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Original Articles

THE SURGERY OF TO-DAY.*

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Mr. President and Members of the Canadian Medical Association,—It is a double pleasure for me to deliver this address. One is professional and the other social. In the first place, it has given me a plausible excuse to attend the Canada Medical Association a second time and profit by its proceedings, as well as enjoy the bounteous hospitality associated with it. And the very courteous invitation through my old friend, Dr. Wishart, I could not well refuse, affording me, as it does, another opportunity of meeting my old friends and college-mates.

For the distinction and honor thus conferred upon me, an aberrant Canadian, I have just reason to be proud, and let me assure you of my highest appreciation of it.

In selecting a subject for my discourse I had no supercilious notions of highly entertaining you, nor did I dream of assuming the role of teacher. I determined on "The Surgery of To-day." I know not why, but I did. Standing thus, between the past and future—between our inheritance, the surgery that has

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been done, and the work that lies before us to do—I hope you will bear with me if I should deviate from the ever-fleeting line of my subject, and refer now to the one phase of it, and then speculate on the other.

Much of our surgery is empirical and not rational, and hence the opportunities for original research are great. That which has stood the test of time is retained; some of it, no doubt, will be perpetuated; while again, long-cherished theories and practices must vanish in the light of new discoveries and inventions. I take it then that I have considerable license in selecting and in emphasizing what, in surgery, seems to me to be of most importance.

In no time in medical history has surgery been so international in character as it is at present. In the processes of the development of the high grade of surgical efficiency that is now established we find them teeming with instances of hardships in times of peace and war, of examples of life-sacrifices, daring deeds, unexcelled industry and charitable acts, the most altruistic to be found in any calling or profession, for

“’Tis what the happy to the unhappy owe,
For what man gives, the gods by him bestow.”

The surgeons of generation after generation have been stimulated to emulation by the precepts and examples of the great surgeons of the preceding generation, and the sum total of their true labors we now cherish, practise and enjoy. The differentiation of the work done in various countries, and the designation of it as being national, no longer pertains. We do not now recognize British, German, French, Italian, or other surgery as being different from one another, or from that of our own. An American gave anesthesia to the world, not to America alone, and equally true it is that a Briton gave us practical antiseptic surgery, founded on the bacteriological researches of a great Frenchman. In looking over surgical literature it is noticeable that the surgeons who had played the most prominent parts in the evolution of our art and science had walked the hospitals in other countries, sat at the feet of masters, studied in foreign laboratories, and conducted experiments of their own. A personal friendship was thus formed between the profession of one country and another, and the knowledge of one became the knowledge of all, until now reciprocity is complete.

The western men, unhampered by the restraining influences of ancient customs and effete precedents, have been for some time, and are now more than ever, scattering scientific and practical seeds from the tree of knowledge that have been transplanted into our virgin soil, to all the world through innumerable channels, so much indeed as to command the attention and respect of the wise and noble men of the east. The increasing number of distinguished surgeons visiting us every year is complimentary. In addition to individual visitations of doctors from one country to another, and conveying principles and practices to and fro, there are other professional avenues through which surgical knowledge finds its way to all nations. Chief among these are the publication of books, monographs and treatises; the issuance of journals; and the publications of transactions of special societies.

The influence of professional gatherings, from the smallest local society to the great national associations, with their surgical sections, reaches far and wide. Then comes the special surgical associations, international congresses, and now an "International Surgical Association" is organized, by representative surgeons from each country, to work on special surgical lines. This reaches a plane in search of scientific truths that has never been attained before in the surgical world.

While surgical societies have their special value and place, there can never be any danger of their teaching causing a separation of labors of the physician and surgeon. So long as the internal organs of man become disordered and diseased they shall need medicine. It is an indisputable fact that the best results in surgery are obtained, not by a competitive struggle between the surgeon and physician, but by a graceful co-operation one with the other for the benefit of the sufferer.

This is the result of education and culture. How different now from the time when in 1774, Von Wuthwehr, of Freiburg, suggested a union of surgery with medicine, the students threatening to mob him!

The surgical appliances, instruments, materials used, the aid to diagnosis, the technique of operations, and the operations themselves are universally the same. The inventions and new discoveries of different individuals are eagerly published and heralded with lightning speed all the world over. It is easy for me to go on with these glittering generalities, but that will not

suffice for an occasion like this. So I shall now proceed to do my duty.

