured according to the requirements of the individual, were administered as carefully as any other medicine.

Perhaps a patient may wish to impose his views for or against alcohol on his physician, or the latter may allow his convictions, which may be opposed to the beverage use of alcohol, to sway his judgment in treating a patient, to the injury of the latter.

Both of these difficulties would disappear if alcohol, when required in the treatment of a patient, were dispensed like any other drug.

J. J. C.

BARBER-SURGEONS AND SURGEON-BARBERS.

As anything relating to the history of surgery is interesting to the surgeons of to-day, we have great pleasure in placing before our readers some historical references to surgeons and surgical practice taken from the archives of the ancient hospital of Tonnerre, at Lyons, in France. We are indebted for this particular information to an article by Dr. Chaput, published in *La Presse Medicale*, Feb. 7, 1903.

It appears that the division of surgeons into two classes, surgeon-barbers and barber-surgeons, was made at Paris in A.D. 1268. The surgeon-barbers were educated men, real surgeons. They were also called barber-clerks, surgeons of the long robe, or surgeons of St. Cosmas. The barber-surgeons were designated as lay surgeons, or surgeons of the short robe. They were barbers who practised bleeding and minor surgery; they also practised medicine and did all kinds of surgical work in a clandestine manner.

Apart from these two classes of surgeons, there were also travelling surgeons, called operators or cutters, who performed lithotomy, operated for the cure of hernia, and treated diseases of the eyes. The number of surgeon-barbers must have been small, as they are rarely mentioned from the thirteenth to the fifteenth century; some men of this class were usually to be found in large cities.

In the annals of the hospital of Tonnerre, after A.D. 1578, the appellation surgeon-barber was replaced by that of surgeon, applied first to an individual named Edmund Gerandin. The statutes of the surgeons of Tonnerre, published September 15, 1572, at the instigation of Didier Caspin and Berthin Lombart, both surgeons of that hospital, are interesting, as they show the real social and professional status of the barber-surgeon during the sixteenth century in Lyons, one of the most cultivated cities of France.

ORDINANCES FOR THE SURGEONS OF TONNERRE.

“Whosoever shall be received as a master-surgeon shall pay 30 sous, instead of 5 livres.*

—“Whosoever wishes to open a shop or working-room must be approved of by the master-surgeons, sworn for that purpose, and before his reception he shall give an exhibition of his skill—

—“which shall be made with two steel lancets suitable for bleeding, with which lancets he shall bleed a patient in the presence of the jury;

—“he shall also give proof of his ability to dress the wound or the ulcer of a patient, who will be brought before him.

—“Whosoever wishes to move his shop shall pay 5 livres, which shall be employed in the purchase of lights for the service at the festival of SS. Cosmas and Damien.

—“All the master-surgeons shall be summoned to meet as a legally constituted board every year to elect from their body two members, who shall be master-visitors and who shall be obliged to make known to justice any infractions of the present ordinances.

—“The aforesaid barbers shall not be allowed to work at the aforesaid barber's trade on holidays of Easter, and twelve other designated days, or on the eves of the festivals of the Apostles, which are preceded by a vigil, either in shop or working-room, nor shall they make any public show of basins or kerchiefs on the said days under penalty of a fine of 5 sous.

*The sol or sou was worth the 1-20 part of a franc or one half-penny. The French livre was worth 1 franc or 20 sous. The livre (Tournois) was worth 24 cents.

—“The said barbers and surgeons and their assistants will not be permitted to give medicaments, and to dress the sores of any kind of lepers, unless by order of a magistrate, under a penalty of privation of right to practise the trade for one year and the payment of a fine of 10 sous for the first offence and at the discretion of the magistrate for subsequent offences.

—“The same rule applies to patients who have the plague. If convicted, the barbers cannot practise until two months after the cessation of the plague, or by permission of the board of aldermen.

—“They shall not secretly harbour in their houses lewd or disorderly persons of either sex, a brothel-keeper or procuress, under a penalty of the privation of the right to practise during one year, or a penalty of an arbitrary fine or other penalty fixed by the magistrate.

—“In case they may have attended a wounded person, who should come under the cognizance of justice, they should give information twenty-four hours afterwards.

—“A master-surgeon cannot have two assistants at the same time, unless during the last year's service of the first assistant; neither shall masters entice away assistants from each other, under a penalty of 100 sous; and the assistant who shall have been seduced from the service of his proper master shall return to him.

—“The price of a bleeding or the dressing of wound is 5 sous (Tournois), and if stitches are required, $7\frac{1}{2}$ sous.

—“If a barber take an apprentice, the said apprentice shall pay 10 sous (Tournois) as entry money, and if an assistant who has begun the work, 5 sous, the said sums to be employed for the divine service and for lights for SS. Cosmas and Damien.

—“The said barbers and surgeons will not be allowed to keep the blood from a bleeding in the window for over an hour, nor to throw into the street plasters, bandages, hair of the head or beard, under a penalty of 10 sous fine.

—“If anyone should come to Tonnerre to incise, cut for stone or operate for rupture he must not operate unless in the presence of two masters, sworn to prevent abuses, and to secure the dues of said masters, that is to say, 13 blanks and the kerchiefs.

—“Neither men nor women who shall not have sworn to observe the conditions of the said trade shall be allowed to give medicaments under the penalty of an arbitrary fine.”

Two assistant surgeons of to-day would probably not feel interested in an equal division of a fee of 13 blanks, equivalent to about 52 cents apiece. (A French blank was worth about 4 pence.) Neither would a surgeon care to dress a wound for 5 cents or put in sutures for $7\frac{1}{2}$ cents. Such fees are lower than

the price now paid for a shave. It ought to be consoling to the surgeon of to-day to know that his end of the business has appreciated enormously, although the barber's end remains about the same. The anomaly of it all is that three centuries ago a good deal of the minor surgery of the day was done in barber shops, where men's hair and beards were trimmed.

J. J. C.

TORONTO MEDICAL LIBRARY.

ON March 10th a meeting of the profession interested in the Toronto Medical Library was held in the Biological Building of Toronto University. The meeting was well attended and considerable business transacted. The chair was occupied by Dr. J. F. W. Ross, President of the Board and with him on the platform were Dr. H. J. Hamilton, Secretary; Dean R. A. Reeve, Dr. N. A. Powell, Dr. Herbert Bruce, and Dr. Mitchell, President of the Ontario Medical Association. Dr. Ross gave a history of the library from its inception, and pointed out how the interest at first taken in it had gradually waned till at present there was a deficit of over \$200. Dr. Ross impressed upon his hearers what a pity it would be to allow the library to sink into obscurity, and showed how useful it could be made if members of the profession would only take advantage of the facilities afforded them by being able to consult over 6,000 volumes at any time, apart from the fact that, by special arrangement, a member of the Library can send for any book in the Surgeon General's Library, Washington, D.C., by simply paying the actual express charges to and from Toronto. At the meeting several members expressed their willingness to subscribe in order to reduce the deficit on the Library, and nearly all of the two hundred dollars was raised that night. After opinions were fully expressed, it was decided by the meeting to recommend the Library Board to raise the annual fee to \$5.00, it being shown that, if even 150 of the city physicians would become regular paying members the Library could get along and keep out of debt. This will be brought up by the Board at its annual meeting in June next, and probably acted upon. The arrangement proposed as to moving the Library to some more central location has been, for the present, left in abeyance. The subject of the formation of an Academy of Medicine, where all of the

medical societies could hold their regular meetings, and where the Medical Library could find accommodation, was only touched upon, the necessary funds for such a project not being forthcoming. The question, also, of the Pan-American Medical Congress being invited to hold their 1903 meeting in Toronto, was discussed; but it was decided that it would not be wise to take any steps towards that object, the time for arrangements being now much too limited.

W. A. Y.

EDITORIAL NOTES.

