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Original Articles.

THE PRODROMATA OF INSANITY.

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Some years ago a paper, bearing a title very similar to that upon which I now venture, was presented before the Harveian Society of London by one of England's most eminent alienists. The subject was dealt with comprehensively, and so great a variety of symptoms prodromal of mental disease were presented, that, it is said, every one who heard the paper went away in a great state of perturbation; every one discovered that he possessed, on his own account, some of the symptoms indicative of oncoming insanity. In the face of such an experience by one whose fame is for all time established amongst those who favor psychiatry, it surely requires courage as well as presumption in me to come before you with a paper on the prodromata of mental disease.

Lest you fear that you may, like those of the Harveian Society, be stimulated to an unpleasant degree of introspectiveness as my paper proceeds, a disclaimer of evil intent at the outset may be reassuring. There is to be no attempt at exhaustiveness in this paper. It will not venture even a superficial glance at the whole psychiatrical field, but will deal only

with the more common forms of mental derangement—those with which the general practitioner is more or less intimately acquainted. And because it is presented by one whose work is done in a hospital for the insane, it must not be regarded as authoritative, for the asylum physician has little opportunity of learning about the earlier manifestations of insanity which necessarily come under the observation of the general practitioner. As a matter of fact, we of the psychiatrical specialty, after a long period of observance of our medical brethren who exploit other lines, have concluded that it is time that we too assumed the convenient expedient of poking the responsibility for our ignorance upon some other branch of the profession, and the special reason for bringing my paper into being is to secure an opportunity to call the attention of the family doctor to the splendid opportunity he has of contributing towards our enlightment by thorough study of early symptoms and careful estimate of their relative importance. The majority of patients coming to institutions for the insane are incapable of giving a reliable account of the development of their disorders, and the asylum physicians must necessarily depend almost entirely upon the histories which accompany patients. The meagreness of such histories frequently bears testimony, of the silent yet eloquent sort, to lack of interest in mental cases on the part of many physicians in general practice. Yet it is generally conceded that no other illness compares in fatefulness with mental disease; there is none which causes greater distress to friends; none more dreaded, or from which recovery is more devoutly wished for, and none which more intimately touches individual family and nation, or which is of greater import from sociologic or economic viewpoints.

When, with these facts, we have also to consider that insanity is rapidly increasing in civilized countries, and that it is a condition which is often arrested in its incipiency, we have surely a sufficient combination of reasons why the general practitioner should regard mental disease as of no less importance than other conditions which he is called upon to treat, and should lead him to a careful study of mental abnormalities.

It is rather a peculiar circumstance that the majority of physicians are especially interested in the one form of mental disease, from which there can be no recovery—general paresis. It is very desirable that an early diagnosis should be made in this disease, because of the fact that it often manifests itself in a profligacy which may bring financial ruin to patient and

family, or in a moral lapse which may lead to unfortunate legal complications, and cause great mortification to friends. Physical symptoms, especially pupillary phenomena, tremor of lips and tongue, exaggeration of knee jerk, and some blunting of cutaneous sensibility, are commonly to be determined very early in the disease, and are of such diagnostic importance that they should always be looked for in an individual approaching the age of thirty-five or forty, whose general behavior has undergone notable change.

It is not generally recognized that the type of general paralysis has undergone considerable variation of late, and that the mental manifestations are often those of nervous exhaustion, rather than the expansiveness and grandiosity which have colored the classical picture of the disease. Frequently there are early complaints of disordered digestion, lack of energy, disturbed sleep, difficulty in concentrating thought, failure in memory, and uneasy sensations in the head, which are told with such an air of concern, and with such minuteness of detail, as to convince the physician that he has a case of neurasthenia to deal with, and should a careful physical examination be omitted the real condition may be quite overlooked. The danger of this error is increased because of the fact that general paralysis is very prone to occur just at the "neurasthenic age." In some instances the earlier stages of general paralysis are characterized by mental depression, and one might at first think he had melancholia to deal with. The physical symptoms are really the only constant ones in the disease, and they should always be looked for in the first examination of any mental patient. There is, perhaps, no form of alienation in which it is more desirable to have the patient committed to an appropriate institution at the earliest possible moment. Certain it is that if we are ever to escape from the unvaried fatality with which the disease has thus far confronted us, we must diagnose at the very beginning, and institute treatment at once.

Several recent writers have attempted to trace a close analogy between general paralysis, and a condition which is especially apt to appear during the years of adolescence—the dementia praecox of Kraepelin's conception. The term dementia praecox is not ideal, but so large a company of authors have heaped their criticisms upon it that there appears to be no further need for abusing it, and so it is accepted for the purposes of this paper. The condition is one which, in its earlier stages, may present itself in at least two, and possibly in

three forms, but it is generally characterized throughout its course by a peculiar suspension of emotional activity, and nearly always ends in a state of profound apathy and indifference, rendering the patient quite unfit for anything but institutional life. It is a very common form of mental disorder, including a considerable majority of all cases occurring under twenty-five years of age, and offers an extremely unfavorable prognosis. It seems, moreover, to have been rapidly increasing in frequency of late years. For these reasons, and also because it contributes the greater proportion of the dements to the population of our asylums, it is a variety of mental disease which should receive most earnest consideration.

Just as blunting of the moral sense may be one of the first signs of general paralysis, so the development of bad habits may be prodromal of dementia praecox. A reasonless depression is also an early symptom in a fair proportion of cases. Lack of attentiveness, frequently recurring dreamy states, and especially failure to show natural affection for and interest in parents and friends, are very suggestive symptoms. A state of depression accompanied at the very onset by vivid hallucinations or confused delusions generally indicates dementia precox. A tendency to silly laughter and grimacing, flightiness and weakness of judgment are all more or less indicative of this disease. It is not until the condition has become very advanced that failure in comprehension or impairment of memory become noticeable.

Kraepelin limits the use of the term melancholia to cases showing a rather characteristic depression, and which generally appear in the involutional period—either coincident with or following upon the climacteric. Apprehension and depression are constant features, but delusions need not be present, and there may in fact be no intellectual defect until the condition has lasted for a long time. Such patients often suicide in spite of the absence of delusions; a fact which is attested to by a long list of self-ended lives. The early recognition of the disorder is consequently of great importance. Amongst the symptoms which first become manifest, certain sensory symptoms deserve consideration. One of these is headache, or perhaps more correctly a peculiar distressing sensation, which is usually persistent and not relieved by sleep, which is often accompanied by variously described paresthetic sensations, and sometimes by vaso-motor disturbances, and which has often associated with it a feeling of weariness and incapacity, and an indefinable fear. Insomnia is another early symptom, which,

while by no means limited to melancholia, is especially important in connection with this disease. It should always receive most careful attention. Loss of muscular tone, with a feeling of weakness and a flabby state of the muscles, class amongst the prodromal symptoms of melancholia and constipation—frequently of a most obstinate type—is extremely common. Digestive disturbances with consequent nutritional defect and loss of weight often coexist. The mental symptoms appear gradually as a rule, and slowly increase in intensity. Some emotional depression may be noted early, but memory remains good for a long period, and the patient is frequently able to talk intelligently, and usually without manifest effort during this time.

In the forms of insanity which tend to recur, there is offered an especially good opportunity for studying the early symptoms. The recurrent manias and the recurrent melancholias of the older writers have, with certain other psychoses, been grouped by Kraepelin under the term manic—depressive insanity. The applicability of this term becomes apparent to anyone who has had an opportunity of studying several attacks of mental disease in a single individual, for it is found that each attack presents features of its own, that some are especially characterized by exaltation, others by depression, while still others show an admixture of exaltation and depression, and yet, as far as can be determined, the pathologic condition is the same in each instance. The symptoms premonitory of either phase of this psychosis may be divided into objective and subjective. Among the objective symptoms which often indicate the advent of a maniacal attack may be cited unusual alertness, quickened muscular reaction, especially indicated in unusually rapid play of the muscles of facial expression and of gesturing, a tendency to over-activity, and often an improvement in the general "set-up" of the individual. There are sometimes attacks of muscular twitching, sometimes tremor, especially when finer movements such as those of writing, are attempted, and very often an unusual degree of loquacity. Subjective symptoms of an approaching manic attack include a feeling of unusual well-being, a desire to be occupied, widened and increased interest in the affairs of life, and apparently lessened need for food and sleep. These symptoms may be present for some time without there being any noticeable flaw in mental action; in fact, the period may be one characterized by exceptionally good mental work. But if they are abnormal to the individual, and especially if there be predisposition to mental disease, because of heredity

or a previous attack, they are strongly presumptive of oncoming excitement.

While, in a general way, objective symptoms predominate before an attack of excitement, subjective—or, in other words, sensory—symptoms are most prominent in antecedence of depressed states of mind. A series of symptoms may precede the depressed phase of manic-depressive insanity, which correspond very closely with those which have been described as premonitory of melancholia. Comparative youth, a bad inheritance, and especially the history of a previous attack of mental trouble, point to the depressed phase rather than to melancholia, and an early appearance of indecision and loss of capacity for effort add to the likelihood that an attack of the depressed phase of manic-depressive insanity is impending.

Many attacks of mental trouble have their incidence in an attack of acute bodily illness. The various febrile psychoses, and some of the cases of collapse, delirium, etc., are especially to be thought of in this connection, but an attack of manic-depressive insanity, melancholia, or dementia praecox, may be determined in this way. The infectious diseases are most likely to be followed by mental disorder, and typhoid seems to be particularly apt to leave behind it a mental warp. Sometimes the mental symptoms so obscure the clinical picture that the underlying general disease may be overlooked. Psychical enfeeblement in the spheres of comprehension, thought, memory, emotion, and action, suggest a coexisting physical condition, making its damaging influence felt in all these directions, and it is especially associated with an acute infection that such mental symptoms are found. Occasionally mental symptoms may really antedate other symptoms of an acute febrile process.

My paper is intended to be suggestive. Enough has been outlined to show that, even with our present knowledge, the watchful family doctor may often be able to detect mental disorder in its incipiency—when the greatest likelihood exists of improvement under treatment. Of course, in estimating the importance of prodromal symptoms, one should give full value to the natural temperament of the individual. In a predisposed individual, such symptoms as have been noted may be of the most serious import, while in one whose family history and personal past are good, they may mean but little. It may at times be very difficult to determine when one has to deal with prodromata, and when with an actual attack. Much observation will be necessary before our knowledge will have attained anything like a satisfactory degree of accuracy.

HERNIA OF THE BLADDER.

By R. B. Nevitt, M.D., Toronto.

Albucasis in the twelfth century, Sala in the thirteenth, Guy de Chaulliac in the fourteenth, have mentioned cases, and Verdier in 1769 wrote a classic upon the subject. It was, however, regarded as a rarity. The modern text-books have short references, and utter warnings to which I confess I have been oblivious, until the following case occurred to me, whereupon I proceeded to re-peruse my books with more attention.

Hernia of the bladder is, perhaps, not more frequent now than in the earlier years of surgery. The old operation of herniotomy afforded so limited a view of the parts that unless the bladder was wounded the diagnosis was not made. The modern operation permits such a full view of the structures and allows us the opportunity of minutely examining the parts presented to us that we can frequently discover the viscus when present; and consequently it has been stated that the bladder is present in about 1 per cent. of inguinal herniæ.