While aseptic precautions make it possible for us to expose and explore the brain with comparative impunity, still, owing to its high and special organization, its feeble recuperative, reparative, or, if any, regenerative power, outside of raising depressed fragments of bone, compressing it, tying an artery and opening an abscess, the practical field is limited. The surgical treatment of most diseases of this organ is but seldom satisfactory. It is true that we perform craniotomies for the microcephalic, supply intracranial drainage for the hydrocephalic, and oftentimes benefit them, but I have yet to see an intelligent citizen develop from one of these subjects. What is needed for the more successful removal of brain tumors is an earlier diagnosis, more accurate localization, and probably better technique. Hemorrhage, so often causing death in these operations, is no longer dreaded when we temporarily clamp the carotid arteries.

Reports of successful cases of the removal of brain tumors are becoming more and more frequent. Obscure disturbances of the brain, following severe injuries, such as mental cloudiness, irritation, stupor and persistent headache, are often relieved when one, two, or more ounces of cerebro-spinal fluid are removed by lumbar puncture. The procedure is so simple and free from danger that it should be more generally employed for the relief of cerebral tension. As a means to diagnosis of injuries of the cerebro-spinal axis, it is not reliable. For the probable relief of epilepsy or insanity following trauma, the trephine is invariably applied. The X-ray is a welcome aid in the diagnosis of obscure fractures, bone depressions, and for the detection of bullets or other foreign substances carried within the cranium. Division of the sensory root of the Gasserian ganglion has been found successful in the relief of tic douloureux. This operation may rival the removal of the ganglion.

When the source of irritation which produces the fit in "essential epilepsy" is clearly defined, surgical treatment may be found useful when carried out according to the nature of the disturbance. The present mass of evidence in literature is rather against operations in this disease.

The distressing aspects caused by facial palsy and facial contractions have found relief in anastomosis of the spinal accessory or hypoglossal to the facial nerve—a procedure recommended

five years ago. It is based on well-known physiological laws of repair, and supported by carefully-conducted experiments. New plastic operations devised in the last few years for the early, and even late, closure of cleft palate, give results vastly superior to the older methods. The earlier congenital defects of the palate and lips are repaired the better will be the speech. All defects should be closed before the child begins to talk. The temporary closure of the carotid arteries is a distinct advance in preventing hemorrhage while operating on the head and neck. It is founded on clinical experience and sustained by experimental researches. Many have died from loss of blood, and from shock of even poisoning, caused by a prolonged anesthesia in trying to check the hemorrhage in such operations as the removal of the parotid gland, tongue, superior maxilla and post-nasal growths, when a simple temporary clamping of one or both carotids would have saved them and prevented that indescribable grief and anguish of relatives, sometimes worse than death itself. Not to ardently seek to know and utilize all we can of practical advances in surgery is nothing short of "man's inhumanity to man."

In regard to the thyroid gland, let me say that its behavior in health and in disease is still an enigma. The disease affecting it and mysteriously disturbing the entire economy of the sufferer, some parts more prominently than others, that puzzles us most, is exophthalmic goiter. The problem of its pathogenesis is unsolved. How then can a rational surgical treatment be prescribed? If we wait for some theory to explain all its phenomena, history will surely repeat itself. In our desperation from the almost invariable uselessness of internal medication, thyroidectomy and sympathectomy have been resorted to by surgeons and with considerable success, the present statistics giving 76 per cent. of cures when the organ is removed, and 63.8 per cent. after bilateral extirpation of the cervical sympathetic nerves. I am apprehensive that these excellent results will not be universally obtained. It is worthy of note that the mortality in thyroidectomy, mainly from croupous pneumonia, embolism of the sylvian artery, heart failure, and thyroid intoxication, is considerable, while that of the latter operation is practically nil.