The Bothriocephalus and Pernicious Anemia.—It appears from a thesis recently published at Paris, by Nathalie Federoff, that a considerable number of Russian physicians, particularly Schanman, Natanson, and Dehio, have definitely established an etiological relation between pernicious anemia and the bothriocephalus. The patients, who give sustenance to this parasite, are extremely pale and feeble and some of them have retinal hemorrhages. Digestive disorders are strongly marked; hydrochloric acid almost entirely disappears from the gastric juice. According to Schanman the number of red blood cells varies from 395,000 to 2,150,000; the average is 1,300,000. The quantity of hemoglobin is reduced between 10 and 53 per cent.; the average fall is 24 per cent. The globular value of the blood cells oscillates between 0.90 and 1.62; the average is slightly better than the normal. Dehio has found the globular diameters of the red cells vary between $7\mu 57$ and $8\mu 39$; the average diameter was a little over the normal. The number of microcytes and macrocytes increases at the expense of those of average size; some of the red blood cells are polychromatophilic; all of them are deformed. He always found normoblasts and megaloblasts in a variable proportion, some of them were in karyokinesis. The number of white blood cells varied, but was more frequently lessened than increased. The blood-platelets were scarcer than in the normal condition. To summarize: The clinical characteristics of the disease and the examination of the blood justify the view that the bothriocephalus is one of the causes of pernicious anemia. Bothriocephalic anemia is particularly common in Finland and the different countries whose shores are washed by the Baltic Sea (Russia and Sweden); and this

helminth is also found in Roumania, French Switzerland and in the United States. According to Shapiro, bothriocephalic anemia is caused by a toxic action exercised by the parasite. Shapiro and Uiltshur think that the bothriocephalus parasite must be sick or dead, in order to be able to give birth to the toxic substance, the reabsorption of which provokes the special anemia. This view explains the reason why many persons who have the bothriocephalus in their intestines do not become anemic. There may be also different kinds of bothriocephali. For instance, this form of anemia is rare in Switzerland, where 10 per cent. of the inhabitants suffer from the bothriocephalus, while it is frequent and grave in its consequences in Finland. Plaiev, who injected rabbits with extracts made from the bothriocephalus, did not produce anemia in the animals experimented on. Schanman and Talyviot, however, obtained positive results in dogs, but negative results in rabbits.

Gangrene and Uterine Abscess—At the meeting of the Obstetrical Society of Paris, January 15, 1903, Dr. Tessier presented four uteri, collected at autopsies made on women who had died from puerperal infections. A remarkable fact observable in all these uteri was the small amount of macroscopic lesion, although death in each case had been caused by severe infection terminating in one of the cases on the seventh day. It would seem, therefore, that cases of gangrene and uterine abscess, many cases of which have been published, are rare, and that many women die from a generalized puerperal infection, which leaves no trace in the uterus or the peritoncum. In discussing this question Dr. Budin remarked that abscess of the uterus was rare, although no person could say from a simple macroscopic examination that pus was not present in uterine tissue. To settle that question histological examination would be necessary. The reason why the infected uterus nowadays is different in its macroscopic appearance from the uterus as it used to be is that it is almost always treated directly by uterine injections, swabbing, curettement, etc., so that if the patient dies her death results from a general septicemia of the organism, which started from the uterus, that organ itself being almost quite restored to a normal condition. Dr. Jeannin stated in further elucidation of the subject, that in three cases of hysterectomy, done for infection, he

had demonstrated in the fresh uterus the presence of microbes in the uterine walls and the peritoneum, although histological examinations had revealed nothing of an abnormal nature.

Treatment of Hematoma.—According to Dr. Cammescasse if a child falls and raises a lump on its skin the simplest way to ease the pain, drive away the lump, and prevent the many-colored ecchymosis, which usually follows, is to rub oil into the injured part. A comestible oil is recommended, but it need not be olive oil. He thinks it is quite useless and needlessly painful to the patient to massage the affected parts; the gentlest rubbing suffices. The oil should be applied as soon as possible after the accident, but, even though several hours should have elapsed, a practitioner should not despair of obtaining a complete success. A diffuse hematoma may be thus reduced as well as a collective one, but in the former case the reduction is partial rather than complete.

Nasal Diphtheria.—Dr. R. Glotard, whose thesis on this important subject appeared recently at Paris, repeats the observation, made long ago by Bretonneau, that nasal diphtheria is one of the most frequent manifestations of this infectious disease, a manifestation which is frequently allowed to pass unnoticed. According to Dr. Glotard diphtheria must always be suspected when a false membrane is discovered in the nose. The difficulty of diagnosis depends on the extreme insidiousness of this disease. On account of its frequency and hidden character the practitioner should accustom himself, when treating coryza in a child, to suspect diphtheria, just as he is already accustomed to suspect it in a case of sore throat.

Malformation of the Heart in a New-Born Infant.—Drs. Cheron and Jeannin reported at a meeting of the Obstetrical Society of Paris that they have made the autopsy of an infant, which at birth appeared to be normal, but which died in four days. They found a very intense congestion of the liver. The heart was large, weighing 35 grammes (1.24 oz.), and presented a well developed right ventricle, while the left ventricle was only indicated by a few strands of tissue. The infant was evidently non-viable and died of typical blue disease (cyanosis).

Novel Method of Treating Atrophic Cirrhosis.—At the same meeting Dr. M. L. Gaillard reported a case of a man 54 years of

age, who had an atrophic cirrhosis of the liver. Several different forms of treatment had been tried in vain. Opothrapy was finally resorted to in the form of 150 grammes of pig's liver as a daily dose. Shortly afterwards the patient's urine became clear and abundant, the different symptoms gradually disappeared and at present, two years afterwards, he may be considered well. The reports showed that the physician had to deal with a genuine case of cirrhosis, and not with a tubercular peritonitis, or a heart trouble.

J. J. O.

Treatment of Syphilitic Gummata by Local Injections of Iodide of Potassium.—At the meeting of the Society of the Hospitals, Paris, January 23, 1903, Drs. Labadie, Lagrave, and Rollin reported that they had treated successfully syphilitic gummata by injecting *in situ* 2 cc. of a 3 per cent. solution of iodide of potassium. This treatment caused the gumma to disappear after the seventh injection. The injections are painful.

Hemorrhoidal Strangulation Cured by Adrenalin.—At the same meeting Dr. Mosse reported that in treating a case of strangulation of hemorrhoids he had applied adrenalin to the piles with immediate relief of the pain. He also made some appropriate remarks as to the physiological action of adrenalin.

PERSONALS.

DR. R. A. REEVE intends building on the corner of Bloor and Gwynne Streets.

DR. A. N. HAYES, of Sarnia, has been appointed Associate Coroner for the County of Lambton.

DR. D. C. MEYERS has been promoted to be Major in the Royal Grenadiers. "Major, we salute you."

DR. D. GIBB WISHART, of Grosvenor Street, has entirely recovered from his attack of septicemia.

DR. J. SILVERTHORNE has purchased No. 236 College Street and intends moving there almost at once.

DR. FRED FENTON has purchased the east corner of Church and Bloor Streets, and will erect a residence there.

DR. W. D. McPIERSON, of Bathurst Street has built a very handsome residence on the same street, north of College.

DR. R. B. NEVITT, of Bloor Street West, left on the 9th ult. for the South. The doctor returned a day or two ago.

DR. C. McKENNA, of Spadina Avenue, has purchased No. 266 College Street, next door to Broadway Tabernacle, and will move in very soon.

DR. W. A. YOUNG will leave on the 31st inst. to attend the meeting of the American Medical Association at New Orleans, La., which opens on May 5th.

DR. JAS. G. CAVEN will move before long to Bloor Street East, near Church Street, where he has started to build. Dr. Will P. Caven also thinks of moving north to Bloor Street East.