Hanington, quoting Brunner's figures, gives 181 cases: 138 inguinal, 29 femoral, 14 other varieties.

Macready gives 92 inguinal and 8 femoral.

Curtis, in 55 cases: Inguinal, 45; femoral, 10.

It occurs with greater frequency upon the right side; in a very few cases it was found upon both.

The amount of bladder contained in the sac is generally small, about the size of an English walnut. The cases are recorded in which the herniated portion contained many ounces of urine.

The prolapsus may be: Intra-peritoneal, extra-peritoneal, para-peritoneal.

The latter is the most frequent form. Lottheisen states that most of the cases are said to be extra-peritoneal, but closer investigation, he says, will probably show them to be of the combined type.

The bladder alone may be present, or it may be accompanied by bowel, and the bowel in this case will be in front and the bladder behind it.

The average age at which it occurs is 51 years, and generally in old herniæ.

Anything that causes an increase of the intra-abdominal pressure acts as a cause; hence pregnancy, constipation, obstructive disease, enlargement of the prostate stricture of the urethra, cystitis, calculus vesicæ, etc.

It is difficult to conceive that the normal globular, muscular viscus, can find its way into and through the narrow and distant hernial orifices. Hence it is not without reason that it is found so frequently in those cases in which the bladder is liable to be altered, whether by the flaccidity of age or the dilatation incident to obstructive disease.

Lipome herniaire or lipocele, a development of the perivesical fat, is said to precede and direct the bladder in its descent into the hernial orifices. This lipocele has given occasion to much controversial discussion. It has been described as differing in color and consistence from other fat, and with having peculiar adhesions to the bladder, whether or not we allow to this lipocele the etiological importance attributed to it by some authors. There can be no question that during an operation the presence of an unusual quantity or quality of fat should put the surgeon on his guard, and if this fat has a thin membranous covering or sac of its own, and when this is open the fat is found attached by septa to the parts beneath and to the sac, and does not shell out easily. This double attachment should make the surgeon suspicious.

Lottheisen says, if a tongue-shaped mass of fat, with its base towards the epigastric vessels is seen internal to and below the sac one would be suspicious.

Becker says adipose tissue at inner side of the sac awakens suspicion. Ostermeyer gives his opinion that lipocele is rarely absent; behind the sac a peculiar fatty mass of lemon tint, differing from the rest of the paler fat. It is also enveloped in a thin transparent membrane and the lipoma is firmly adherent to the sac.

It has been frequently observed in herniæ that have been operated upon and that have recurred. The shortening of the peritoneum and the adhesions that have occurred serve to drag the bladder downwards.

The diagnosis is rarely made early. There are vague symptoms which, if noted, may suggest its presence, such as difficulties in urination, passing attacks of retention and vesical tenesmus; these attacks being relieved by assuming peculiar positions to urinate; pressure over the tumor, or by altering its level, facilitating the passage of urine. The increase in size of

the tumor as retention comes on, its decrease as urine passes. *Miction en deux temps*—divided micturition—the bladder empties itself, and after a short interval the herniated portion of the bladder is emptied. The urine itself shows no changes unless complicated with calculus, or by cystitis. If strangulation occurs the signs of bowel obstruction are less intense and are associated with uremic signs, or vesical tenesmus. The tumor is, as a rule, irreducible, or if so, a part is left behind thick and doughy to the feel, dull on percission and not translucent.

If, after emptying the tumor, the bladder is filled with an injection, the tumor fills also. The point of a sound, introduced per urethram, may be made to engage in the inguinal or scrotal tumor. Pressure over the hernia gives rise to a desire to urinate; if the pressure is continued this becomes uncontrollable.

By rectal examination the normal bulging of a distended bladder towards the sacrum is absent.

The condition most likely to be confounded with it is hydrocele. But in this case the fluid is irreducible, and the tumor is translucent. In hernia of the bladder the fluid is reducible—the tumor is opaque, and pressure on it gives rise to desire to urinate.

With hydrocele of a hernial sac, if the fluid is reduced there are no urinary symptoms, and there is no massive thickening of the posterior and inner part.

As a rule the diagnosis is made, first, during the course of an operation, and then most often after incision into the viscus. As stated above, the presence of an unusual quantity or quality of fat, its unusual attachments, and its position at the back of the sac should make the surgeon very circumspect.

The appearance of the bladder itself is very deceptive. The walls may be so thin and attenuated that muscular structure is utterly unrecognizable. The wall may be thin and transparent like the ordinary sac of a hernia. Any unusual thickening of the inner and upper part of a hernia sac should be treated with respect the most profound.

If the suspicions of the surgeon have been aroused by the abundance and peculiarity of the fat, by the presence of muscular fibres, or by the relations of the sac to the spermatic cord, which instead of lying behind or being spread out over the surface of the tumor lies in front of the hernial sac, the pedicle must be traced back into the abdominal cavity, when, if it is the bladder, it will lead you down to the pubic bone. Gerster, in one case, after opening the tumor, recognized it as bladder by touching the internal orifice of the urethra.

The injection of fluid, per urethram, fills out the tumor or flows through the wound. The point of a sound may be made to range in the prolapsed portion, or to approximate it.

Even when the bladder is wounded it is not always easy to recognize it; clear colorless limpid urine may be taken for peritoneal fluid, or that from a cyst. The application of the tests given above will help to make the recognition complete.

Wounds may be inflicted upon the bladder, while carefully and cautiously dissecting away adhesions, and are then usually small in extent, or they may be made boldly after ligating the supposed sac and cutting away the ligated portion, or the viscus may be pricked by needles in suturing the walls of the canal, or the bladder may be torn inadvertently in trying to separate the hernial sac from it.

If the bladder is recognized before injury it is our duty to free it and return it, closing the canal with sutures as usual. In old and debilitated subjects it may not be possible, nor even advisable, to dissect the bladder from the surrounding parts; it is then better to leave the pouch in situ and pack with iodoform or sterile gauze. If, as is very unusual, a distinct diverticulum of the bladder is found, it may be excised and the rent closed.

When the bladder has been wounded and recognized, it may be treated by the open method by ligature, or by suture. In the open method of treatment absolutely free drainage is required. If this can be obtained and maintained, many of the cases will recover; some with a permanent fistula, but a small fistula generally closes spontaneously, though a secondary operation may be called for to close the sinus.

Suture is the best and most reliable means of closing the wound. The suture material may be of very fine silk or catgut. They should be made to include all the coats, except the mucous lining; they should be about 10 or 12 to the inch, and consist of two or three layers.

The external wound may be closed, or if sepsis is suspected a drain may be left in for a few days.

Catheter à demeure may or may not be required. In any event frequent evacuations of the bladder must be maintained, either voluntary or by catheter every two hours, in order to relieve or prevent stress upon the sutured bladder wound.

If the bladder has been wounded and the discovery has not been made, and the wound closed, then in a few hours the dressings will be found soiled with a sanguineo-urinous moisture, or the urine from the bladder will be found blood-stained, and pain

and tenesmus will be troublesome and frequent micturition present. The wound in such case must be promptly reopened and the injury sought for and secondary suture of the bladder made or free drainage and packing resorted to.

The mortality of these cases has been high, but not due to the injuries to the bladder, but rather to concomitant circumstances, such as strangulated herniæ of long standing, and in debilitated persons of advanced age.

PERSISTENT VOMITING IN AN INFANT.

By E. A. Hall, M.D., Victoria, B.C.

A somewhat interesting case of persistent vomiting in an infant, which recently came under my care, presented certain features from which lessons may be learned. Although having had most careful treatment, all nourishment was ejected within ten minutes after feeding. The child at seven months weighed no more than at birth; bone development normal; abdomen tympanitic; no normal bowel movement from birth; what little feces passed resembled meconium. The stomach was not enlarged, but peristaltic waves could be recognized after feeding.

Upon the diagnosis of pyloric obstruction, I did a posterior gastro-enterostomy. The stomach was normal in size; muscular coat unusually well developed; no thickening of the pylorus; the transverse colon greatly distended, and the intestines absolutely empty. The child lived twenty-four hours. A post-mortem showed the anastomosis perfect; the mucous membrane towards the pylorus covered with tenacious mucus, and the pylorus completely obstructed by a plug of mucus of leathry consistence. The lumen of the pylorus was 35 centimetres.

Here was evidently a case of catarrhal gastritis, involving the pylorus with exudation of sufficient mucus to obstruct the outlet, with subsequent non-development of the pylorus, by virtue of its functions having been interfered with. However, explain it as we may, the obstruction was complete, and had

evidently been of some standing, since there was not a vestige of food in the bowels.

The occurrence of cases presenting similar symptoms as those herein outlined, are by no means infrequent. Between congenital atresia and obstruction, owing to catarrhal inflammation existing from birth, I know of no method of differentiation, save that the latter might give way to persistent lavage, which was not tried in this case. Failing this, surgical methods are indicated, and this should not be delayed until the child's vitality is all but exhausted. Gastro-enterostomy is not more difficult in an infant than in an adult, and much more rapidly accomplished. Great care should be taken to provide against the loss of bodily heat during the operation, and immediately afterwards. Nutrient enemata should be given for a few days previous, and a few ounces of peptonized milk injected into the duodenum before applying the clamp.

With the failure of gastric lavage in persistent vomiting of infants, in which no normal feces have passed, gastro-enterostomy is the rational treatment, and, if done early, should hold out excellent hope of success.

MEDICAL THOUGHTS DURING LEISURE HOURS.

By James S. Sprague, M.D., Stirling, Ont.,
Author of "Medical Ethics," etc.

"Read not to criticize, but to consider, to adopt, to confirm or to neglect."

"Auto tanta soi didosi."—*Herodotus.*

Acestes (named by Virgil), with skill and strength, drew a good bow, yet while shooting at the stars his arrows struck nothing and were lost; their passage through the air was marked by a dazzling light—this and nothing more—*arundo signavitque viam flammis . . . consumata in ventos.* Well, brother, such are my thoughts while writing these words—thoughts that my writings are useless—for neither with skill or even strength are they given expression; yet no one will deny the fervency of interest that is manifested in my words—and *words only.* Even such an ending of impetuosity as Macaulay attributes to the philosophy of the brilliant words of Plato,

whose thoughts, although expressed in the choicest words in the noblest of languages, were such as were in opposition to the teachings of Bacon, which may be briefly stated in the sentence: *Usi et commodis hominum consulimus.*

Such, thus, my brother, is the incentive, motive or ambition in these, my cerebral bubblings, to present in everyday expression in words such reflections of interests that are practical, in order to illustrate whither we are drifting, for too much is being written that appeals to the few among us, and not that which attracts the attention, and arouses interest in matters in which the profession treasures its reputation, its well-being and its future dreams; and although difficult is it for one situated as I, with the work of the ordinary country doctor, to write these lines, being subjected, as I am, to the usual interruptions incident to country practice; yet if not *honey, wax* I bring to the hive; and in doing this act, neither do I expect praise, for such I do not exact, or ask; neither do I expect *charity,* for such, strange to state, is not a characteristic of the profession, although Osler urges the exercise of this divine virtue, while much lamenting its evident absence among us.