Carcinoma is the most formidable and common surgical disease in the mammary region of the body. Let our radical operations for its extirpation be ever so extensive, we are never certain that it is entirely removed, nor can we positively tell whether

lymphatic extension is near or far, even by the most careful microscopic examination of the gland and structures removed. Another grave uncertainty confronts us, that is an early dissemination of cancer to the internal organs sometimes occurs. This has always been a perplexing clinical problem, but the discovery of the hemolymph vessels has solved it satisfactorily, as they establish a free communication between the lymphatics and blood vessels. Through them, small particles of the carcinoma are taken up into the general circulation, and then distributed to internal organs. In the face of evidence, from the most reliable sources, to the effect that cancer is rapidly on the increase, and in view of our sad clinical experience in dealing with it, except at a very early stage, it is high time that a cure be discovered that will knock it out as the serum does with diphtheria. It is a misnomer to speak of cancer returning after an operation. The fact is that its extirpation was not complete. The *en masse* removal of the breast, axillary fat, and lymphatics below the clavicle, with the sacrifice of a part, or the whole of both pectoral muscles, have been slowly but surely accepted by surgeons as the proper thing to do in all cases of cancer of the breast. In order to obtain better results we must go still farther, and remove the supra-clavicular and mediastinal glands in at least some of the cases, as is now carried out by only a few men. In comparatively young and otherwise healthy women, the practice of first attacking the mediastinal and cervical glands, whether palpable or not, and at a second operation remove the infra-clavicular and axillary lymphatics along with the breast, is commendable, safe, and successful. Inoperable cases of breast cancer present themselves before, and also after, operations have been performed. For the treatment of these, the much abused X-ray is a favorite remedy, but assuredly most disappointing except in skin involvement alone. Oophorectomy is on trial for these same inoperable subjects. Interscapulo-thoracic amputation, and amputation through the shoulder joint have been performed to relieve the patient of the swollen, useless, and painful arm, which may follow a radical operation for mammary carcinoma.

There have been a series of successive triumphs in attacking wounds of the main organ of our circulation, the heart, the pericardium being boldly opened, and that vital organ sutured. End-to-end anastomosis of the popliteal, brachial and femoral arteries has been successfully executed, and the management of wounds

of the large veins easily carried out. The surgery of the lungs offers a field for future mark, and what has been already accomplished, although not of the most satisfactory character, is encouraging. Visceral pleurectomy or decortication of the lung for chronic empyema is the last practicable procedure to be recommended, after drainage, resection of ribs, and thoracoplasty have failed to effect a cure. This operation, to my own observation, has saved several lives.

Since I entered upon the study of medicine, twenty-six years ago, a retrospect of the advances in surgery would be simply bewildering. My vivid recollections of septic gangrene, sloughing phagedena, flaming erysipelas, pyemia and septicemia are still clear, and this, too, was at a time when antiseptics had gained considerable acceptance.

I shall never forget the first operation of a major character I witnessed. It was amputation near the hip joint, and the patient practically died on the table. The scene is now before me. The crowded amphitheatre; the active arena; the mist of carbolic acid spray, half obscuring the patient, operator, assistants, nurses and honored guests; the smell of ether; the outstretched sleeping patient; the glittering instruments in 1 in 20 carbolic; the new white gown on the surgeon, now introduced for the first time; the winding of an elastic cord about the hip and body of the patient; the long amputating knife, twice traversing the limb obliquely; the hot room and pale freshmen; the profuse bleeding and quivering flesh; some of the boys walking out, perspiring freely; the severance of the bone by a live electro-cautery wire, then being on trial, and the long time it took; the cold shivers; the clamping of arteries and veins; the twisting of the femoral artery eight times between two forceps, and torsion of other vessels; the sea sponges soaked in hot water and, with a forceps, placed between the flaps for a few minutes, controlling capillary oozing; the boys yet pale, collars wilted and handkerchiefs soaked; then the active spray apparatus giving out, and then a clearer view of blood-stained men, women and things generally; more boys walking out; the sewing of the stump with silk, rubber tube inserted and dressed with twelve layers of carbolated gauze; the operation completed; seeing stars; the patient's last breaths—death rattles; and finally came the announcement from the surgeon: "There will be no more operations this day"—a great relief to all.

This bloody and fatal operation was a solar plexus blow to most of us freshmen I can always describe it.

It would be invidious to compare the surgeons of that time, but those of them still alive no longer see deaths from hemorrhage in amputations at or near the hip joint, nor the frequent loss of life from infection following clean operations. I have described the amputation of a quarter of a century ago to infer a comparison between then and now, which I need not draw to an end, but just think of two things in this connection—the bloodless major amputations and exceedingly low mortality of to-day.