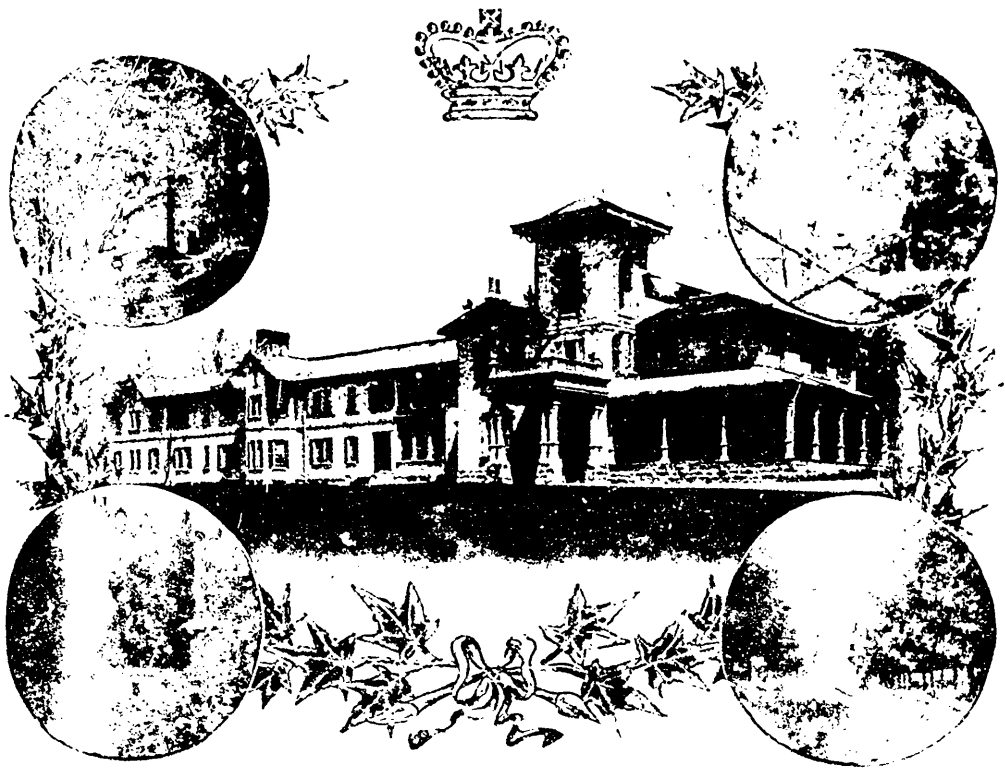
DR. GILBERT GORDON is at present enjoying the balmy air of old Point Comfort, Va., and his friends hope that he will soon fully recover from his recent illness.

DR. D. KING SMITH is no longer Surgeon-Lieutenant of The Kilties, but Surgeon-Major. Dr. W. J. Stewart, who up till recently held the latter commission, has been placed on the reserve list of officers.

DR. COLIN CAMPBELL, formerly house surgeon in the General Hospital here, and later on the R.M.S. "Empress of India," has recently been honored by appointment as house surgeon of the Royal London Ophthalmic Hospital, City Road, E.C., the oldest and most famous eye hospital in the world.

DR. LAPHORN SMITH, of Montreal, intends to leave New York by the White Star steamer Cedric on the 25th March for a few weeks' visit to Europe, including a week at Madrid on the 23rd April for the International Congress, before which he has been invited to read a gynecological paper. He expects to return by the Tunisian on the 14th May.

DRS. Parry and Dumville, of Ontario, and Dr. Donaldson, of McGill, who went out to South Africa with the Canadian Army Medical Corps, tried at the conclusion of the war to practise in the Transvaal colony. They were prohibited from doing so, because only English diplomas were legal there. They appealed to Lord Milner, but he refused to alter the regulation on the subject.



A GLIMPSE OR TWO OF "HOMEWOOD RETREAT," GUELPH.

DR. GILBERT GORDON, of Spadina Avenue, has been seriously ill, suffering from tubercular peritonitis. After being operated on a few weeks previous, he was removed on the 2nd ult. to Old Point Comfort, Va.; but, not gaining strength there, his brother, Dr. A. R. Gordon took him to Baltimore, Md., on March 11th, where he could have the professional services of such men as Drs. Cullen, Osler, and Howard Kelly. At last reports the doctor was rather better, but the prognosis, we are sorry to say, is very poor.

MR. BRETFNEY ROLPH O'REILLY attained his majority on Tuesday, March 3rd, when Dr. and Mrs. Charles O'Reilly had a few old and intimate friends at dinner in honor of the occasion. Mr. O'Reilly is now completing his last session in medicine at Trinity College, and will soon be able to sign the M.D.C.M. to his name, when he is received into our noble profession which so many of his ancestors have adorned in the present and former generations in both his father's and his mother's families, the O'Reillys and Rolphs being well known names both in the medical profession and history of Canada.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

MEDICAL MANIFESTOES.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—Three times during the last half century medical manifestoes have been issued giving the opinion of physicians on alcohol. The first was issued in 1839, and was signed by 86 persons; the second in 1847, and was signed by 2,000 physicians, and the third appeared in 1871, with the signatures of over 4,000 physicians, including the names of many leading physicians in all parts of the world. A fourth declaration of opinions is now being circulated for signatures, and reads as follows:

The following statement has been agreed upon by the Council of the British Medical Temperance Association, the American Medical Temperance Association, the Society of Medical Abstiners in Germany, and leading physicians in England and on the continent. The purpose of this is to have a general agreement of opinions of all prominent physicians in civilized countries concerning the dangers from alcohol, and in this way give support to the efforts made to check and prevent the evils from this source.

In view of the terrible evils which have resulted from the consumption of alcohol, evils which in many parts of the world are rapidly increasing, we, members of the medical profession, feel it to be our duty, as being in some sense the guardians of the public health, to speak plainly of the nature of alcohol, and of the injury to the individual and the danger to the community which arise from the prevalent use of intoxicating liquors as beverages.

We think it ought to be known by all that:

1. Experiments have demonstrated that even a small quantity of alcoholic liquor, either immediately or after a short time, prevents perfect mental action, and interferes with the function of the cells and tissues of the body, impairing self control by producing progressive paralysis of the judgment and of the will, and having other markedly injurious effects. Hence alcohol must be regarded as a poison, and ought not to be classed among foods.

2. Observation establishes the fact that a moderate use of alcoholic liquors, continued over a number of years, produces a

gradual deterioration of the tissues of the body, and hastens the changes which old age brings, thus increasing the average liability to disease (especially to infectious disease), and shortening the duration of life.

3. Total abstainers, other conditions being similar, can perform more work, possess greater powers of endurance, have on the average less sickness, and recover more quickly than non-abstainers, especially from infectious diseases, while they altogether escape diseases specially caused by alcohol.

4. All the bodily functions of a man, as of every other animal, are best performed in the absence of alcohol, and any supposed experience to the contrary is founded on delusion, a result of the action of alcohol on the nerve centres.

5. Further, alcohol tends to produce in the offspring of drinkers an unstable nervous system, lowering them mentally, morally, and physically. Thus deterioration of the race threatens us, and this is likely to be greatly accelerated by the alarming increase of drinking among women, who have hitherto been little addicted to this vice. Since the mothers of the coming generation are thus involved the importance and danger of this increase cannot be exaggerated.

Seeing, then, that the common use of alcoholic beverages is always and everywhere followed, sooner or later, by moral, physical and social results of a most serious and threatening character, and that it is the cause, direct or indirect, of a very large proportion of the poverty, suffering, vice, crime, lunacy, disease, and death, not only in the case of those who take such beverages, but in the case of others who are unavoidably associated with them, we feel warranted, nay, compelled, to urge the general adoption of total abstinence from all intoxicating liquors as beverages as the surest, simplest, and quickest method of removing the evils which necessarily result from their use. Such a course is not only universally safe, but is also natural.

We believe that such an era of health, happiness, and prosperity would be inaugurated thereby that many of the social problems of the present age would be solved.