The Nurses' Charter.—In these words, in large letters, the daily papers announce the fact that the nurses will shortly present to the Legislature of this enlightened Province a bill for their incorporation, and also a request that the nurses' organization may be affiliated with our Provincial University for purposes of degrees or of graduation. With the prescience of an ordinary observer and no day dreamer, you and I, who have watched the encroachments on our work and progress by these so-called co-workers, were in no sense surprised when this announcement appeared, for such a self-exalted *profession, self-styled profession,* which so many *unthinking* men in our profession have endeavored to place on so exalted a level by teaching nurses such subjects as are really the property of medicine—and no other interest wants its *rights.* And now the *profession (?)* of nursing, which the profession of medicine has nursed in its bosom, has acquired such strength that it wants graduation. If so, what *degree* is in view? Does it want the *Doctorate* in nursing? Does it want N.Gr.; Gr.N., or Gr. in N.? Probably the more ambitious will not be content unless there is *doctor* mixed in the words of the degree; if so, then the Christian Scientists, the Osteopaths, or other visionaries who now are, and are constantly arising will, no doubt, be aroused to present similar requests for university honors, for even now

several universities, forgetful of their honored positions, yet lacking in endowments and other supports, are establishing new faculties and debasing the title of *doctor* by bestowing it on all comers. It is, indeed, useless to mention these views, which I well know are such held by all faithful men, who quietly lament such mercenary characteristics in the gifts of cheap degress—and actually horrified and bewildered at their multiplicity are we, when we read the universities' calendars or announcements. Nailed to an old elm tree, opposite an ordinary country house, on the main road in a section, but a few miles distant from this centre, is an unpretentious piece of a pine-board, on which appears: "*Dr. Brown, V.S.*" Such is common, however, but "*Dr. Smith, V.S., Veterinary Dentist,*" such as I saw on a barn-door at a village in this county was eclipsed by "*Dr. Jones, V.S., Veterinary Homeopathist,*" which I saw very recently in a Western paper, published beyond the Missouri River. Thus when the universities—fortunately they are few—give such cheap degrees, of which the above are fair samples, not forgetting the "Doctor in Optics," it is time, says a friend, whose letter I received very recently, that we assume the plain "Mr."—and such he has done, for his card bears the plain "Mr. ——, ————, Physician, Providence, R.I." Yes, we who consider the changes that the years make lament that while our universities are increasing the years for attendance and the requirements for our doctorate, yet our position, as our old teacher, the scholar, Dr. John Sangster, once remarked, is fast losing its honored name and usefulness among the people, and the causes leading to such deplorable ends may be ascribed, if carefully studied, to universities that grant the doctor's degrees to other than the three learned and well-known professions. "Profession," "graduate," "college," "degrees," as words are misplacing such expressions as occupations, callings, business, apprentice, qualification, seminary, academy, certificates, diplomas; as "wine-clerk" for bartender, and as "mail contractor" for stage driver; "tonsorial artist" for barber; "doctor" or "dental surgeon" for dentist; "veterinary surgeon" for farrier, an old, yet very appropriate definition; "principal" for headmaster of high or common school; "minister" for clergymen or preacher; "collegiate institute" for a better term, grammar or high school. And as regards "doctor," it, through the efforts of colleges, is assuming as many meanings as names that are given to a valise, and I pardon the man, who signs his name Dr. Stewart Brown, M.D., for osteo-

paths, vitopaths, dentists, farriers and professors in music afford him lessons. The word "university" is often misapplied, and as illustration I refer to the *Year Book* of Trinity College and the announcement of Victoria. Such are not universities in any sense; no more entitled to use this word than are hotels deprived of their licenses empowered to keep attached to their buildings the sign bearing: *Licensed to sell wine and beer, spirituous and other fermented liquors."* Yet the *university* is still printed on the year-book of Trinity and in the calendars of Victoria. My diploma from Trinity bears only *collegium,* and no evidence is there that Trinity is an university. These brief considerations in reference to misapplied designations of occupations, etc., are introduced to illustrate the weakness of mankind for gilt-edged titles, and the debasement of our own title, which is so rapidly becoming of no merit, that if the trained nurse wants a *doctorate,* or a degree, and can pay the money for it, let her have the graduation, if not, the organization will start a *university* "of its own"—and it may be remembered that Mrs. Eddy, of Christian Science celebrity, conferred from her *university* the degrees of C.S. Bach. and C.S. Doctor. Not wishing to write a paper on popular delusions, or the madness of the people, it is hoped enough has been stated, yet we wish Sarah Ann Smith, N. Doct., every success.

In keeping up with university traditions and customs the cowl or hood of the nurses' academic vestments, a learned friend suggests, should emblematically represent *une pot de la chambre à coucher pour la tête,* as the horse collar may with equal propriety be utilized when D.V.S. is bestowed. These are only suggestions and nothing more—such as Horace or Juvenal would make if able "to view the pale glimpses of the moon," and to witness the scrambling of the crowd for meretricious, so-called honors, graduation and degrees from departmental sources. The business, occupation, or, to be more particular, the *profession* of the nurse is divine, but the divinities engaged in it, in my views of practical philosophy, would more fully be carrying out the decrees of the Great Architect of this universe if, instead of listening to the description of the actions of medicines given by some egotistical house-surgeon (whose diploma bears the words "*Fidus in arcanis*"), if, instead of molding —— to the thorax of Dennis O'Brien, or watching operations on barren women, she held in her lap the fruit of her womb (*fructus ventris*), and then the highest eulogy, "*Benedicta inter mulieribus*"—higher than that of *doctor* in nursing—

is what men and angels give; and the marriage certificate—for the benefit of this "*Canada of ours*," this land of *milk and honey*—is a nobler adornment for the chamber than the cheap diploma. We want our own women—young women in whom desire has not failed—to nurse and to feed their *own* progeny, and with the pabulum from their *own* loyal paps. A sad sight it is to notice how many are doomed—self-doomed—to leave the world no copy of themselves to defend our shores and help in the world's great promised blessings and progressive movements, which their noble sires left foreign shores to seek, lived to enjoy, and as legacies left their children. In every community there are many spinsters with abandoned hopes, from choice or from necessity, thus placed in the list, and there, too, are many widows with sympathetic hearts, who at home and in their neighborhood have intelligently watched the sick with all the love and attention that humanity can uphold or expect, even where "fever's fires burn low," and fervid friendship to its highest tension, supports the tottering urn, where passion and love long have burned in noble hearts. These noble women we have in this, and you have in your vicinity, and as for the first named, through the evident irritation of the gods, no epithalmic songs such as Pindar or the divine Catullus gave us are to be chanted, and the last named, heard in life's springtime—that after years of joy, sunshine and sorrows—and its fitful fevers, in visions, appear as a tale that was told, or as echoes of a long-forgotten hymn. Yes, these noble women at home can safely and intelligently console and watch the sick—for having followed the decrees of high heaven, it is well for their daughters and their sisters, "passive factors in the reproductive act" (Tait), to remember "the night cometh when no man can work," "when the frost is on the pumpkin and the corn is in the shock," and that opportunities (to use the words of Hippocrates) are fleeting. With the same earnestness which Dr. Bruce, of Toronto University, exercised, when presenting his admirable address, "Medical Ethics," to the medical students, when he urged young M.D.'s to marry, I recommend the same incentives to all intelligent nurses.

(To be continued.)

The twisting of the pedicle of a small ovarian cyst may simulate both the symptoms and the signs of attacks of appendicitis. —*American Journal of Surgery.*

Clinical Department.

A Case of Lipoma in the Right Ventricle of the Heart. R. ADAMS BREWIS, M.D. (EDIN.), in *The Lancet.*

The following case of fatty tumor growing from the interventricular septum of the heart seems worth publishing as I have been unable to find a similar case occurring in the human subject in medical literature. Paget mentions "a singular case of fatty growth connected with the heart of a sheep." In describing the specimen he states: "The right ventricle is nearly filled with a lobulated mass of fat, distending it, and pressing back the tricuspid valve. The left auricle and ventricle are similarly nearly filled with fatty growths and fat is accumulated on the exterior of the heart, adding altogether about twenty-five ounces to its weight. The textures of the heart itself appear healthy."

The patient in the case now to be described was a girl, aged seven months. She seemed well until 2 p.m. on June 16th, 1905, when she vomited some "yellow bile" and refused the breast. After 9 p.m. she seemed worse and began "turning up her eyes." The parents, fearing a convulsion, sent for me, but on my arrival at 10.10 p.m. I found life extinct. The child was pale. The mother said that there had been no cyanosis. Two months previousiy the child suffered from a severe attack of whooping-cough. The coroner, Mr. E. M. Grace, ordered a post-mortem examination, which was made forty-one hours after death. The body was well nourished, hypostatic congestion was somewhat marked, the abdominal organs were in the normal position, and there was no peritonitis. The external surface of the stomach was healthy; it contained four fluid drachms of semi-digested milk; its mucous membrane seemed congested and was of a slate-grey color. The intestines, liver, spleen, and pancreas were normal. The left kidney was normal. The right kidney was slightly enlarged; the capsule stripped off easily; the surface appeared normal; on section the cortex was seen to be slightly swollen; the surface was mottled pink and yellow, and the Malpighian bodies were prominent. The pleura was normal. Except that their anterior borders were emphysematous the lungs were healthy. The pericardium was normal and contained no fluid. The heart was normal in position; the ven-

tricles were contracted; the left auricle was collapsed but the right auricle and the veins leading to it were distended. There was a normal quantity of fat on the surface of the heart. On section the heart substance was found to be healthy. The left ventricle and left auricle were empty. On opening the right ventricle a fatty tumor was found growing from about the centre of the interventricular septum and passing upwards through the auriculo-ventricular opening which it completely blocked. The right auricle was distended with blood. All the valves of the heart were healthy. On careful examination no other fat was found in the interior of the heart. The veins of the brain were much distended; the membranes and brain substance were healthy; the cerebral ventricles were empty. The tumor in the heart was pyriform in shape, two inches in length, and weighed in the fresh state nine and a half grains.

I regret that I was unable to obtain the heart with the tumor *in situ.*

Notes on Some Unusual Bladder Cases.—Value of My Phonophore in Determining the Presence of Stone Formation in Bladder Diverticula. FOLLEN CABOT, M.D., Genito-Urinary Surgeon to the New York City Hospital, in the *Post-Graduate.*

A. B., aged 35, waiter, single, American; came to my clinic at the Post-Graduate Hospital April, 1905, suffering from very frequent and intensely painful urination. Symptoms very urgent. External urethrotomy a year ago, at which time his symptoms were somewhat similar to his present ones. Got practically no relief as a result of the operation. Has a distinctly alcoholic history, and when drinking heavily is always much worse; being troubled at such times with continued dribbling or complete retention.