In the saving of limb and life in diseases of the extremities many improvements are now in use as compared with even a few years ago. Take, for instance, in bony ankylosis of the large joints—the hip, knee and elbow. Instead of the old sweeping excisions, a curtain of muscle or fascia is carefully fixed between the ends of the bone after a minimum amount of resection is done, which not only prevents a reunion of the bones, not interfering with the longitudinal growth of the bones in children, but also furnishes an excellent false joint. The bloodless operation for congenital dislocation at the hip joint is a welcomed advance in orthopedic surgery. It is that over which America has recently been thrown into hysterics. The open operation that shall cure the cases not amendable to the bloodless method is not yet invented. Time does not permit me to speak of the many other valuable advances that have been made in the surgery of the extremities.

In pre-antiseptic days, the surgery of the abdomen, including hernia, was far behind that of the extremities, for reasons that are quite clear to us now, but since we have learned to invade the peritoneum without causing inflammation of it, the advancement of abdominal surgery has far outstripped that of any region of the body. On account of the great frequency of hernia, and the proneness to strangulation, operations for its cure by the open method became established. A young person to-day is not advised to wear a truss if he is otherwise healthy. An operation is performed, and he is cured. Any operation for the cure of oblique inguinal hernia that does not take into consideration the various local causes and proper relationships of structures should be discarded. Empirical procedures include all the operations or combinations of them devised, in which the cord is

raised out of its bed. By following these, the science of surgery loses its charm in the search of truth, and the art its beauty. The only true surgical operation yet produced for the radical cure of oblique inguinal hernia is the typical operation, because it counteracts the local congenital defects, sutures the structures where they normally belong, and cures the affection. It is the simplest, because it is based on an accurate knowledge of the anatomical defects in this region. We now know that the presence of a large infundibular process, a non-closure of the funicular process, and increased intra-abdominal pressure are not all the main causes of hernia. In order to verify what I have said, let any surgeon raise a semilunar flap of skin, fat, and both layers at superficial fascia, slit up the aponeurosis of the external oblique and carefully measure the origin of the internal oblique muscle from Poupart's ligament, and he will find that its origin is deficient more or less in almost all cases of oblique inguinal hernia. In some instances the muscle has no attachment at all to Poupart's ligament, therefore the hernial protrusion has a sausage-shaped appearance, and bulges the skin nearly the entire length of Poupart's band. In a normal inguinal region the internal oblique muscle comes down and completely covers, and ably protects the internal ring. Let us not forget that this muscle is the only muscular structure in this region, and is also the most powerful.

If it is not in its proper position, how can it protect the internal ring during active intra-abdominal pressure, as in lifting, jumping, etc.?

Remove the sac, suture the internal oblique to the inner aspect of Poupart's ligament, down two-thirds of its length at least, and at the same time pick up the slack in the transversalis fascia with the same sutures, thus fitting it around the root of the cord, so as to make a new internal ring. Now sew the aponeurosis of the external oblique, coapt the skin, and the operation is completed. The cord is not disturbed, nor the testicle endangered. The results are better than by any other method, and this statement can be supported by the reports of several operators in over a thousand cases in all.

The history of abdominal surgery reads like a novel. Injuries and diseases of the structures and organs, within and near this cavity, furnish abundant material for several specialties. There is the special abdominal surgeon, who incidentally repairs

the perineum, the gastrologist and enterologist, the gynecologist, proctologist, a genito-urinary specialist, and others, but the general surgeon claims all, and may be looked upon as a balance wheel in this line of work.

The liver, the largest organ in the body, on account of its friable, vascular structure, and its bile-secreting function, was dreaded by the surgeon till of recent years. It may be reached through the abdominal or thoracic walls, and hepatotomy performed for abscess, hydatid cysts, or cholemia. We do not hesitate to remove benign and malignant tumors from it, when not too extensive. The mortality from partial hepatectomy is not more than 12 per cent. The bleeding is not difficult to control, as one at first sight would think. Ascites due to cirrhosis of the liver is now cleared away through a collateral circulation, established by stitching the omentum to the abdominal wall or spleen.

It is only thirty-five years, 1867, since the first cholecystotomy was performed for gall stones; and seventeen years, 1886, since the relation of typhoid fever to cholelithiasis was first pointed out. That bacterial infection is the cause of gall stones is now accepted. Early gall bladder surgery is easy and safe; while late operations, where complications have arisen, are difficult and dangerous. The irritation of gall stones is surely an etiologic factor in cancer of the gall-bladder. Cholecystotomy has the widest range of usefulness. Cholecystectomy, commonly performed, is an operation that should be seldom indicated, if the attending physicians only realized the importance of early surgical treatment.