This declaration has already received the signatures of over 1,000 physicians in all parts of the country. I have been appointed chairman to present this manifesto to American physicians for their endorsement. I should be very glad to receive the name, title, and address of any physician who is willing to aid by his signature to correct public sentiment and assist in the prevention of one of the great evils of the age. This is purely a scientific effort for the purpose of having a general consensus of opinion of the leading physicians of the world, and it is assumed

that American physicians are equally enthusiastic and prompt to lend their signatures to this statement as in the wine-drinking countries of Europe. A postal card with address and title is earnestly solicited from every medical man who would like to be represented in this great movement for a clearer comprehension of the subject. Address

T. D. CROTHERS, M.D., Hartford, Conn.

Toronto's Unsanitary Laundries and Lodging Houses.—

The Medical Health Officer, in his usual vigorous style, has gone after the unsanitary laundries and lodging houses of the city. The Local Board of Health and the City Council should always uphold him in his crusade for cleanliness. Dr. Sheard finds that in 88 of the 142 Chinese laundries the employes sleep in the working room. This cannot be tolerated. The most rigid regulations should be passed and enforced prohibiting this. Toronto is not going to keep out the Chinese with shotguns, neither is it going to become a Canadian San Francisco. A careful enforcement of the requirements of sanitation is a much better way of encouraging good laundry work on the part of white laundrymen than an excessive laundry fee would be. It was proposed to "drive out the Chinamen" by means of a license fee of \$50. That fee, which would have oppressed white and Chinese laundrymen alike, was wisely rejected by the Council and a graded fee was substituted. The civic authorities should aim to drive out the unsanitary Chinamen by means of rigid sanitary laws; but it is foolishness to try to drive out, in addition, both the clean Chinaman and his white competitor by means of excessive laundry license charges. Dr. Sheard's protest against the unsanitary lodging house is as timely as his protest against the unsanitary laundry. Toronto's poor have not yet sunk to the misery and squalor of the poor of the old world cities, or of Chicago or New York, nor is there any need that they should. There are some dainty fingered persons who shrink from interfering with existing conditions on the pretext that any attempt at regulation means an increase in the cost of living, and the very poor "have got to live somehow." It is a very weak excuse for doing nothing, this argument. It is true that a law abolishing all cheap lodging houses would make many poor men homeless. But what is wanted is not the abolition of cheap lodging houses, but their improvement on sanitary grounds, and the margin of profit in the cheapest is quite large enough to bear the small additional expense of cleanliness. Dr. Sheard should be given every support in his fight for a clean city.

Items of Interest.

Photmos Panas, one of the most celebrated oculists in France died on January 6, 1903. Panas was a Greek who drifted to Paris and there asquired a world-wide reputation.

Proposed Infirmary for Victoria, B. C.—A meeting was held recently in Victoria by those interested in establishing an infirmary in that city, in connection with the isolation hospital.

The History of Medicine.—A large society has been formed in Holland for the study of medical history. The foundation of this society was due to the initiative of Dr. Peypers, the editor of *Janus*.

Women Medics in England.—Medicine as a profession for women is constantly growing in popularity in London. Women now holding medical degrees in Great Britain number more than five hundred.

Druggists Arrested.—According to the chemist of the New York Health Department, 40 out of 215 druggists were found to be selling Jamaica ginger and aromatic spirits of ammonia adulterated with wood alcohol. Some of these druggists have been arrested in consequence.

Hospitals Under Financial Stress.—The serious financial situation that confronts the New York hospitals has led George MacCulloch Miller, president of the Saturday and Sunday Associations, to make an urgent appeal for generous gifts in behalf of the 40 institutions in the association.

University Day.—On the occasion of "University Day" celebration, February 21, by the University of Pennsylvania, Dr. S. Weir Mitchell delivered an address on "George Washington in His Letters." Brigadier-General Leonard Wood, M.D., U.S. Army, was one of five to receive the honorary degree of doctor of laws.

The Aronson Serum Tried.—The first trial in New York city of the new serum for scarlet fever has been made by Dr. Louis Fischer. The serum used was that discovered by Dr. Hans Aronson, of Berlin, and with which experiments have been made by Dr. Adolf Baginsky since last summer. Dr. Fischer reports that although his case of scarlet fever was severe a prompt amelioration of all the signs and symptoms followed the use of the serum.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

Demand Registration of Nurses.—Several hundred physicians and citizens of Buffalo and Rochester have signed a petition favoring the bill demanding registration of trained nurses to be introduced at Albany. The bill is designed to shut out incompetent nurses and provides for extended training before registration.

Disregard of Diphtheria Antitoxin.—D. J. H. Raymond of the New York Health Department complains of the unnecessarily high death-rate from diphtheria in the Borough of Brooklyn, *i.e.*, 18 per cent., and maintains that if diphtheria antitoxin were more promptly and generally employed, this death rate would not be over 7 per cent.

To Render Immediate Aid.—The New York Central Railroad has perfected a hospital and medical system. Contracts have been made with hospitals and physicians in all cities and towns of any prominence along the line of the road. The new system has been adopted so that immediate medical service may be rendered in case of train wrecks or other accidents to employes or passengers.

Dinner to Dr. Jas. H. Richardson.—Judging from the large number of his pupils who have expressed a desire to attend the dinner being tendered this month to our dear old teacher, Dr. Jas. H. Richardson, he may rest assured that he is beloved and respected by the entire profession. We will have more to say in our next issue, as we hope, not only to report the dinner in full, but also to reproduce in half-tone a copy of the oil-painting to be unveiled that evening.

A Deserved Honor.—Dr. Simon Flexner, professor of pathology at the University of Pennsylvania, has been chosen as chief of staff of the Rockefeller Institute for Medical Research, to be located in New York. Dr. Flexner gained especial distinction by his work on "The Etiology of Dysentery" and "Snake Venoms." He was a member of the commission sent to the Philippines by the Johns Hopkins University to study diseases peculiar to those islands.

University Day.—University Day exercises were celebrated by the medical department of the University of Buffalo, February 23. The public exercises took place at the Star Theatre, where Prof. Herbert L. Willett, of the University of Chicago, delivered the address. In the afternoon a reception was given to the senior and junior students and the faculty at the home of the dean of the

medical department, Dr. Matthew D. Mann. In the evening a reception was tendered at the college building by the Alumni Association.

McGill Graduates in British Columbia.—At the annual meeting of the British Columbia graduates of McGill University, held February 14, Dr. D. H. Harrison, the oldest graduate in that province (1864), was elected to the presidency. It was decided to continue the \$50 prize to the best B. C. matriculant each year to McGill, and \$25 to the second best. Dr. McGregor, Vancouver, founder of the society, was re-elected secretary; Dr. Tunstall, Vancouver, treasurer, and Dr. G. H. Manchester, New Westminster, one of the vice-presidents.

City Not Ready for an Abattoir.—"We are not in shape for a public abattoir, and won't be for ten years yet," was a remark passed by Dr. Sheard, Medical Health Officer, at one of the meetings of the Board of Control last month, during the discussion of the Board of Health's report asking for legislation to enable the city to close all slaughter houses and the establishment of inspecting stations for beef slaughtered outside the municipality, in case the city wants a public abattoir. "We have to consider the question of extending the cattle market or removing it in connection with this abattoir," continued Dr. Sheard. Assessment Commissioner Fleming agreed with Dr. Sheard. "It will cost us some money to close up private slaughter houses," remarked Mr. Fleming. "Wherever the cattle market goes the abattoir will have to go." The report was sent on.

University of Toronto Medical Faculty At Home.—One of the jolliest society functions of university life was the first At Home given by the students in medicine of the University of Toronto to the faculty and their friends one evening last month at the Normal School. An enjoyable programme began at 9 o'clock, such well-known artists as Mr. Arthur Blight, Miss Scholfield and Miss Eleanor Kennedy assisting the students, while the faculty were represented in Dr. C. J. Wagner, who gave a violin solo, and Dr. Primrose, who gave a talk on Palmistry. Dr. Primrose closed a very amusing and interesting lecture by foretelling the future of an ape from a photograph of his hand. "The foot would do equally well," suggested the doctor. After the programme the faculty, students and their many friends enjoyed the promenades until an early hour.

A Minister of Public Health.—Dr. T. G. Roddick, M.P., Dr. Lachapelle, of the Quebec Board of Health, and Dr. R. W. Powell, of Ottawa, on behalf of the Canadian Medical Association, presented to Sir Wilfrid Laurier March 5th the resolutions adopted by the Canadian Medical Association at its meeting last fall,

urging the establishment of a federal department of public health. They argued that if the medical services of the various departments were gathered together under one head they would be much more efficiently discharged than they are to-day. They would like to see a Minister, a deputy Minister, and a staff at Ottawa to look after all matters affecting the health of the country and to take charge of vital statistics. At present Mr. Fisher, under whose department public health comes, is away in Japan, but the Premier promised that the matter would be well looked into when the Minister of Agriculture returns.