I found that a sound of medium size slipped into the bladder without much difficulty but caused severe pain, for which I had to cocainize the urethra. Some urine was then drawn by catheter which was very foul and full of thick ropy mucus and many shreds. Patient says he has passed gravel on several occasions. After prolonged washing of bladder a cystoscope was introduced with some difficulty, but owing to the blood and mucus little could be seen. However, more washing was resorted to and then adrenalin injected. With this a fair view could be obtained but each motion caused the patient great pain. The bladder was very red and edematous. In several

places large flakes of membrane could be seen adhering to the bladder wall. A very pronounced desquamative or diphtheritic cystitis. The ureters were not visible. I saw no distinct ulcerative process nor could I see anything of a malignant or tuberculous nature in any part of the bladder. Near the region of the left ureter but further back and laterally could be seen a white patch of tenacious closely adherent mucus. This patch was about the size of a cent and could not be washed off. In order to remove it I employed my bladder forceps, and by their aid I managed to remove some of this adherent mass. In what I obtained on the forceps I found considerable gritty deposits like coarse sand. Suspecting something back of the patch I next attached the phonophore, a description of which appears in The *American Journal of Urology* for March, 1905. With this instrument I penetrated the place where the white spot was attached and by its aid detected a diverticulum about an inch and a quarter deep and apparently full of small stones. I tried with the forceps to clear the cavity out, but on account of the pain and blood I was unable to accomplish my object. For a few weeks I endeavored by thoroughly washing the bladder to improve the condition but with no marked success. I then suggested an operation and the patient being in great distress and unable to work, readily agreed to it. He was then admitted to the hospital and I operated on him.

After a perineal cystotomy I introduced my finger into the bladder and in a few seconds pushed it to the bottom of the diverticulum. The pocket was a little larger round than my index finger. The patient was thin and I had no difficulty in exploring the whole of the bladder cavity. There was no true ulcerative process present but I suspect there would have been later. The pocket was full of little granules about the size of uncooked rice particles. I cleaned them out thoroughly with my finger and a dull curette, then by means of direct irrigation I gave the cavity a complete washing. With dull scissors I cut several incisions into the pocket, thus much enlarging the openings into the bladder proper. Before finishing the operation I carefully scraped the whole bladder with a dull curette. I put in place a large perineal drainage-tube and the bladder was drained for two weeks. The man left the hospital with the perineal wound rapidly healing. I have since examined him several times with the cystoscope and found a much improved condition with comparative freedom from mucus. The pocket has shrunk down so much that it contains no stones.

The patient now holds his water four to five hours, has no

pain and is doing steady work. I am still washing his bladder with peroxid and silver once or twice a week. He also reports a gain in two months of thirteen pounds.

CASE B.—G. J., a man of 45, coachman, of full habit, weighing over 200 lbs., was operated on by me two and a half years ago for tight stricture in membranous urethra. At that time he had been suffering with symptoms of urinary obstruction for ten years, gradually getting worse till, when he was brought to me, he had complete retention. The straining to empty his bladder had been extreme for several years. I did an external urethrotomy, freely incising a tight fibrous stricture. Owing to his great weight it was impossible to thoroughly explore the bladder with my finger. I left a large perineal drainage-tube in the bladder for two weeks. The patient made a good recovery. No cystoscopic examination was made at the time of this operation. On the tenth day a 32 F. sound could be easily introduced through the urethra. Patient was discharged to his home in Vermont with advice to use uretropin and wash out his bladder twice a week with boric acid solution. In addition his physician was advised to use a full size sound once a month. The patient's stream was strong and full after this but the urine did not entirely clear up, and he complained of considerable pain in the lower back and testicles. Examination of the urine showed much pus and ropy tenacious mucus but no evidence of kidney involvement. Things went on in this way for about a year and a half when I attempted a cystoscopic examination. The pain and the urethral spasm were so severe, however, that the examination could not be satisfactorily completed. The patient would not submit to general anesthesia. Three months ago the condition being about the same, the man came to me again and I advised a cystoscopic examination and another operation if necessary. I suspected a bar at the bladder neck which, forming a pouch, caused trouble by preventing complete voiding of urine. I could determine no prostatic hypertrophy. The patient consenting, I made a cystoscopic examination under general anesthesia. I found a much hypertrophied and chronically inflamed bladder. At the bladder neck undoubted evidence of a bar which without question came from his years of straining. The ureteral openings were apparently large enough to admit the finger tip. The presence of much tenacious mucus and free bleeding made the examination a difficult one, constant irrigation being necessary. Well back and to the right side a very firm spot of whitish mucus could be seen. It was about the size of a quarter. I examined this spot carefully with the

phonophore, suspecting a pocket and possibly the presence of stone formation. I easily demonstrated the presence of a shallow pocket in which there was much gritty substance in combination with the tenacious mucus filling up the cavity. The patient had passed gravel on one or two occasions. A perineal cystotomy was performed, the bar at the bladder cut through and the pocket thoroughly scraped out. I would have preferred a suprapubic operation but I had obtained consent for only the perineal route. A large perineal tube was put into the bladder and for two weeks drainage was continued. I used peroxid freely and at the end of the two weeks I removed the tube, the wound healing rapidly. The bladder would then hold ten to twelve ounces, whereas before four ounces was about the limit. It is too soon to say what the result will be. The pocket may trouble him again, but I am convinced that if it does I can by the aid of the cystoscope and forceps attachment remedy the trouble. In this case prolonged vesical lavage is imperative and is being carefully carried out.

CASE C.—T. F., aged 70, male, no occupation; has for eight years been suffering from symptoms of urinary obstruction. Prostate does not seem hypertrophied. By the advice of a physician he has been washing his bladder twice a day with two per cent. solution of boric acid. This treatment he has faithfully pursued for several years with the result that the bladder is very tolerant to instrumentation. A stone was crushed two years ago, and he came into the dispensary to find out if another one had recently formed. I examined with the cystoscope which was introduced without difficulty. The field of vision was clear, showing a fairly healthy bladder membrane, and on the right side, loose, was a pure white stone; size and shape of a small horse chestnut. On the patient's left and about an inch back of the ureteral opening I found a diverticulum with an opening the size of a cent. It seemed to be about an inch and a half deep, its lower wall not being visible as it sagged down below the opening. In order to test this cavity for stone or gritty deposits I used the phonophore but with a negative result. The patient suffered very little from the examination which was done without cocaine. I was enabled to demonstrate the unusual condition to several students. It is possible that the stones the patient has had may form in the diverticulum and then be dislodged and grow larger in the bladder proper. He has passed several small stones by the urethra.

The great value of the cystoscope can readily be seen in this case as in the preceding ones. A crushing operation was sug-

gested, but the patient decided to wait a while longer. The stone gives him very little inconvenience.

CASE D.—M. R., aged 65, had suffered from pronounced prostatic obstruction for years. This patient was referred to me by Dr. Albert Warren Ferris. In addition to the symptoms due directly to his hypertrophied prostate he had a diverticulum of the bladder holding about eight ounces. The patient had noticed for some years, after emptying his bladder and retiring for the night, that he would feel the need of immediately repeating the act. Previous to the operation he had been catheterized for ten days each six hours. It was then observed that after the urine had been drawn a change of position would cause about eight ounces more urine to flow from the catheter. At the operation, which was done by the suprapubic route, a large prostate was removed and the bladder carefully explored. No preliminary cystoscopic examination had been attempted owing to the patient's condition. I found both ureteral openings large enough to admit a finger tip, and on the left, back of the ureteral opening, I put my finger into a large cavity with an opening the size of a quarter. There was not the least sign of stone formation in this diverticulum or in the bladder proper. My friend, Dr. Hagner, of Washington, D.C., writes in regard to the phonophore: "I have demonstrated a cystic stone in a diverticulum with your searcher. It is certainly an excellent instrument."

Do not empty a thyro-glossal cyst by aspiration before extirpating it. It is well to inject the cavity with a methylene blue solution first, in order to make sure that all parts of the cyst wall will be extirpated. Another method is to first empty the cyst and then fill it with paraffin.—*American Journal of Surgery.*

Chloroform should not be administered too close to a gas jet or gas stove, as its vapors are thereby decomposed, forming products which, when inhaled by the patient, surgeon and assistants, may give rise to disagreeable and even serious effects, such as nausea, vomiting, and pulmonary and renal irritation.—*International Journal of Surgery.*

Therapeutics.

Acute Infective Diarrhea.

As regards the treatment of acute infective diarrhea, Dr. F. E. Batten (*The Clin. Jour.*, Vol. xxvii., No. 12, 1906), suggests the following:

(1) Hypodermic injections; (2) transfusion; (3) baths; (4) stomach washing; (5) rectal irrigation; (6) feeding; (7) stimulants; (8) drugs.

(1) With regard to *hypodermic injections* of strychnin there is no doubt that this is one of the most valuable remedies which we possess in conditions of extreme collapse, and it is quickly and easily administered.

(2) Two methods of *transfusion* are possible, subcutaneous and intravenous. Intravenous is difficult to perform and has no advantage over the easily performed subcutaneous injection. The apparatus needed is simple, and consists of a rather long hypodermic needle, two feet of rubber tubing, and the cylinder of a glass syringe. A solution of salt (one drachm to a pint of water) at a temperature of 150 degs. F. is used, under pressure of about 18 to 24 inches. The injection is best made at the side of the thorax, the point of the needle being directed upwards to the axilla, and at least one and a half inches within the skin. About four ounces of the solution should be allowed to run in.

The length of time required varies greatly in different children; in some cases the whole will run in in twenty minutes, in other cases it will take nearly an hour.

With regard to rapidity of absorption, again there is very great variation; in some cases the fluid is absorbed almost as rapidly as it is injected, whilst in others it will take several hours before absorption is completed.

The proceeding is free from all danger, and the only complications which I have seen arise are subcutaneous hemorrhage and suppuration, with the formation of an abscess; and during the past summer, in which transfusion has been many times performed, no instance of either of these complications has occurred.

(3) *The hot bath.*—This is a most valuable remedy, and the only question is when it should be applied. If the child is not

very bad, it may be given first of all; but if the child is very bad, I would sooner transfuse the child than give it a hot bath. The temperature of the bath should start at 100 degs. F. and should gradually be raised, and a child will stand a bath of 110 degs. F. with benefit. Mustard should be added, as it stimulates the skin, dilates the vessels, and diminishes the peripheral resistance.

Are there any conditions under which it is inadvisable to give a hot bath? From my experience I should say that if a child is very bad it is better not to give a hot bath, but to trust to transfusion and strychnin and local warmth, hot bottles, and warm-water cushions. I may say that I think pyrexia in itself is no contra-indiction to a hot bath.

(4) *Stomach wash-out.*—This should be done with a large size tube, No. 14, with a solid end, to which is attached 12 inches of india-rubber tubing. The tube should be passed through the mouth into the stomach. Some people endeavor to wash out the stomach by means of a nasal tube. Now, any nasal tube which will pass the nares of a child a few months old is so small that the curds and mucus soon block it. No harm ever results from the passage of the stomach-tube, even when the child is very bad, and the immediate effect is often strikingly good.

In one case only have I had any difficulty in passing the mouth tube in a baby, and in that child respiration stopped as soon as the tube was passed down. The tube was withdrawn and the child breathed naturally again. After an interval another attempt was made, with the same result, and on withdrawal the child breathed again. A nasal tube was now passed, and passed into the stomach and the stomach washed out. With this solitary exception I have never experienced any difficulty, and in this case no explanation of why the difficulty with respiration should arise was forthcoming. The stomach is washed out until the fluid which is used returns clear and moderately free from mucus. The fluid used has usually been a solution of sodium bicarbonate, two grains to the ounce.