The symptoms and signs of active cholelithiasis are sometimes obscure, but usually they are so clear as to make a diagnosis easy. It is much wiser to face 1 per cent. mortality in immediate, than about ten times that risk in remote operation. The conditions when the gall-bladder should be removed are pretty well-defined. It is the operation of choice in (*a*) complete stricture of the cystic duct; (*b*) thickened contracted gall-bladder, already almost obliterated by inflammation; (*c*) septic gangrenous condition; (*d*) hydrops; and (*e*) in cancer.

Choledochostomy, like cholecystectomy, is an operation of necessity in neglected cholelithiasis. When it is performed, and the stones removed from the common or hepatic duct, hepatic drainage is most likely indicated, whether the gall-bladder and

cystic duct are removed or not, for additional calculi may come away later. It is not necessary to suture the common duct.

I fail to see the necessity of long transverse or oblique incisions of the abdominal wall in order to expose the gall-bladder and ducts. Unless the operator is clumsy and inexperienced, or has large hands, the vertical incision to manage the gall-bladder, and a curve inwards and upwards towards the ensiform cartilage when the stone or stones are in the common duct, is all-sufficient.

The surgery of the pancreas, spleen and kidneys has enjoyed a new and substantial impetus the last few years. Acute and chronic pancreatitis have come under the knife, and a calculus has been diagnosed and removed from the pancreatic duct, the patient making a good recovery. The surgical treatment of chronic nephritis is quite beyond the experimental stage. Decortication of the kidney is an easy and safe operation, and although we cannot as yet definitely account for the marvellous benefits that immediately accrue, two things prominently suggest themselves as a probable explanation, namely, the relief of tension, and the establishment of collateral circulation; and, too, the great determination of blood to the kidney after such a procedure must have a renovating effect upon it. Nephrectomy, nephrotomy and suspension of a floating kidney are established operations. Partial removal of a kidney is sometimes advisable in traumatism, or when a malignant growth is being extirpated and, in many conditions, where a circumscribed portion of kidney is involved.

Nephro-ureterostomy will, I am sure, be found indicated and successfully performed.

Ureteral anastomosis and uretero-cystotomy, although difficult in their execution, are very successful procedures. The task of removing impacted stones from the pelvic portion of the ureter is no longer considered insurmountable. The most reliable means of locating a stone in the genito-urinary tract is by the X-rays. Transplantation of the ureter into bowel is an immediate successful operation, but ascending inflammation to the kidneys almost invariably follows, marring its usefulness.

In a system of surgery, published in 1866, the removal of the prostate is referred to in the following words: "Excision of the prostate has been recommended. It does not, however, appear that anyone has really ever had the hardihood or folly to per-

form it. Excision of the middle lobe would be less objectionable."

The experience of the last four years has placed both suprapubic and perineal prostatectomy as being feasible, practicable, and the safest and best treatment for prostatic hypertrophy, with a preference, in America, for the perineal route. The mortality is lower than that of any other major operation on the aged, even men over eighty years surviving it and enjoying life without the annoyance or agonies accompanying obstruction to the free flow of urine. If no other advancement in surgery were made the last decade except this one, offering as it does, relief to at least one-third of the male population over sixty years of age, surgeons could well hold up their heads with pride. The dangers of the catheter, aspirator, trocar and bougie are only too sadly known to need mention here. Another instrument that has been put to a practical test, and found wanting, is the electro-cautery knife. It is a dangerous and clumsy affair, and only a small percentage of cases are at all benefited. Its use should be limited to (*a*) pathological bar; (*b*) fibrous vesical orifice; and (*c*) sessile middle lobe, still quite small; and these conditions are more amenable to a perineal section, and with less risk to life. A genito-urinary specialist can use the electro-cautery knife, but it takes a surgeon to remove a part of the whole of the prostate. The most difficult prostatectomies are in those cases that have been burnt, and only partially, or not at all, benefited.