Rupert vs. Sisley.—In the action by Rachel Rupert and Lucinda McQuaine against Euston Sisley, a physician practising in the village of Maple, who owns lands adjoining the land of the plaintiffs in that village, to recover damages for injury to the plaintiff's property by the construction of ponds and dams for fish on his premises, which ponds, the plaintiffs allege, form a nuisance, and for an injunction, it was held as to the claim for damages in regard to the alleged noxious smells from the ponds, and the noises said to be caused by bullfrogs, that defendant is not liable, the grievance not being, on the evidence, well founded. As to the claim for dampness in plaintiff's cellar, alleged to be caused by the percolation of water from defendant's ponds, it is also not well founded, the dampness being attributable to the character of the soil. As to the sinking of a floor in plaintiff's house, it was not caused by dampness arising from the ponds, but was attributable to the decay of the supports. All the other claims fail also. The action was dismissed with costs.

Canadian Medical Association.—The thirty-sixth annual meeting of the Canadian Medical Association will be held in the City of London, Ont., on the 25th, 26th, 27th, and possibly the 28th of August, under the Presidency of Dr. Walter H. Moorhouse, of that city. Dr. Matthew D. Mann, of Buffalo, has been asked to deliver the address in Gynecology; Dr. Alexander Hugh Ferguson, of Chicago, the address in Surgery; Dr. Stewart, of Montreal, the address in Medicine. Recently the President appointed Dr. R. W. Powell, Dr. T. G. Roddick, M.P., and Dr. E. P. Lachapelle, a special committee in regard to the establishment of a proposed Dominion Health Bureau. This committee, as will be seen on another page of this issue, recently waited on Sir Wilfrid Laurier at Ottawa with the result that the Premier has promised the proposal consideration. Dr. Moorhouse has also delegated Dr. C. F. Martin, Montreal, to the International Medical Congress at Madrid. Already arrangements are well in hand for a splendid meeting at London. Further announcements will appear in the Canadian medical press from month to month.

Would Limit the Length of Skirts.—The Board of Control last month passed the Board of Health's recommendation that legislation be asked for permitting the City Council to pass a by-law to prevent expectoration on the sidewalks, but recommended that it be extended to include public buildings, wharves, and other public places. During the discussion a controller who did not possess the necessary backbone to stand behind what he says advocated a by-law compelling women to wear short skirts in the street, and then requested the newspapers not to mention what he said. "Why, I saw one woman yesterday with a skirt which swept the street a quarter of a yard behind her," he remarked. Mayor Urquhart remarked that in the middle ages in England the King had power to limit the length of the trains on ladies' skirts. Dr. Sheard said that since the "don't spit" signs were put up in street cars a remarkable change in the conditions of cars had taken place. "If we put up these signs in the streets we will have our streets in a much more sanitary condition," said Dr. Sheard. "Buffalo and other American cities have these signs, and a penalty of \$500 for non-compliance, and their streets are cleanly." "I think the community is hardly ripe for a by-law like this just yet," remarked the Medical Health Officer. "If we took a man before the Police Magistrate on such a charge I am inclined to fancy that the magistrate would laugh at us."

Toronto Junction Board of Health.—The Board of Health met at the Town Hall on the 3rd ult., with four members present: Chairman W. J. Irwin, C. F. Wright, W. P. Hartney, and Mayor Armstrong. The Medical Health Officer was instructed to procure a tent, with all necessary equipment, to make it sufficiently comfortable for the purpose of an isolation hospital in the smallpox cases. It was also decided, that a circular notice embodying extracts from the Provincial Board of Health's revised rules for checking the spread of contagious and infectious diseases, be prepared by the Medical Health Officer, and afterwards submitted to the Board for approval. It is to be printed and distributed among the citizens of the town. The Medical Health Officer reported that scarlet fever was spreading and that it was worse in Ward Three than anywhere else in town. To prevent the continued spread of the disease the following resolution was moved by Mr. C. F. Wright, seconded by Mr. J. R. Chisholm: "That whereas several deaths from scarlet fever have occurred in this municipality during January and February, 1903, and whereas the Medical Health Officer reports to this Board that there are at present a number of cases of scarlet fever of a malignant type now in town. Be it therefore resolved that the Medical Health Officer be, and is hereby instructed to close the Western Avenue and Annette Street schools for such period as he deems

best for the purpose of preventing the spread of this disease." Western Avenue school, in Ward Three, has recently been surrounded by scarlet fever cases.

Senile Poor in Asylums.—The question of the insane in the county jails was again presented before the Government on March 11th, the deputation being from the City Council. Mayor Urquhart headed the party, which included Ald. Burns, Noble, Sheppard, Oliver, Richardson and Harrison; Dr. Sheard, Medical Health Officer; Dr. Richardson, jail physician, and City Solicitor Caswell. The Mayor said he was glad to see a reference in the speech from the throne to the subject of the care of the insane. Dr. Sheard said the number of insane in the Toronto jail was 32 a year ago, and 31 to-day. Of the 32, Dr. Sheard said, in reply to Mr. Stratton, 12 were moved to the asylum, 6 died, and 3 were discharged, while 66 were committed during the year. Mr. Stratton pointed out that transfers were made to the asylums as frequently as possible, keeping in mind the condition of the patient. The asylums were for those who could be improved. It never was the intention to keep those in the asylum who could be cared for in a House of Refuge. Dr. Chamberlain, Inspector of Prisons and Asylums, declared that 9 out of 10 of the people referred to in the Toronto jail were not insane, and no committee of experts of insanity had pronounced them insane. They were simply old people and perfectly harmless. Premier Ross asked whether a House of Refuge would be a remedy? Dr. Chamberlain said that such an institution was, and spoke as follows: "We think the Government has no duty to provide for the people's poor. Forty per cent. of the people in the asylums of Ontario were never insane. It is a disgrace to the municipalities who send their poor to the asylums. A doctor in Simcoe admitted to me that three persons confined in the jail as lunatics were not insane, but had been committed because their people could do nothing with them. The doctor said he would lose his position if he did not commit them." Dr. Chamberlain and Ald. Sheppard both expressed the view that the restrictions should be increased so that persons not insane should not be sent to the asylums. Premier Ross replied that in view of the legislation under consideration the information given would be useful. It was quite clear that the municipalities were inclined to send their senile demented to the asylums. Dr. Chamberlain in a final shot reminded the Mayor that there was no fire protection for the female inmates at the Toronto jail, and if a fire occurred not one could escape.

Would Not Kiss the Skull.—The students of Trinity University have had a taste of the authority of college law during the past month which has not proved precisely to their liking. The upshot of the matter is that for his wrongdoings one of the third

year men is now under penalty of a fine of \$20, and his fellow-students have undertaken to bear the burden for him. About a month ago now an annual undergraduate function took place in the form of a banquet, to which a few graduates also were invited, to lend dignity. An unwritten law prescribed that freshmen should not attend until the seniors had disposed of the first course. A few freshmen refused to swallow their dignity and took their seats at the table when the feast was commenced. The seniors held a solemn conclave after the banquet and decided to visit the sins of the precocious freshmen upon their fellows. The penalty provided was that each should kiss a human skull and then permit himself to be stowed with the others in a heap upon the floor in a corner of the room. Some complied, but rebellion broke out, and several jumped from the window to the ground below, a drop of fifteen feet. One unlucky freshie wrenched his shoulder, and the occurrence soon reached the ears of the authorities. From time to time during the week faculty meetings were held and the students were summoned to give their versions of the event, and on the following Friday night the students gathered to listen to Dean Rigby, who explained the displeasure of the faculty and the fact that they could only be appeased by the payment of a fine of \$20, inflicted upon a student whom they had decided was one of the principals in the event of the eventful night. The result of this decision is that there are murmurings which evince the students' displeasure. Talk of a strike is heard, but others more philosophically inclined have persuaded their fellows to accept their lot and to pay the fine jointly. The latter course has been adopted, but a meeting is spoken of by some at which indignation can be expressed. What the result will be is doubtful. Provost Macklem, when spoken to about the affair, had little to say. He stated that it was simply a matter of college discipline, and had been satisfactorily disposed of. He was happy to say no expulsions would result. The students also say that there has been no rustication in connection with the occurrence. There is a student at present under penalty of rustication, but it is for another matter of a private nature.