(5) *The rectal irrigation* is performed in the usual manner with hot water, some six to eight ounces being allowed to flow in from a tube passed well into the rectum, about 12 inches being the pressure usually exerted. The irrigation is continued till the returning fluid is clear of mucus. In some cases the use of four ounces of one-half per cent. solution of protargol after the wash-out is beneficial.

And now I come to the most important part of the treatment, viz. (6), the *feeding*, and I think that most observers are agreed that milk in any form should be entirely stopped. Numerous substitutes, such as barley water, albumen-water, hot water, rice-water, may be used. During the past summer I have used albumen-water almost exclusively—the white of one egg with four ounces of water. The child, according to age, is given one to two ounces of that with 10 to 20 minims of brandy every two hours. This diet should be continued for three days at least, and then into each two ounces of albumen-water one drachm of whey should be added; this is gradually increased according to the general condition of the patient, until he is taking equal parts of whey and albumen-water. Usually at the end of the first week to this mixture one drachm of citrated milk, or of peptonized milk, may now be added. I have used citrated milk, for I find that in the majority of cases it is taken as well as peptonized milk and does not cause vomiting or curds in the motions, and I use the citrated milk of such a strength that there is one grain of sodium citrate to one ounce of milk. If the citrated milk does not agree or curds appear in the motions, peptonized milk may be substituted.

Having reached this stage, the further steps are simple; the amount of citrated milk is increased and eventually is replaced by ordinary milk diluted to the capacity of the child.

Such may be said to be the lines on which these children should be treated, but in practice constant and often seemingly minute changes are called for.

With one set of preparations I have been most unsuccessful, and that is in the various forms of meat-juice. I have given raw meat-juice, various proprietary preparations, and meat extracts, but almost all have been attended with failure, and in most the diarrhea has been markedly increased. It must, however, be said that this form of feeding has been only tried in those cases which did not respond to the albumen-water treatment above described.

(7) *Stimulants.*—Ten to 20 minims of brandy, given every hour or two hours with the albumen-water supplies all the stimulant which is necessary by the mouth.

Sherry in the white wine whey is also of use, but on the whole I prefer brandy to any other stimulant.

(8) With regard to *drugs*, during tne acute stage castor oil and calomel are alone of much service. Objection has been raised to castor oil because it tends to make the infant vomit.

My experience is altogether favorable with regard to castor oil. After the stomach has been washed out one to two drachms of castor oil are given, and in only a few cases has it been vomited.

In dealing with the after-effects of an attack of acute infective diarrhea, each case needs individual treatment, according to the system most affected. In those cases in which the digestive functions have become impaired, the most careful regulation of diet is necessary, and this has to be continued for weeks; even so improvement is slow and relapses are frequent. One of the most fatal after-effects is the general edema which occurs without obvious cardiac or renal lesions.—*Post-Graduate.*

The Treatment of Shock.

Vasomotor relaxation has long been recognized as the important factor in the production of shock, but the researches of Crile during recent years have undoubtedly added renewed interest to the subject. The question of treatment has also become pretty well crystallized, and prophylactic measures occupy a position of greatest importance. For the shock itself, physiological salt solution and adrenalin have come to be regarded with the greatest degree of favor. Strychnine has largely been employed as a stimulant in this condition, but its value is questioned by many, as it has been shown by animal experiments that this drug exerts little or no influence in raising the blood pressure, which is the essential feature of the treatment. An interesting symposium on this subject is presented in the pages of the December number of the *Therapeutic Gazette*, in which the opinions of a number of leading surgeons have been included.

W. W. Keen has now given up entirely the use of strychnine in shock, basing his change of opinion as to the value of the drug on Crile's researches, and he is very well satisfied with adrenalin, which he has substituted for the former. E. E. Montgomery lays particular stress on the preventive treatment of shock, but when it does occur he advises the injection of a single large dose of strychnine (gr. 1-20-1-5) as a cardiac stimulant, and, in addition, hypodermoclysis or intravenous infusion of a one per cent. solution of sodium chloride containing adrenalin. Repeated doses of strychnine are cumulative, and

he therefore advises subsequent injections of some aseptic ergot preparation as an excellent means for increasing the contractile power of involuntary muscular fibre, relying on this as the most effective agent against shock, next to salt solution. Edward Martin favors strychnine as a tonic before operation, but during and after the same he has abandoned its use, particularly in the case of pure shock which is primarily due to trauma and can be helped neither by drugs nor by hypodermoclysis. The latter, in his opinion, is useful merely in favoring elimination, and should be given so slowly as to be immediately absorbed. The only drug which seems to have any effect at all in desperate cases is adrenalin, and to be effective this must be given intravenously and in extreme dilution (1 : 20,000). When hemorrhage complicates the case, intravenous infusions are of value only if given slowly and repeatedly.

Da Costa is convinced that Crile is correct in his views as to the futility of strychnine in the treatment of shock, as it merely hurries the circulation without strengthening it, and its effects are only transitory. Adrenalin in small amounts hypodermically is also transitory in its effects, but when given intravenously in salt solution and very slowly, it is a remedy of the highest importance. La Place contends that the slow absorption which has been observed to occur when strychnine is given, in a measure explains the inefficiency of the latter in cases of deep shock, and also accounts for the large doses tolerated when the circulation is thus depressed. Restoration of the circulation is always the most important consideration, and La Place believes that this may be most effectively secured by the application of the electric current. Notwithstanding the experimental evidence adduced against strychnine, H. A. Hare favors it as stimulant of the entire organism, and although it may have been relied upon too much in the past, he believes that it should not be cast aside entirely, but be used in connection with the other measures advocated for the treatment of shock.—*Medical Record*.

If a cystic swelling in the scrotum is opaque when examined by the well-known transillumination test, especially if a history of traumatism is elicited, it may still be a hydrocele. Admixture of blood in the hydrocele destroys its translucency.—*American Journal of Surgery*.

Physician's Library.

Photographic Atlas of Diseases of the Skin. (Physicians' Edition), in four volumes. A series of ninety-six plates, comprising nearly two hundred illustrations, with descriptive text, and a treatise on Cutaneous Therapeutics. By GEORGE HENRY FOX, A.M., M.D., Professor of Dermatology, College of Physicians and Surgeons, New York; Consulting Dermatologist to the Department of Health, New York City; Physician to the New York Skin and Cancer Hospital, etc. Volume IV. Philadelphia and New York: J. B. Lippincott Company.

This volume completes the series. It takes up Prurigo, Pruritus, Purpura, Rosacea, Scabies, Scleroderma, Scrofuloderma, Sycosis, Syphiloderma, Trichophystosis, Urticaria, Verruca, Vitiligo, Xanthoma, Zoster. Then follows a chapter on General Considerations, based on the author's own personal experience. Following this comes the plates, with short descriptions of each. Taken altogether, the four volumes, constituting this masterpiece as an atlas in dermatologic science, are each in themselves complete, embracing the entire field of diseases of the skin, as encountered by the general practitioner, who will make no mistake in making it his standard in the practice of that branch of medicine. We have to express our thanks to the Canadian representative of J. B. Lippincott Company, Mr. Charles Roberts, Ontario Street, Montreal, for the pleasure and profit of examining this most excellent work.

Practical Dietetics, with Reference to Diet in Disease. By ALIDA FRANCES PATTEE, Graduate Boston Normal School of Household Arts; Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City; Special Lecturer at Bellevue, Mount Sinai and the Hahnemann Training Schools for Nurses, New York City. Third edition. New York: A. F. Pattee, publisher, 52 West Thirty-ninth Street.

That this concise, clear, practical little handbook should have gone through three editions in less than that number of years is sufficient evidence that there must be something good between its covers, as, indeed, there is. The author has drawn some

from the works of such well-known men as Gilman Thompson, Max Einhorn, Henry Koplik, Emmet Holt, Louis Starr, F. C. Shattuck and others. It is a satisfactory book on dietetics, and will be found of much value to the purchaser.

Webster's International Dictionary of the English Language, being the Authentic Edition of Webster's Unabridged Dictionary, comprising the issues of 1864, 1879 and 1884, thoroughly revised and much enlarged under the supervision of NOAH PORTER, D.D., LL.D., with a voluminous appendix to which is now added a supplement of 25,000 words and phrases. W. T. HARRIS, Ph.D., LL.D., Editor-in-chief. New edition, with supplement of new words. Springfield, Mass., U.S.A.: G. & C. Merriam Company.

The making of a dictionary is a work of stupendous magnitude. The revision of one, even though it involved a supplement of twenty-five thousand additional words, would seem not so great; yet, in order to place before the public a comprehensive, accurate, up-to-date and symmetrical production, it has taken over ten years to do that work, and that by a large editorial staff. So far as the ordinary mind can judge, the work of revision has been performed in such an exceptionally able manner as to make it a masterpiece; no doubt, the very best production of its kind in existence. For many years Webster's Unabridged Dictionary was a household word; always the final court of appeal to decide on in argument as to the proper meaning or pronunciation of a word. Now it is Webster's International Dictionary which holds the boards, and is the best and most universally known and used dictionary in the English language.

The Eye, Its Refraction and Diseases. By EDWARD E. GIBBONS, M.D., Assistant Surgeon of the Presbyterian Eye, Ear and Throat Hospital, Demonstrator and Chief of Clinic of Eye and Ear Diseases in the University of Maryland, Baltimore, Md. New York: The Macmillan Co., publishers.

Dr. Gibbons has given us in this work a most valuable treatise on the subject indicated by the above title. After going thoroughly into the subjects, which are more particularly peculiar to the work of the eye expert, he winds up his work with three chapters, which are of no little interest to the general practitioner, viz.: A chapter on Ophthalmic Migraine, a chapter on Associated Diseases of the Eye and Ear, and a most important one on Eye Lesions in General Diseases. In brief, we regard it as an excellent work.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only $2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

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Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH.

THE *Maritime Medical News* for January came to hand in a brand new dress, which is quite becoming and greatly improves upon the former habiliments. In fact, there was a general new make-up all round, and one could hardly recognize it. Brer Ross is imbued with the "forward movement," and his improvements deserve to meet with success. The *Maritime Medical News* is a bright, readable journal, and we wish it every success.

DR. A. B. MACALLUM, Professor of Physiology in the University of Toronto, is to be congratulated upon being appointed a Fellow of the Royal Society of England. Professor Macallum has long been regarded, both at home and abroad, as a scientist of more than ordinary note, and by winning this distinction he

has brought both honor and dignity to his university and his profession. The university will not for long neglect to mark in a decided manner its tangible appreciation for a professor who has been able to bring such distinction to its portals.

IN the new hospital scheme gradually unfolding itself from day to day in Toronto, it is not known whether the question of a pathologist has been discussed. By this is meant the appointment of a good, first-class man by the hospital to exclusively devote himself to this work; and as we have entered on the day when the medical man, in offices of this character, is better paid for his work, we would advocate a competent salary to go along with the position. We fully believe this would be in the interests of medical education, and would leave the professor now in charge more time to devote to his department at the University. Heads of departments, like physiology and pathology,, should receive something approaching what they are worth. Their present stipends are altogether inadequate. The man who takes up the scientific part of medicine and devotes his life-work to it deserves something more than a teacher's salary.