The median perineal incision is the most surgical, as fewer structures are injured, and it furnishes the only proper route for drainage. Transverse cuts, semilunar curves, the Y-shaped and the inverted T-shaped incisions, or modifications of them, are all right for the mediocre, but not for the expert, operator. Through a median cut of the perineum, and the membranous, and a portion of the prostatic, urethra, an educated finger feels what the exact obstruction is, without and within the bladder. It is the best prostatic depressor, enucleator and guide to the passage of the prostatectomy forceps, but oftentimes even he, who boasts of being long-fingered, fails to reach the parts desired, and has to resort to such aids as depressors, tractors, retractors, and hooks, in order to see as well as feel what is being done. The exposure of the prostate through a median incision, with proper retractors, is simple, complete, and beautiful. The re-

removal of the lateral lobes first, with the aim of not injuring the ejaculatory ducts, facilitates a safe entrance into the bladder with the finger, depressor, or prostatome, to deal with the middle lobe, which should be dragged into the perineum through the vesico-prostatic urethra. This is a subject I should like to dwell upon, and relate to you the story of the most gratifying experiences and brilliant results in surgery, but I must forbear.

While abdominal surgery began with ovariectomy, nearly one hundred years ago, owing to the high rate of mortality in those pre-antiseptic days, only the boldest and most enthusiastic men opened the abdomen at all. Up to 1870, the mortality was fearful when the abdomen was opened for any cause whatever. In some of the general hospitals, nearly every case of ovariectomy promptly died. From 1870 to 1885, the mortality rapidly decreased from over 80 per cent. to 4, 3, 2, 1, 0 per cent., in exact proportion to the knowledge gained of antiseptics and asepsis, as well as to that of improvements in the technique of operations. It is a rare accident at the present time for a woman to die from the removal of an ovarian cyst or tumor. The rapid strides of abdominal surgery are revealed in the history of the glorious victories over injuries and diseases within the abdominal wall, in lessening suffering and saving life. Small and well-equipped hospitals have sprung up throughout the land, like so many life-saving stations, vigilantly watching to save a sufferer on a boisterous and ruthless sea of trouble, and in despair. It may be injuries of all kinds that demand prompt attention by the local surgeon; a daughter bleeding to death from gastric ulcer, a strangulated hernia, acute bowel obstruction, urinary obstruction, rupture of the bladder, perforating typhoid or other ulcers, extra-uterine pregnancy, and many other conditions too tedious to mention; but we must not forget acute inflammation of that small anatomical vestige, the vermiform appendix, that has probably caused more acute suffering and deaths than that of all abdominal organs combined. Appendicitis may well be looked upon, from a surgical standpoint, as an accident that needs a prompt operation, except in its very mildest forms, when delay may be safe for a convenient day and hour for the appendectomy. One may suffer with gall-stone colic and jaundice for weeks, months and years, from renal colic for days and weeks, but from appendicular colic and pain only for hours, without imminent danger to life.

The indications for a gastro-enterostomy are in advance of any one method that can be pointed out as superior to the many practised. Bone plates and bobbins have had their day, but the anastomosis button is still in active competition with the needle and thread. The elastic ligature is the quickest, easiest and safest in its application, and experimental clinical evidences are so convincing that it is sufficiently prompt and thoroughly reliable in establishing an anastomosis between the stomach and the intestine.

In establishing end-to-end intestinal union, the anastomosis button has the advantage that it can be used where sewing cannot be done, and it is quickly inserted. It is not necessary to mention the objections to it, but be they what they may, the button is a good thing to have along when emergently called upon to treat intestinal obstruction. Of all the methods of suturing devised, some thirty-six in all that which is intra-intestinal has recently gained most favor, and preferably by continuous to the interrupted suture. With a little practice it can be as rapidly applied as the extra-intestinal suture. A new procedure, known as "The Single Cuff Method of Circular Enterorrhaphy" has been devised. It is founded on extensive experimentation on dogs, and has been used twice on man. The treatment of carcinoma of the rectum, except that near the anus, has recently undergone a complete change. The abdominal route is eagerly accepted as more satisfactory and safer than the resection of the coccyx and a portion of the sacrum to reach it from below.

More conservative efforts are being put forth in young women, in the surgery of the uterus, tubes and ovaries. Myomectomies instead of hysterectomies; bisection of ovaries and removal of the pathological portion, instead of oophorectomies; and salpingostomy and hystero-salpingostomy, instead of salpingectomy, are praiseworthy and sufficient.