American Medical Association.—At the last (fifty-third) meeting of the American Medical Association, held at Saratoga Springs, June 10-13, 1902, a joint resolution from the Sections of Cutaneous Medicine and Surgery and Hygiene and Sanitary Science was introduced in the House of Delegates as follows:

Whereas,—There is a burning necessity to check the spread of venereal diseases, and, assuming that the States cannot with impunity ignore the condition, it lies in the province of the medical profession to discuss and recommend

to the respective State Legislatures and municipalities means not regulamentative, but social, economic, educative, and sanitary in their character, to diminish the danger from venereal diseases. *Resolved*,—That the section on Cutaneous Medicine and Surgery of the American Medical Association invite the section on Hygiene and Sanitary Science to cooperate with the section on Cutaneous Medicine and Surgery in bringing about a propaganda in the different States, looking toward a proper recognition of the dangers from venereal diseases, and to arrange for a national meeting under the auspices of the American Medical Association for the prophylaxis of venereal diseases, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year at Brussels, under the authority of the Belgian government.”

This was later submitted to the House of Delegates, which endorsed the action of section and adopted the following:

“*Resolved*,—That a joint committee of six from the Sections on Hygiene and Sanitary Science and Cutaneous Medicine and Surgery be appointed by the President to stimulate study in and uniform knowledge of the subject of the prophylaxis of venereal diseases and to present to the American Medical Association a plan for a national meeting, similar to the International Conference for the Prophylaxis of Venereal Diseases, which meets again this year in Brussels, under the auspices of the Government of Belgium.”

The Committee on Prophylaxis of Venereal Diseases consists

of:

Dr. Henry D. Holton, Chairman, Brattleboro, Vt.

Dr. Ludwig Weiss, Secretary, 77 East 91st St., New York.

Dr. George M. Kober, 1600 “T” St., Washington, D.C.

Dr. W. H. Sanders, Montgomery, Ala.

Dr. L. Duncan Bulkley, 531 Madison Ave., New York City.

Dr. Frank H. Montgomery, 100 State St., Chicago, Ill.

The peculiar social, racial and political conditions of our country are so different from those on the continent that they necessitate an expression of solely American ideas on this mooted question, both from a socio-economic and sanitary point of view. The committee desires the support of the medical profession and the aid and powerful collaboration of the medical press of the country to help them in this work. It takes the liberty of soliciting expressions and views editorially and otherwise, and would be glad of personal correspondence from those supporting the movement and who will contribute by papers, etc., to make it a success in case the House of Delegates should favor the holding of such a congress.

The Physician's Library.

BOOK REVIEWS.

A Text-Book of Practical Medicine. By WM. GILMAN THOMPSON, M.D., Professor of Medicine in Cornell University Medical College, New York City; Physician to the Presbyterian and Bellevue Hospitals, New York. Second Edition; revised and enlarged. Illustrated with 62 engravings. New York and Philadelphia: Lea Bros. & Co. 1902.

Scarcely three years have elapsed since Prof. Thompson published the first edition of his work on "The Practice of Medicine." The manner in which his volume was received may be judged from the fact that already he has had to almost rewrite his entire text-book. It can hardly be said of medicine, as of surgery, that, so great and numerous are the advances made in that branch of our science, a book must of necessity be revised every year or two in order to keep it up-to-date; but it is, nevertheless, evident that Dr. Thompson is anxious to consider no labor too great in order to have his "Medicine" second to none.

The book is divided into nine parts, as follows: Part I., Infectious Diseases; II., Diseases of the Digestive System; III., Diseases of the Spleen, Lymphatic System and Ductless Glands; IV., Diseases of the Blood and Vascular System; V., Diseases of the Respiratory System; VI., Diseases of the Urinary System; VII., Diseases of the Nervous System; VIII., Diseases of the Muscular System, and IX., Miscellaneous Diseases, Poisons, and Drug Habits, and Diseases due to Parasites. One of the most scientific chapters in the book is the one devoted to Typhoid Fever, its 58 pages forming an exceedingly up-to-date consideration of its different phases. Under treatment, the author, in referring to intestinal antiseptics, says, "Some practitioners have faith in the so-called Woodbridge treatment ('eliminative and antiseptic'), which consists in the routine employment of calomel and carbonate of guaiacol; others give salol, creosote or iodine throughout. After extensive trial I have no personal belief in their value as antiseptics. In so far as they act as intestinal antifermentatives they may do no harm, and salol is by far the best of them; but antiseptic they certainly are not, for they cannot be put into the intestine in sufficient strength to kill the bacilli which reside in its wall, in the spleen, mesenteric glands, and else-

where. The protracted use of calomel salivates and provokes dangerous purgation." Dr. Thompson's Practice of Medicine is a contribution to medical literature of no small value. W. A. Y.

Diseases of the Skin, their Descriptions, Pathology, Diagnosis, and Treatment, with Special Reference to the Skin Eruptions of Children and an Analysis of 15,000 Cases of Skin Eruption. By H. RADCLIFFE-CROCKER, M.D. (Lond.), F.R.C.P., Physician for Diseases of the Skin in University College Hospital; Honorary Member of the American Dermatological Society; Membre Correspondant Etranger de la Societe Francaise de Dermatologie; late Physician to the East London Hospital for Children; Examiner in Medicine, Apothecaries' Hall, London. Third edition, with 4 plates and 112 illustrations. Two volumes. London: H. K. Lewis, 136 Gower Street, W.C. 1903.

It was a wise act upon the part of the author of this work when he undertook its revision for the second time, the last edition having been out of print now for a matter of years. After carefully perusing the third edition, we can safely say that Dr. Crocker has succeeded in bringing his splendid book in every detail up to date, even to the modernizing of the names of many of the more recent skin affections. This edition is considerably larger than its predecessor. It cannot be termed a text book, but on the other hand, is suited to both the needs of the student and the practitioner, by the former as a foundation of his knowledge of dermatology, and by the latter as a work of reference when "cornered" over a difficult case. Volume I. is devoted to Congestions, Inflammations, Hemorrhages, Hypertrophies, Pigmentation, Atrophies, and Neuroses. Volume II. covers Neoplasmata, Appendages, Fungous Diseases, Animal Parasites, and an Appendix. The work as a whole is most creditable, and in our opinion is one of the best pieces of literature issued for years past on the subject of dermatology. The American edition of this work appears in one large volume and is published by P. Blakiston's Son & Co., Philadelphia, Pa. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

Obstetrics. A Text-Book for the use of students and practitioners. By J. WHITRIDGE WILLIAMS, Professor of Obstetrics, Johns Hopkins University, Obstetrician in Chief to The Johns Hopkins Hospital; Gynecologist to the Union Protestant Infirmary, Baltimore, Md. With 8 colored plates and 630 illustrations in the text. New York and London: D. Appleton & Co. 1903.

"To William H. Welch, Professor of Pathology, Johns Hopkins University, and Wm. T. Councilman, Professor of Pathology,

Harvard University, as a slight expression of respect and affection," are the words which adorn the fly-leaf in Dr. Williams' Text-Book and suitably convey his personal feelings to the two gentlemen named, with whom he has been associated in the teaching of medicine at Johns Hopkins University.

The first thing that attracts the reader in this volume is its splendid typography and more than beautiful half-tone illustrations. If some publishing houses would take the hint and not insist upon doing their part of the work "on the cheap," their productions would meet with more acceptance. D. Appleton & Co. evidently believe in the best work only, Dr. Williams' book being no exception to that rule. The half-tone cuts found are all produced from specimens in the author's own possession, so that there can be no question as to their accuracy. The book is intensely practical all the way from cover-board to cover-board, and will be found by the obstetrician to be the latest and one of the best dissertations on this subject in print, just sufficient space having been devoted to the anatomy, etc., of the generative tract to interest students.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, of Philadelphia, etc., assisted by H. R. M. LANDIS, M.D., Assistant Physician to the Out-patient Medical Department of the Jefferson Medical College Hospital. Volume I., March, 1903, Surgery of the Head, Neck, and Chest; Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza; Diseases of Children; Pathology; Laryngology, and Rhinology; Otology. Philadelphia and New York: Lea Bros. & Co. 1903.