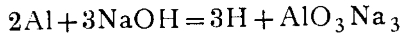
THERE are signs that the medical profession in Canada is going to be a different body in ten years to what it is now. Here and there all over the country we hear of new medical societies being formed, and we hear that some of them are doing things. One frames a tariff and all its members agree to abide by it. Another county organization says $5.00 for insurance examinations, and all subscribe to the tenet. Still another says no lodge practice, and proceeds to carry out its law. Then the Canadian Medical Association is preparing for reorganization, and different societies are asking for affiliation with the national organization. The signs of the times are good; they show that medical men are coming together better than ever before, and a great deal of good must be sure to follow.

Now and again some medical orator decrys commercialism in medicine, that the profession is losing that most noble of all its attributes—charity. Commercialism in medicine may be good, and then again it may be bad. There are very few who would wish to cut down the dykes and let the flood of commercialism over all the plains of medicine. That would certainly be disastrous and ruinous. But the day of medicine without some commercialism, without some bookkeeping, without some account rendering, without collecting, is past and gone forever. Upon this point all are now practically settled, and it is only a few sporadic cases where one would find a doctor jogging along through life, taking a dollar, or a few dollars, here and there as bestowed on him. And yet, much as the business world loves business methods and despatch, a physician who goes jogging along day by day and year after year without ever rendering an account is looked upon by that self-same business world as something akin to a saint. But the wise man provideth for the ever-coming rainy day in all walks of life. The practice of medicine is so constituted that one individual in all cases cannot do all that he would like to do, hence seeks the co-operation of his associates. And more than ever before, in the present day does the doctor need the co-operation of his fellows. The cost of living is enhanced in every direction, but doctor's fees remain just as they were when everything sold at a less price. As some one puts it: "The country's prosperity is the doctor's ruin." Probably the question will solve itself; the spirit of organization is in the air for some good. However, it is a sound doctrine to preach: Every man is entitled to the dollar which he earns.

Science Notes.

MATSURA, the Japanese scientist, has studied the differences in the calibre of hairs during sickness. It appears there is a variation in thickness, according to certain maladies. He says the medullary layer may be interrupted, whilst the hard layer it contains may entirely disappear. The process is analogous to the changes in the nails during disease.

IN the new process of manufacturing hydrogen gas now employed in some parts of Europe, the reaction of the alkaline hydrates upon aluminum is utilized. It is thus expressed:



$$2Al + 3NaOH = 3H + AlO_3Na_3$$

This process was used by the Russian Erostatic Corps during the recent Russo-Japanese war.

BY the intravenus injection of 8 cubicentimetres of the emulsioned yolk of a duck's egg in distilled water, according to M. Gustave Loisel, rabbits die from some minutes to two hours. Paralysis was produced in all. His conclusions are that the eggs of ducks, chickens and turtles are poisonous.

THE "Bertini noseroscope," or bad air detective, is the name of a new Italian invention, which is claimed to be an accurate indicator of the presence of foul and noxious vapors in general. The apparatus is intended to prevent accidents in the way of escaping gas from ranges, furnaces, pipes, etc. It has been patented in Italy, France and Germany.

DR. CARL BRENDEL, of Tschupackowa, Russia, has invented a chair designed to prevent seasickness. The idea of the apparatus is to counteract the pitching, rolling, heaving and setting of the vessel. It has been already tried with success on one of the vessels of the Hamburg-American line.

DR. LINDSAY JOHNSON, an eminent British ophthalmologist, after investigating the eyes of animals for several years, confirms Darwin's theory that man is closely related to the Primates. The eyes of man and all the apes are practically identical. Each has the complex system of veins and arteries, and direct or parallel vision.

TAKEN at 9 o'clock in the morning and under test conditions of cleanliness, milk one hour later will contain 6,250

microbes per cubic centimetre; 25,000 four hours later; 310,000 after eight hours, and 11,250,000 after a lapse of twenty-four hours. This is in accordance with the experiments of two French scientists, Messrs. Nicolle and Petit. As a means of checking the growth of bacteria, Mons. A Renard has secured splendid results by a method which dispenses altogether with formal, borax, salicylic acid or other antiseptic. He uses oxygenized water, which slowly decomposes in the liquid without changing it in any way. Three per cent. oxygenized water is used, and in the recent experiments made by Mons. Renard at Rouen, at a temperature of 11 deg. C., the milk kept fresh without the least trace of acidity for a period of 95 hours. Dr. Debout (Rouen) gave this milk to 59 infants at a dispensary, with good results.

THE *Inhalatorium* is a new medical institution lately established in New York. It will carry out the treatment of diseases of the respiratory organs, nose, pharynx, larynx and lungs, by the inhalation of medicinal substances in vapor form, as conducted by the German specialist, Dr. A. Bulling, of Munich, who has invented for the purpose two forms of apparatus, termed "Guttafer" and "Thermo-Varitor."

THE different treatises on the subject state that cod liver oil should not freeze at zero degrees C. unless it has been adulterated, and in France the Commission of the new Codex has also accepted this characteristic, and it is to be required for medicinal cod liver oil. But according to the researches of B. Moreau and A. Biettrix it appears that there are specimens of this oil which do not correspond to such case. They observed different samples of oil, which were certainly of natural origin, and arrived at the following conclusions. Contrary to the usually accepted ideas on the subject, there exist at present in commerce among the medicinal cod liver oils certain absolutely pure oils which are cloudy in winter, because they have not undergone a previous cooling and filtration, and as for all the oils, the deposit only dissolves completely at a rather high temperature. Thus the appearance of cloudiness due to cold does not show an adulteration, but on the contrary is a natural characteristic of pure oils. This cooling of the oil does not seem to remove their active properties. The congealed and non-congealed oils are not found to be different in their usual qualities, as demonstrated by tests for iodine, saponification, percentage of iodine, etc.—*Scientific American.*

A METHOD for detecting the presence of aniline or salicylic acid in foods has been developed by C. Lawal. Pieces of wool are first prepared, from which the oily matter has been well removed by boiling in a soda solution and washing until all the alkali has disappeared. The substance to be analyzed is diluted with water and filtered. We take 100 c.c. of the filtered liquid, adding 4 c.c. of hydrochloric acid and put in a wool strip. The wool is then washed in cold water, then boiled in slightly acidulated water. In the presence of aniline colors, the wool becomes colored and the color is soluble in ammonia. It reappears upon acidulation, while the vegetable colors turn to red, green, or yellow in contact with ammonia. To detect salicylic acid, we treat the substance with water and sulphuric acid, taking up the liquid with ether. The latter is then evaporated on a watch glass and the residue is treated with ferric chloride. A violet coloration indicates salicylic acid. A flesh-colored precipitate shows benzoic acid. Should tannin be also present, it must be first precipitated by means of sub-acetate of lead.—*Scientific American.*

THE invention of a means for preventing the habit of snoring appears ingeniously handled in a recent device which consists of a flexible plate or mouthpiece adapted to be held between the lips and in contact with the teeth and gums when sleeping. The plate is provided with a check-valve adjusted to regulate the amount of air admitted to or expelled from the lungs through the mouth. The mouthpiece is elliptical and conformable to the shape of the mouth, and is formed of rubber, canvas or cloth. The plate is furnished with a flap-valve, which normally closes an opening formed therein, the valve being adapted to prevent ingress of air into the lungs through the mouth and to permit a small quantity to be expelled through the opening in the act of exhaling. By the valve opening outwardly air is compelled to enter through the nose passages, thereby preventing vibration of the uvula. If for any cause nose breathing is too difficult, the plate may be reversed, thereby admitting air, but an amount insufficient to cause vibration. The device if successful in obviating harsh nasal sounds, will be credited also with keeping the mouth from becoming dry and parched, cleansing the nasal passages and maintaining proper purification of air and its correct temperature. Mouth breathing entails a loss of forty per cent. of that warmth so highly essential to the lungs.—*Scientific American.*

News Items.

WINNIPEG General Hospital will erect a nurses' residence.

DR. ALLEN BAINES, Toronto, is spending a holiday in Jamaica.

IT cost Hamilton, Ont., $51,466 to run its General Hospital last year.

DR. D. C. THOMPSON, Bresayler, Sask., has gone to practise in Florida.

IN January there were 141 cases of smallpox, with no deaths in Ontario.

THE fund of the Toronto General Hospital now amounts to $1,188,010.

MAJOR LEONARD VAUX, M.D., Ottawa, is to shortly move to Toronto.

THE cost per patient per day in 1905 at the Montreal General Hospital was $1.35.

CONSUMPTION claimed 165 and diphtheria 21 (out of 176) in Ontario in January.

THERE were 3,237 in-door patients treated in the Montreal General Hospital in 1905.

DR. JOHN GRANT GUNN, son of Dr. Gunn, Ailsa Craig, has located at Vittoria, Norfol County.

BY the will of the late Mr. Edwin H. King, the Montreal General Hospital will receive $100,000.

IT is said New York people are behind a scheme to establish a large sanitarium at Port Arthur, Ont.

THE total deaths in Ontario in January, 1905, were 2,447, as compared with 2,216 in January, 1904.

ALL the externe staff of the Toronto General Hospital resigned in a body the last day of February.

THE Toronto School Board has voted to do away with the compulsory vaccination of school children.

WINNIPEG General Hospital attended to 353 patients during the week ending the 17th of February.

DR. S. MOORE, of Horning's Mills, has been appointed an associate coroner for the County of Dufferin.

THERE were 669 patients treated in the Winnipeg General Hospital in January. The deaths numbered 34.

FOR the month of January there were treated in the Victoria, B.C., Hospital, 165 patients; 87 were admitted.

THE net loss sustained by the Free Hospital for Consumptives, Muskoka, through their recent fire, amounts to $3,474.03.

DR. J. W. STIRLING, Montreal, has been appointed to the chair of ophthalmolgy in the University of McGill.

DR. JAMES IRWIN CASSIDY, of Moorefield, Ont., has been appointed associate coroner for the County of Wellington.

THE out-door consultations at the Montreal General Hospital in 1905 numbered 44,504, being 5,108 more than in 1904.

THE Winnipeg Medical Society has placed itself on record that the marriageable age for females should be eighteen years.

MONTREAL has had 175 cases of typhoid fever since January 1st; 74 cases occurring in new wards recently admitted to the city.

ST. JOHN, N.B., medical men are interviewing the Legislature of New Brunswick for aid to erect a sanatarium for consumptives in that province.

IN Montreal, during the week ending the 17th of February, there were reported over one hundred cases of contagious diseases and one hundred and seventeen deaths.

LIEUT.-COL. A. CODD, principal medical officer, Military District No. 10, is retired, retaining his rank and being granted a pension.

DR. HARRY BROWNING, of Exeter, has gone to Copper Cliff, where he has taken a situation in the medical department of Creighton Hospital.

TYPHOID fever numbered 168 cases in Ontario in January. The deaths from this cause was 51. In Fort William alone there were 106 cases and 13 deaths.

DR. GOOD, of Winnipeg, delivered an address on "City Hygiene," before the Canadian Club of that city on the afternoon of the 21st of February.

DR. P. H. BRYCE, Chief Medical Officer of the Department of the Interior, has been West inspecting the Government hospitals in Vancouver and Victoria.

THE County of Perth, Ont., is considering the advisability of purchasing tents to rent to the consumptives of that county on the certificate of the county physician.

THE Colchester Medical Society met at Truro, N.S., on the 2nd of February. They passed a resolution that a fee of $5.00 should be made for all life insurance examinations.