The radical treatment of cancer of the uterus through the abdomen, with the removal of the lymphatic glands, is, as it should be, gaining favor. Abdominal and pelvic surgery has been greatly facilitated, and mortality lowered by the introduction of raising the pelvis high above the rest of the body, thus enabling the operator to see what he was doing. Intravenous and hypodermic introduction of normal salt solution at the temperature of 115 degrees to 120 degrees F. has saved many a life.

While the surgery of to-day is marvellously in advance of what it was even ten years ago, we must not delude ourselves that there is nothing more to be discovered, invented or improved upon. The teaching of surgery must be revolutionized. The manual training of the medical man has been, and is, woefully neglected. Practical surgery on the cadaver does not teach a student how to seize and tie an artery, set a fracture, sew a wounded bowel, etc. All this should, in justice to suffering humanity, at once become a part of the curriculum of studies.

Judging from the signs of the times, the surgery of the future will have a more limited sphere than at present. The discovery of a cure for only two monster human destroyers—cancer and tuberculosis—now contributing largely to keep surgeons busy, would greatly lessen the number of operations. We shall hail the day when laboratory workers will find something that will cool off all forms of inflammation in their incipient stages. It may be a Utopian dream that in the near future we can buy antihemorrhagins, furnish an antidote to any kind of ptomain before blood destruction and death has come, secure anti-iso and anti-hetero-nephrolsins for interstitial nephritis, and furnish a serum that will shield us from the "horror autotoxicus" or self-poisoning. It has been recently said by one of America's most profound pathologists that "looking at it broadly, the cornerstone of modern pathology is toxicology."

"Give us but knowledge, though by slow degrees,
And blend our toil with moments bright as these,
Let Friendship's accents cheer our doubtful way,
And Love's pure planet lend its guiding ray—
Our tardy Art shall wear an angel's wings
And life shall lengthen with the joy it brings!"

In conclusion, let me thank you for the patient hearing you have given me.

10 Drexel Square, Chicago, Ill.

REPORT OF TWO CASES OF HOUR-GLASS CONTRACTION OF STOMACH, WITH REMARKS.*

BY H. HOWITT, M.D., M.R.C.S.(ENG.), GUELPH, ONT.

Last September in Washington, at the annual meeting of the American Association of Obstetricians and Gynecologists, when closing the discussion on my paper bearing on the "Surgical Treatment of Perforated Gastric Ulcer," I stated that I believed that the time will come when operations on the stomach will be performed with almost the same frequency as they are for appendicitis to-day. Such is still my belief.

Affections of the stomach have always been common, but, for obvious reasons, much more so since the advent of steam and electricity, of our modern system of education and of the almost universal rush after the great idol of our period—gold.

Ask the general practitioner for what organ of the body he is most frequently called on to prescribe? Examine his prescription book, and you will have very little difficulty in coming to a conclusion, and one that applies to all periods of life. Few, if any other, complaints cause so much misery to the person affected and discomfort to others, than does chronic gastric irritability. Nor is it to be wondered at, for here the fountain is disturbed on which almost entirely depends the nutrition of all the other organs. The role, then, that diseases of the stomach play in rendering the general system vulnerable to other complaints must necessarily be great.

The term dyspepsia, as used commonly at present, is a generic one, and includes several affections, which await more perfect skill in diagnostication, before the different conditions can be recognized.

Excluding tumors, and all the other diseases of the organ that can be diagnosticated by touch or by the symptoms as being due to organic changes, quite a percentage of the remainder of them are also caused by gross changes in or about the stomach which affect the function of the muscular coat. A cicatrice, a slight constriction, a perigastric band or adhesion between the wall and adjacent parts may exist and do serious damage to this important function without being detected.

*Read at 36th annual meeting of Canadian Medical Association, held at London, Ont., August 25-28th, 1903.

Hence what may be called mechanical interference with the normal movements of the stomach plays a far more important part in gastric complaints than is generally supposed.

There are several things that lead to derangement of the motor function, but the chief one is gastric ulcer. An ulcer in the stomach is generally accompanied by a fairly definite train of symptoms, but it may be present and do greater or less damage without giving rise to a single signal of warning. The complications of gastric ulcer are numerous and often serious. The list of them, in the admirable work on "Surgical Diseases of the Stomach," by Mayo Robson and Moynihan, contains no less than twenty-three of them, and yet fails to include all.