The contributors to Volume I. of *Progressive Medicine* for 1903 are Dr. M. Floyd Crandall, Dr. Chas. H. Frazier, Dr. L. Hektoen, Dr. J. B. Herrick, Dr. Robert L. Randolph, and Dr. A. L. Turner.

It can safely be said of *Progressive Medicine* for 1903 that, if the following three volumes are the equal of Volume I., just out, the set for the current year will be fully up, if not superior, to those of any previous year. One of the most instructive chapters is that on Typhoid Fever, consuming nearly 30 pages. It is a modern consideration of the subject in all of its phases and not so long as to be in any way wearisome. Under "Treatment" the author says that chloroform water is recommended by Dibailoff (*Vratch Ebnaya Gazeta*, Vol. IX., No. 13). Diphtheria antitoxin is spoken of favorably by Yanze (*Revista Centro Med.*

de Cordova, Vol. II., No. 6). Coffin finds that the evaporation bath possesses no advantages, in fact, the mortality is higher than where the ordinary Brand treatment by tubbing or sponging has been instituted (*American Medicine*, June 21, 1902). Adrenal substance is warmly recommended by Coleman in typhoid hemorrhage, 5-grain powders every hour (*Medical News*, March 29, 1902). Walls (*Chicago Medical Recorder*, Oct. 15, 1902) makes a vigorous protest against the exclusive milk diet on the ground that it is intolerable as a sole food for the adult, that it is notoriously impure, containing, as a rule, a large amount of poisonous filth, and because, in digestive tract infections, it feeds the parasitic intestinal flora rather than the host.

The Surgical Diseases of the Genito-Urinary Organs. By E. L. KEYES, A.M., M.D., LL.D.; Consulting Surgeon to the Bellevue, and the Skin and Cancer Hospitals; Surgeon to St. Elizabeth Hospital; formerly Professor of Genito-Urinary Surgery, Syphilology and Dermatology at the Bellevue Hospital Medical College, etc., and E. L. KEYES, Jr., A.B., M.D., Ph.D.; Lecturer on Genito-Urinary Surgery, New York Polyclinic Medical School and Hospital; Surgeon to the Out-patient Department, St. Vincent's Hospital; Physician to the Venereal Clinic, Out-patient Department of the House of Relief of the New York Hospital, etc. revision of VanBuren and Keyes' Text-Book. With 174 illustration in the text, and 10 plates, 8 of which are colored. New York and London: D. Appleton & Co. 1903.

This volume is the outcome of one, written about 35 years ago by Drs. VanBuren and Keyes, entitled "Genito-Urinary Diseases With Syphilis," and which was about the first book published treating of those subjects. Twenty years later the volume was rewritten (after Dr. VanBuren's decease) with few changes, except that the pages were devoted more to genito-urinary work than syphilology. And now the book has been again revised, syphilis and its consideration being this time entirely eliminated from the work and attention devoted solely to surgery of the genito-urinary organs. We find the book divided into two parts and, contrary to the usual custom, the first and larger part of the volume is devoted to Diseases of the Urinary Organs, including gonorrhœa, the last 15 chapters only taking up Diseases of the Genital Organs. The authors have acted wisely in devoting the space they have to gonorrhœa in its many different phases, widespread manifestations and sequelæ. "Keyes' Genito-Urinary Diseases" (1903) may be correctly termed, in every respect, an up-to-date consideration of the subject, and can be looked upon as being reliable. The authors are to be congratulated on their

work and should find that their volume will meet with practical support.

The American Year-Book of Medicine and Surgery for 1903. A yearly Digest of Scientific Progress and Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of GEORGE M. GOULD, A.M., M.D. In two volumes—Volume I, including *General Medicine*, octavo, 700 pages, fully illustrated; Volume II., *General Surgery*, octavo, 670 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume: Cloth, \$2.00 net; Half Morocco, \$3.75 net. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

During the few years that W. B. Saunders & Co., of Philadelphia, New York, and London, have been publishing *The American Year-Book of Medicine and Surgery* they have met with the endorsement and practical support of the American profession almost *in toto*. A text-book, published but once and not revised for a good many years afterwards, is one thing, but a year-book, published, as its name would indicate, every twelve months, is another. The latter must of necessity always be a modern presentation of the subject and without any chance of becoming old or stale. It might be thought, however, that the author of an annual volume might be inclined to repeat in some degree from year to year the same material, but not so with Dr. Gould and his associates, who revise the whole in no hap-hazard, slip-shod manner, but carefully and methodically, so that the purchaser has not any reason to regret becoming an annual subscriber, but may rest assured of receiving good value for his money every time. The 1903 Year-Book of Medicine and Surgery is in every respect on a par with, if not superior to, its predecessors.

The Medical Annual. A Year Book of Treatment and Practitioner's Index, 1903. 21st year. Bristol: Jno. Wright & Co., Stone Bridge. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. Edinburgh: Young J. Pentland. Glasgow: A. Stenhouse. New York: E. B. Treat & Co. Calcutta: Thacker, Spink & Co. Paris: Boyveau & Chevillet. Melbourne, Sydney, Adelaide and Brisbane: G. Robertson & Co. Sydney: Angus & Robertson. Toronto: J. A. Carveth & Co.

Congratulations to the publishers of *The Medical Annual* are certainly in order. The 1903 issue makes the 21st year in which this valuable book has appeared, and we think that we are safe in

saying that every succeeding number since the first, has proved more valuable than its predecessor. The Medical Annual is now one of those volumes, whose appearance each year is looked forward to by the profession almost the wide world over, as there must be few books in any country with a wider list of subscribers. We find among the list of contributors this year such well-known names as Drs. Robert Abbe, E. H. Fenwick, Robert Hutchison, H. P. Loomis, P. Leech, Wm. Murrell, Robert Saundby, J. K. Love, Norman Walker and A. H. Tubby. The 1903 Annual may correctly be termed "a reflection of the knowledge of the year." In this issue the publishers have, very wisely we think, commenced to give a general summary of the year's work, so that the reader can at once get, in a paragraph, an idea what are the most recent opinions on almost any branch of medicine and surgery, and what instruments and apparatuses have been invented during the preceding 12 months. May The Medical Annual see its 50th anniversary enjoying the same degree of prosperity as it does on attaining its majority.

W. A. Y.

General Surgery; Practical Medical Series. By JOHN B. MURPHY, M.D. Chicago: The Year Book House, 40 Dearborn Street. 1902.

This is the second year's contribution to surgery by Dr. Murphy. The writer says in the preface that the present volume is enlarged in response to a demand, and that instead of attempting to cover several subjects, he has made more extensive reviews of fewer articles. The topographical work is an improvement on the first volume, but here comparison ends. It certainly is a mistake to consider but a few subjects in detail in an annual compendium, which, at best, a year book must be; rather do we believe that its scope should be broad and its references brief. As we might expect, a large space is given to the surgery of the abdomen, with several pages devoted to appendicitis. We note an absence of any reference to the latest views on the surgical technique of mammary cancer. The author falls into line with the advocates of prostatectomy by the perineal route, and gives pictorial illustrations of a new operation, devised by himself, for nephropexy. In this instance an unfortunate omission is made in not stating that the drawings are only diagrammatic, as anatomically they do not exist. But, taken altogether, this volume is very well edited and can be highly recommended as a most useful and valuable addition to the medical literature of 1903. T. H. M.

The Pit. By Frank Norris, Toronto. George N. Morang & Co., Limited.