DR. R. W. BRUCE SMITH, Inspector for the Ontario Government, recommends the establishment of a provincial hospital for the insane in New Ontario, north of Lake Superior.

Two hundred and fifty-three patients died in the Montreal General Hospital in 1905, giving a mortality of 7.81, or 4.54, exclusive of deaths occurring within three days of admission.

VERDUN Protestant Hospital for the Insane, Quebec, admitted during 1905, 190 patients; 103 men and 87 women. The total number in the institution is 654; 343 men and 311 women.

DR. GEORGE H. MATHEWSON, Montreal, has been appointed oculist to the Montreal General Hospital, in succession to Dr. J. W. Stirling, who has taken the position in the Royal Victoria, rendered vacant by the death of Dr. Buller.

TORONTO is healthy. The number of cases of diphtheria in February was 59, as against 96 in January, and 111 last February. Of scarlet fever there were 9 cases, as against 48 in February last year.

DR. J. C. FYSCHE, a graduate of McGill, has been appointed Superintendent of the Montreal Alexandra Contagious Diseases Hospital. He is at present in training under Dr. McCallum, of the Boston City Hospital.

DR. AMBROS T. STANTON, son of Thos. Stanton,. Esq., Pontypool, who is on the medical staff of one of the principal London, Eng., hospitals, has been appointed Demonstrator of Pathology. Durham is proud of her talented sons.

DR. C. K. CLARKE, Superintendent of the Toronto Provincial Hospital, willl receive the degree of Doctor of Laws from Queen's University at convocation on the 12th of April. Dr. Clarke was for fourteen years Professor of Mental Diseases in Queen's.

THE Charles Alexander Memorial Fund in aid of the Montreal General Hospital, and in commemoration of Mr. Alexander, who took such a deep interest in the welfare of this hospital, has attained to the sum of $200,112. About $50,000 is still needed to complete the memorial.

THE Alexandra Contagious Diseases Hospital, Montreal, is rapidly nearing completion. The management will be in a medical board of three; one each from the Royal Victoria, General and Western Hospitals. The total subscribed and paid up to date is $149,637.70. The building and equipment will cost $250.000.

THE fourth annual meeting of the Governing Board of the Vancouver General Hospital was held in Vancouver on the 14th of February. The chairman, speaking after his address, stated the Building Committee had expended $103,000 on the new hospital building, and that $40,000 was yet wanted for the Nurses' Home, morgue, etc.

STAFF of Montreal General Hospital: Physicians, W. A. Molson, M.D., A. D. Blackader, M.D., F. G. Finley, M.D., H. A. Lafleur, M.D. Surgeons, F. J. Shepherd, M.D., George E. Arm-

strong, M.D., J. Alex. Hutchinson, M.D., J. M. Elder, M.D. Gynecologist, F. A. Lockhart, M.D. Laryngologist, H. D. Hamilton, M.D. Other appointments to the medical staff of the hospital were: Dr. John D. Cameron, Assistant Gynecologist; Dr. R. H. Craig, Assistant Laryngologist; Dr. D. A. Shirres, Neurologist. Out-patient Physicians: Dr. G. Gordon Campbell, Dr. S. Ridley Mackenzie, Dr. C. A. Peters, Dr. A. H. Gordon, Dr. B. D. Gillies, Dr. C. P. Howard. Out-patient Surgeons: Dr. Kenneth Cameron, Dr. C. W. Wilson, Dr. E. M. Von Eberts, Dr. A. T. Bazin, Dr. A. R. Pennoyer, Dr. W. L. Barlow.

THE annual meeting of the Council of the College of Physicians and Surgeons of New Brunswick, convened at Fredericton, on the 21st of February, Dr. J. P. McInerney was elected President; Dr. Thomas Walker, Treasurer, and Dr. Stewart Skinner, Registrar.

ONTARIO nurses are seeking incorporation from the Ontario Legislature. They desire to be known as the "Graduate Nurses' Association of Ontario." They wish to prescribe courses of instruction and hold examinations and grant diplomas. The government of the body is to be vested in an Executive Council of fifteen, four of whom are to be medical men.

JOHN F. HART, M.D., of Athens, has been appointed associate coroner for Leeds and Grenville; W. J. Chambers, M.D., of Tiverton, for Bruce County; G. H. Cowan, M.D., of Napanee, for Lennox and Addington, and J. B. Reid, M.D., of Tillsonburg, for the County of Oxford.

THE following bill has been engaging the attention of the legislators of British Columbia: "No person shall sell, expose for sale, or have ready for sale any patent medicine, proprietary medicine, nostrum or specific, intended for internal consumption by human beings, that contains chloral hydrate, ergot, morphine, opium, belladonna, or any of their compounds or derivatives, cocaine or any of its salts, acetanilide, sulphuric, sulphurous, nitric and nitrous acids, unless the box, bottle, vessel, wrapper or cover in which said patent medicine, nostrum or specific is put in is, conspicuously labelled with the word Poison, and with the name and percentage of the poisonous ingredients. No person shall sell, expose for sale, or have ready for sale, any patent medicine, proprietary medicine, nostrum or specific containing more than 10 per cent. of alcohol by weight, unless the

owner, compounder, proprietor, or vendor of such patent medicine, proprietary medicine, nostrum or specific shall have obtained from the Provincial Board of Health permission to employ more than 10 per cent. of alcohol in the composition of said patent medicine, proprietary medicine, nostrum, or specific."

THE President again desires to call the attention of members of the Ontario Medical Association to the annual meeting for 1906. As was announced some time ago, the meeting will be called at 8 p.m., on Monday, August the 20th, the evening preceding the inauguration of the British Medical Association's meeting, and will take the form of a purely business session. The prestige of the greater meeting to follow should not diminish the sense of responsibility of the members to their local society. Such important business as the closing of the business of this year and the intelligent preparation for a successful meeting in 1907 demands a wide and sympathetic interest in the welfare of the Association.

EXAMINERS at Manitoba Medical College: Anatomy, theoretical—Dr. Pullar and Dr. McKenty. Anatomy, practical—Dr. England, Dr. Elkin, Dr. Burridge and Dr. McKay. Physiology—Prof. Vincent, Dr. Prowse and Dr. E. W. Montgomery. Chemistry—Dr. Parker and Dr. Laird. Histology—Dr. Bell and Dr. Webster. Matrica medica and therapeutics—Dr. Devine and Dr. Field. Surgical anatomy—Dr. England and Dr. Davidson. Medical jurisprudence—Dr. Rogers and Dr. Sutherland. Bacteriology and pathology—Dr. Bell and Dr. Webster. Sanitary science—Dr. Douglas and Dr. O'Donnell. Medicine, theoretical—Dr. Jones and Dr. Simpson. Medicine, clinical—Dr. Macdonnell and Dr. Popham. Surgery, theoretical—Dr. Todd and Dr. Chown. Surgery, clinical—Dr. Blanchard and Dr. Chown. Obstetrics and children—Dr. MacCalmar and Dr. MacArthur. Gynecology—Dr. Grey and Dr. McLean. Ophthalmology—Dr. Smith. Otology—Dr. Good. C. M.—Dr. Hardle and Dr. Cunningham.

THE monthly meeting of the Medical Association of Vancouver, B.C., was held on the 12th February in the Board of Trade rooms. Dr. Underhill, President, was in the chair, and Dr. J. M. Pearson was Recording Secretary. Two questions of considerable interest to the public were dealt with, namely, the petition presented to the Hospital Board last week by doctors in the city, asking that staff appointments at the hospital be made

for a term of five years, instead of for life, and that the opinion of doctors be heard regarding appointments, and the matter of bringing legislation to bear on the vending of patent and proprietary medicines. The first of the two questions came up in consequence of the recommendation of the Hospital Board to the effect that the petition should be endorsed by the Association, or backed by a resolution of that body. The matter was discussed at some length last night, and a resolution was passed in line with the recommendation of the Board. The following resolutions were adopted, after hearing the report of the committee appointed with power to deal with the question: "Resolved, that the Vancouver Medical Society endorse the bill (copy of which follows, for the regulation of the sale of patent medicines, viz., that the exact drugs and their quantities be plainly written on the bottle, and also suitable directions when the drugs are dangerous, and the Society asks the Government to pass this legislation immediately. Resolved, that copies of this resolution be sent to members of the Government, to which will be added by your committee the reasons for the necessity of such legislation. Resolved, that the Vancouver Medical Society ask the Medical Council if it could not send a suitable warning note to each member of the profession regarding proprietary medicines that are equally as fraudulent as some patent medicines." The Association then adjourned.

International Medical Congress.—Arrangements are being completed with regard to this Fifteenth Congress, which meets in Lisbon, from the 19th to the 26th of April. The principal general addresses will be delivered by Sir Patrick Manson, London; Prof. Brissaud, Paris; Dr. Jose Maria Esquerdo, Madrid; Dr. P. Aaser, Christiania; Prof. Azevedo Sodre, Rio de Janeiro; Prof. Neumann, Vienna; Prof. Prince Jean Tarcharoff, St. Petersburg; Prof. E. von Bergmann, Berlin. The different nationalities are well grouped, and we observe that the delegates from Great Britain, Canada, Australia and the British colonies will have a common meeting place. As to the service of lodging, it will be in charge of M. Manuel Jose da Silva, Praca dos Restauradores, Palacio Foz, Lisbon, to whom may be addressed all correspondence on this subject. Applications for membership will be received until the hour of the opening of the Congress and during the Congress, but in order to secure reductions granted by railways and navigation companies it is necessary to give your name as soon as possible. All such correspondence may be addressed to the Secretary-General, M. le Professor Miguel Bombarda, Nova Esola Medica, Lisbon. Re-

garding the *fetes* and receptions, which will be given in honor of the members of the Congress, it is announced that there will be three general *fetes,* and there will probably be several receptions and dinners *de gala.* A bull fight, according to the old Portuguese way, will be organized at the expense of the Congress. The definite details will be published at a later date. We understand that a number of Canadians have already decided to attend the Congress. It is requested that any member of the profession in Canada who desires to join the Canadian Committee would at an early date communicate with Dr. A. Mc-McPhedran, or Dr. W. H. B. Aikens, of this city, who will be glad to furnish all available information.

The Transportation Sub-Committee of the British Medical Association makes the following announcements as to fares, etc., for those attending the meeting at Toronto, August 21-25, 1906: Fares, Going Dates and Limits.—Domestic Business, Certificate Plan Arrangements; free return regardless of number in attendance. Passengers going rail, returning R. & O. Navigation Company, or *vice versa,* rate to be one and one-half fare. European Business: On presentation of certificate, to be prepared and signed by the Secretary of E. C. P. Association, and countersigned by the Secretary of the Canadian Committee, or the Secretary of the British Medical Association, one-way tickets to be issued at one-half lowest one-way first-class rail fare; round-trip tickets at lowest one-way first-class rail fare between all points in Canada. Rates to Pacific Coast subject to concurrence of T. C. P. Association. Steamship lines to advise Secretary what, if any, additional arbitraries are required. Dates of sailing, July 1st to September 30th, 1906, inclusive. Final return limit, September 30th, 1906. Extension of Time Limit.—On deposit with Joint Agent of Standard Convention certificates, issued from points in the Maritime Provinces, from points west of Port Arthur, and from points in the United States on or before August 28th, 1906, and on payment of fee of $1.00 at time of deposit, an extension of time until September 30th to be granted. Joint Agency to be conducted in the name of G. H. Webster, Secretary, E. C. P. Association, will be kept open from August 21st to September 15th, 1906. Side Trips.—Side trip tickets to be sold from Toronto to delegates from the Maritime Provinces, from all points west of Port Arthur and from the United States, on presentation of validated certificate, or deposit receipt, at lowest one-way first-class fare for the round trip, to all points in Canada. Dates of sale, August 23rd to September 1st, 1906, inclusive. Return limit, September 30th, 1906. Usual

additional arbitraries *via* Upper Lake steamships to apply, viz., going lake, returning rail, or going rail, returning lake, $4.25 going lake, returning rail, or going rail, returning lake, $425 additional to be collected. Also usual arbitraries *via* St. Lawrence route, for delegates desiring to return by steamer on presentation of tickets to purser, viz., $6.50 Toronto to Montreal; $3.50 Kingston to Montreal. *Via* Northern Navigation Company, on lines where meals and berth are not included, the rail rate will apply; on lines where meals and berth are included, rate to be single fare plus meal and berth arbitrary.

THE thirty-eight annual report on the lunatic and idiot asylums of Ontario shows that there were 6,213 patients certified insane on September 30th, 1905, an increase of 632 for the year, during which 1,130 patients were admitted. On September 30th, 1905, the number of patients was 4,613. The total cost of maintenance for the year was $760,204, a weekly cost per patient of $2.32. Revenue from paying patients amounted to $114,916.

A strong protest is once more registered against the commitment of insane persons to jail. It is pointed out that the word "asylum" in connection with the insane is becoming obsolete. Hospital is the proper name for institutions devoted to their care.

Next to York County, which furnished 250 lunatics last year, comes Middlesex with 63; Wentworth and Frontenac had 48; Carleton, 46; Leeds and Grenville, 45; Simcoe, 41, and Northumberland and Durham, 40. Of the total number of patients, 1,097 hail from York County, 351 from Middlesex, 280 from Wentworth, 253 from Simcoe, and 245 from Carleton.

As many as 643 patients have been in residence twenty years and upwards. There were 315 discharged cured during the year, one of these after twenty years. The number of deaths for the year were 343, a percentage of 5.97. Tuberculosis was the cause of 43. Senile decay and epilepsy were the next chief causes.

Of the occupations of insane persons the great bulk of them come from four classes. Housekeepers head the list for the period under survey with 5,434 cases; laborers follow with 4,680; farmers, with 4,368, and domestic servants, with 3,725. The enormous difference is apparent when it is noted that the next two classes are wives, with 650 cases, and carpenters, with 471.

Patients were given employment in the asylum to the number of 4,431, with an average number of 298 days for each patient.

Correspondence.

To the Editor of DOMINION MEDICAL MONTHLY :

DEAR SIR,—Like may other medical men who are not connected with any insurance company, I have had frequent cause to complain of these wealthy corporations obtaining valuable services without any remuneration for our time. During the last few years I have been throwing their long list of questions in the waste-paper basket. Now, however, I have an agreeable experience to report; for the first time in nearly thirty years of gratuitous services of this kind I was agreeably surprised to receive a cheque to pay me for my time in answering their letter, which I did cheerfully, fully and promptly. It may interest your readers to know the name of this company, which, as far as I am aware, is the only one in Canada to treat medical men honorably, viz., "The Royal." Although I did not know anyone connected with this company before, and have no other interest in it than the above, I intend to give all my life insurance to it in the future, and I trust that your readers may show their appreciation of this honorable treatment of medical men by throwing as much business in their way as possible. One of the companies, which has recently cut the examining fee of its medical officers down to three dollars, was able to pay its chief lay official a hundred thousand dollars a year for his services. The two or three hundred medical examiners for these wealthy companies dare not say a word, even if their fee were cut down to one dollar; but the remaining five thousand doctors could show their disapproval of this sweating process by using their influence in favor of those companies which treat their medical men honorably.

Yours truly,

MEDICUS.

Publishers' Department

OZENA.—Some three months ago a young lad, Master S., twelve years of age, was brought to my office with the request from his teacher that he be sent home. As he entered the room I was much impressed by the fearful odor from him. It was indescribable and permeated the entire room. Not having seen a case like this before, I made a careful examination for the cause. He was anemic, had difficulty in breathing, was somewhat emaciated and seemed poorly nourished. On questioning him I found that this condition had existed for some time (two months or more) the odor steadily becoming worse. He had been treated by physicians unsuccessfully in the meantime. As the rules of the Board of Health of this division limit me to simply a diagnosis, I pronounced the case from the odor, history and limited examination, a case of ozena of fetid form of atrophic catarrh with a possible necrosis or caries, and referred him to the nose and throat hospital of this city. His teacher and the principal meanwhile protested against his attending school and as I had no authority to send him home, the disease not being recognized as contagious, I advised that he be allowed a seat by himself. At the end of two weeks' time, not seeing what I would consider much of an improvement, I, on my own responsibility, gave him a Birmingham Douche and a small bottle of Glyco-Thymoline. In about ten days' time the odor was hardly perceptible and at the end of two months it had entirely disappeared. His general condition was remarkably improved as well as his sense of smell. The case was watched daily both by myself, the principal, and his teacher, who became much interested as the case progressed. The boy had not lost a single day at school, his sense of smell is completely restored, and his health has never been better.—*Edwin E. Hitchcock, M.D., N. Y. City.*

CHRONIC AND RECURRENT COUGHS AND THEIR TREATMENT.—In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement. Such cases are best classified as the Chronic Cough and the Recurrent Winter Cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long dura-

tion, and, while not, in themselves, directly dangerous, may become so by inducing emphysema and bronchiectasis.

In the great majority of chronic and recurrent winter coughs, the basic trouble lies in a low form of inflammation of the bronchial mucous membrane, especially that of the bronchioles.

In many cases I have used Codeia, but lately I have been having much more success with another derivative of opium, *i.e.*, Heroin. In comparing the results obtained from the use of these two drugs, I notice that heroin will not constipate the patient, nor will it have the stupefying effect characteristic of codeine. Another advantage possessed by heroin is that it is effective in young children, in very small doses.

I had been accustomed to prescribe heroin alone, but, about a year ago my attention was called to a preparation of that drug —Glyco-Heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-Heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with Glyco-Heroin (Smith) and have obtained uniformly good results.

Example.—A. L. Salesman. Aged 28. I saw this patient early in the spring of 1903. He is robust and of good habits. He consulted me concerning a constant cough which had troubled him for over a year. It was usually worse in the morning and after meals, and accompanied by expectoration of thick mucopurulent matter. Sometimes blood-stained, and especially so after a severe paroxysm. This circumstance preyed upon his mind considerably—he thought he had consumption. I learned that he had had a severe attack of acute bronchitis during the spring of 1902 and had been coughing ever since. Physical examination excluded tuberculosis. The diagnosis was chronic bronchitis, sequential to acute. The patient was immediately put on Glyco-Heroin (Smith), and the same hygienic measures ordered as in Case 1. Here again the financial condition of the patient precluded change of climate. In addition to the Glyco-Heroin (Smith) the patient was given syrup of hypophosphites as a tonic. I did not see him again until last October. He then reported himself absolutely free from cough. He continued taking the Glyco-Heroin (Smith), and, during the present winter, has not experienced any return of the trouble. In this case a

complete cure was effected by means of quieting the cough and stopping the irritation of the mucous membrane, in this manner allowing the restorative powers of the body, aided by the tonics and good hygiene, to accomplish a cure.

Example.—Miss R. M. Aged 24. Teacher. This lady had been coughing ever since she was nineteen years of age. At that time she had an attack of rheumatism with a complicating bronchitis. After the acute condition moderated, she continued to cough, the cough being very annoying in character, spasmodic and prolonged. After each paroxysm she was left in a state of exhaustion. During the attacks she urinated involuntarily. On examination she was found to have chronic bronchitis, aggravated by an exceedingly irritable condition of the respiratory tract. The mere odor of cigar smoke was sufficient to induce a paroxysm of coughing. In treating this patient it was necessary to devote attention to the neurasthenia as well as the chronic bronchitis. She was placed on a diet and her mode of living regulated. Arsenic, strychnine and iron in pill form were given. For the cough, I ordered Glyco-Heroin (Smith). The improvement was marked and rapid. The general nervous condition became much improved and the cough grew much less severe and gradually lost its spasmodic character. At the present time it amounts to but little more than a "clearing of the throat." This case, more than any other, demonstrated the excellent properties of Glyco-Heroin (Smith). The quick relief afforded was surprising and no more gratifying to the patient than to me.—*Abstract of article by J. E. Alter, M.D.*

Latent Rheumatic Conditions.—It is during the spring months more particularly that the physician is called upon to treat patients, who though not ill enough to be in bed, are not at all well. Their appetite is capricious, they sleep indifferently, or even if they sleep soundly they are not refreshed, and in the morning they are almost as fatigued and ill at ease as was the case on retiring. Upon awakening there is frequently an aching sensation in the loins, sometimes in the lower limbs, which may partially wear off as the day progresses, but there is at all times a vague, undefined, uneasy, painful feeling. The symptoms are very much like those experienced in malaria, but the causes are entirely different and a different treatment is necessary. This condition arises from the fact that in the spring the eliminative functions do not present their usual activity owing to the torpor and locked-up secretions which have existed during the winter

months, when the skin neglects its duties and the kidneys are overworked. If the condition remains neglected the probable result will be sooner or later a pronounced attack of rheumatism or grippe in one or another of its forms. All that is needed to induce such an attack is a sudden change in the weather or the exposure on the part of the patient to cold or wet or to a combination of both. This is due to a latent rheumatic diathesis to which every adult is liable. The necessity of a powerful eliminant in every prescription for rheumatism and grippe is self-evident. While anti-pyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the poisons are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions. In the treatment of all rheumatic, neuralgic, and grippy conditions, Tongaline, by promoting the absorptive powers of the various glands which have been clogged, and by its stimulating action upon the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelæ.—J R. Phelan, M.D., Oklahoma City, Okla., Editor *Oklahoma Medical News Journal*.

Have used your Resinol Soap and Ointment with much satisfaction. I have for years suffered at intervals with scalp itching, have used most everything with no avail until I tried a massage with the Ointment. The result was great, scalp easy, no dandruff, and hair ceases to fall out. I try to keep it on hand. —C. D. Driscoll, D.D.S., Paoli, Ind.

In a paper on "Sexual Neurasthenia in Men," Dr. Arthur E. Mink, of St. Louis, Mo., says: "In the treatment of sexual neurasthenia the tonics, such as iron, arsenic, strychnine, quinine, gold and zinc, are of value in many cases. The most efficient, in my opinion, is Sanmetto. It seems to act directly upon the genito-spinal centre and improves its nutrition. Many cases, as I have said before, are remotely due to gonorrhea, and hence Sanmetto is doubly of value in such cases."

A Plea for the Tablet.—"In the first place, compared with pills, tablets have no insoluble coating, nor, when properly made, have they any insoluble excipient added to their composition. For example, Antikamnia Tablets are made by simple