"The Epic of the Wheat" is a strongly constructed story, true to life, in that great whirlpool called Chicago; the men are alive,

filled with purpose, but, of course, abominably rich; the women charming. The story seems so real, so thrilling at times, that the breath comes faster as one reads, and hearts kindle in admiration for the king of the wheat-pit as he fights his great battle and "corners" for one brief spell the wheat of the world, and then Mother Nature unloads her plentiful harvest and teaches him his lesson that she alone controls and sweeps him before her abundance like a leaf on a stream and he loses his all—yet love abides. As we close this masterpiece (of its kind) of fiction, a great sorrow fills the heart of the reader as he remembers that the book of life has "closed over" for the young author with his great intellect and keen insight into the lives and motives of men. What marvellous story-weaving he might have done in the long twilight of life had he been spared. Yet, what a long day's work Frank Norris did when he gave us "The Octopus" and "The Pit."

W. A. Y.

Atlas and Epitome of Human Histology and Microscopic Anatomy. By PRIVATDOCENT DR. J. SOBOTTA, of Wurzburg. Edited, with additions, by G. CARL HUBER, M.D., Junior Professor of Anatomy and Histology, and Director of the Histological Laboratory, University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text illustrations, and 248 pages of text. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Toronto. 1903. Cloth, \$4.50 net.

It is often the case that in a series of volumes, such as Saunders' Medical Hand-Atlases, one or two are rather below par. Not so, however, in this instance, as each one seems almost to outstrip its predecessor. An atlas of human histology, including a large number of colored micro-photographs, might be open to criticism if great care were not used in the execution of the illustrations; but one has only to look over this volume to see the exactness of the work, and the absence of all distortion, to come to the conclusion that the 200 or more colored plates are, above all things, natural, and just as one would see them under the microscope. Saunders deserves great credit for this, his last effort in up-to-date printing, and the publishing of still another valuable medical publication.

W. A. Y.

Therapeutics of Infancy and Childhood. By A. JACOBI, M.D., LL.D. Third Edition. Philadelphia and London: J. B. Lippincott Company. 1903.

Physicians interested in the diseases of children—and who is not?—will feel a real pleasure in referring to the pages of this work. In it one finds many confirmations of views on practice long since entertained, and some novel features due to the author's

experience. Dr Jacobi expresses his opinions freely and is evidently his own man. The work is one which will be doubly interesting to the practitioner because it deals with treatment. The fact that it has gone through three editions since 1895 would indicate that it is a popular work with the medical profession. It is well printed and neatly bound.

J. J. C.

Essentials of Histology. By LOUIS LEROY, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second edition, thoroughly revised and greatly enlarged. 16mo volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, \$1.00 net. Canadian Agents: J. A. Carveth & Co., Toronto.

In this work the essential facts of histology are condensed into 236 pages. The descriptive matter is plain and brief. The book is well illustrated. It is well adapted to assist students in their work, and also to serve as a reference for those physicians who desire to review only the leading and essential facts of histology.

A. E.

Golden Rules of Refraction. By ERNEST E. MADDOX, M.D., F.R.C.S. (Edin.), Op. Surgeon Royal Victoria Hospital, Bournemouth. Golden Rule Series No. XII. Bristol: John Wright & Co.

This is in reality a vest-pocket book. It certainly is a marvel in its way, of conciseness and usefulness, but everything in it is trustworthy, and there is not a paragraph in the whole book which could be struck out. To any one commencing the study of refraction it can be recommended.

J. M.

Questions and Answers in Physiological Chemistry—with Common Tests, Formulæ, Equations, and Past Examination Papers. By HAROLD M. HAYS, A.B. New York: J. D. Abraham & Son.

The object of this little book is to give medical students a clear and concise idea of the salient points in physiological chemistry, used in conjunction with lecture-notes and text-books. These questions and answers will be helpful to students.

A. E.

Constipation. By G. SHERMAN BIGG, F.R.C.S.E. London: Baillière, Tyndall & Cox, 8 Henrietta Street, Covent Garden. 1902.

A very suitable work for popular use. The author is quite right in stating that constipation is the principal ill with which

human nature, especially civilized human nature, has to contend. In the last chapter of the book there are several good prescriptions for constipation, which will be appreciated, particularly by people who love to dose themselves.

J. J. C.

LITERARY NOTES.

"Clinical Examination of the Gastric Contents."—We are in receipt of a most interesting pamphlet issued quite recently by the New York Pharmacal Co., of Yonkers, N.Y. It is entitled "Clinical Examination of the Gastric Contents." This is the third of a series of scientific monographs published by this house, the first two being "Essentials of Hematology" and "Syllabus of Bacteriology," each one being distributed among the profession all over the United States and Canada. The New York Pharmacal Co. are to be congratulated upon these monographs, as they are in every sense of the word scientific and not merely advertising matter, as so many somewhat similar pamphlets are. The publishers deserve credit for this class of work, there being nothing that is tawdry and cheap about anything they send out. Any physician sending his card to the New York Pharmacal Co., Yonkers, N.Y., with the request for a copy, will receive one or a full set of these monographs.

The 1903 Standard Medical Directory.—That the publication of a high-class Medical Directory—correct, comprehensive, attractive and influential—is appreciated by the profession is proven by the cordial reception given the 1902 Edition of the Standard Medical Directory of North America and the promising auspices attending the 1903 edition now in active preparation with the aid, so the publishers state from actual computation, of nearly twenty-five thousand correspondents representing every State, province, county, city, and town of any size in North America. The new volume will consist of about 1,300 pages, comprising complete directories respectively of the physicians of all North America, colleges, societies, hospitals, sanitariums, mineral springs, publications, and, in fact, everything related to medicine. The new features (including an Alphabetical Index of Physicians with Post Office Addresses and Rosters of Practitioners of the Specialties) will, it is stated, add about one-third to the volume of the work.

The March Cosmopolitan.—The Cosmopolitan Magazine for March contains a number of noteworthy articles. "The Police Systems of Europe," by Avery D. Andrews, formerly Police Commissioner of New York, embodies many of the results of the

investigations of the author on his recent official visit to Europe, where he went to study the police systems of the leading countries. It is capitally illustrated. "The Selection of a Home," by Clarence A. Martin, Professor of Architecture at Cornell University, is the first of twelve articles on the general subject of "How to Administer a Household." Louise Parks Richards contributes an interesting personal sketch of the great painter, Von Lenbach. Two other character sketches deal with James Brooks Dill, the prominent corporation lawyer, and Edward Henry Harriman, the Western Railroad Czar. Elbert Hubbard, in an article on "A Gladiatorial Renaissance," makes out a strong case against football as it is played to-day, and Tom Masson discusses how many men a girl should be engaged to before she marries. "The Woman of Fifty," by Mrs. Wilson Woodrow, deals with the victory of modern woman over her hereditary enemy, Time. Other articles are: "The Young Napoleon," by Field-Marshal Viscount Wolseley, K.P.; "Mankind in the Making," by H. G. Wells; "Insurance as a Profession," by Charles F. Thwing, LL.D., President of the Western Reserve University; and "Beauty in the Modern Chorus." The March *Cosmopolitan* also contains four complete stories in addition to Henry Seton Merriman's new novel, "Barlaseh of the Guard."

Bier Called to Bonn.—Dr. A. Bier, professor of surgery at Griefswald, has accepted a call to Bonn as successor to the late Professor Schede. Bier is only 41, and yet his name has long been quoted as the discoverer of spinal cocainization, and the therapeutic application of passive congestion, or *Stauungshyperemie*. It is a curious fact that he is not at all enthusiastic in regard to spinal cocainization, but expressly warns against its dangers. It owes its vogue entirely to others.—*J. of A. M. A.*

A Hygienic Institute for the Western University, London.—A deputation, headed by Dr. Robert Ferguson and Dr. H. A. McCallum, of London, Ontario, recently waited on the Ontario Cabinet at Toronto, presenting a request that an institute of hygiene be established in London in connection with the Western University. The government has replied that they can not at present accede to their application. The object of the university is to have the government build and maintain an institute equipped with laboratories for the purpose of providing scientific facilities for the prevention and treatment of infectious and epidemic diseases. The petitioners assert that something is due the western section of the province in view of the assistance granted Toronto and Queen's Universities; they will prosecute their application at a future date.