According to Leube, from one-half to three-fourths of all cases of recent gastric ulcer can be cured by three or four weeks of judicious treatment, but if not cured in that time they cannot be cured by medical treatment alone, and the authors of the work to which reference has just been made, make a still stronger statement in their remarks on this particular point of the subject, and conclude by stating that "cure can only be looked for in the greater number by surgical methods."

Let us ask ourselves, How can any medicinal remedy or any combination of them, including lavage and dieting, restore an organic constriction, or any of the organic changes that follow as a result of gastric ulcer? The answer need not be given here. In chronic affections of the stomach, too frequently, our treatment is addressed to supposed functional affections of the mucosa, when the fault is want of the normal mobility of the muscular coat. We all grant that medicinal treatment may, in the less grave conditions, prevent further progress of the trouble and render, under favorable conditions, the life of the patient quite comfortable for an indefinite period; but such patient must forego many things that naturally add to one's enjoyment of life.

As a general rule to which there are few exceptions, all patients who have frequently, over a largish area, the "succussion splash" four or five hours after taking food, are subjects for surgical treatment.

Although it is only within the last three or four years that my attention has been directed to the subject, the field appears to me so large for useful work that I am astonished it has received so little notice.

Admitting that the cases of cancer which develop in the stomach after years of gastric distress as being secondary to ulcer, my list of the operations is as follows:

Perforated gastric ulcer	5
Adhesions	6
Localized abscess	3
Subphrenic abscess	1
Stenosis of pylorus (non-malignant)	1
Cancer	6
Hematemesis	1
Hour-glass contraction	2
	<hr/>
Total	25

All recovered but two. The one for hematemesis did well till fifth day, when an untoward accident caused death. The other death occurred in a case of secondary perforation complicated with abscess of liver, many dense adhesions and general septic peritonitis. This patient, a young lady, was actually in a dying condition at time of operation, and although she rallied in a wonderful manner for a time, she died at the end of the second day. The perforation in stomach was irregular in outline, and so large that three of my fingers were passed through it together. Most of the operations were done as a last resort, and in desperate condition of patients. A number of them were commenced as exploratory incisions.

In the malignant cases, temporary relief was alone sought. In them, other things being equal, the older the patient, the better the result. All but one of these had obstruction of the pylorus, and in one exception the growth completely obstructed the esophageal opening. All had a previous history of gastric ulcer, and had suffered for long periods before malignant changes set in.

May we not hope that, through the able work of some young member of this Association, the not far distant evolutionary steps of our profession will develop such perfection in the diagnosis and surgical treatment of gastric ulcer and its various complications, that cancer, as secondary to ulcer of the stomach, will be considered a stigma on the standing of the professional men of the community in which it occurs.

Excluding for a more extended report the hour-glass contraction cases, I will merely state that in regard to the remaining ones of my list the results were extremely satisfactory.

Of the two cases of hour-glass contraction on which I

have operated, one was complicated by an ulcer on the posterior wall of the stomach, and the other by cancer. It is important to note that the previous history of each points to gastric ulcer as being the primary cause.

My first case came to me through the kindness of Dr. H. H. Sinclair, of Walkerton.

Case 1.—Miss J. S., age 36 years; tall and emaciated; weight 120 pounds; intelligent and of pleasing address; family history good. Previous history: Until her twenty-third year she had excellent health, weighed 160 pounds, and was unusually strong and robust. Thirteen years ago, she took, while fasting, a large dose of concentrated solution of Epsom salts, which was followed shortly afterward by an attack of severe gastric distress with distension of the stomach, which lasted with varying intensity for several weeks, during which she vomited blood on one or two occasions. After this she was seldom free for any length of time from gastric distress. The attacks gradually became more frequent and severe. She became a confirmed invalid, took all kinds of remedies, and passed through the hands of a number of medical men. She had, among other things, been treated for dyspepsia and neurasthenia, her uterus had been curetted, and ovariectomy advised. The most constant symptoms in the last three years of her sickness were pain in the epigastric region, great distension of the stomach, and distress in breathing, coming on shortly after taking any kind of solid food. These distressing symptoms grew in severity, and lasted on every occasion from one to two hours. Vomiting was not a prominent symptom. When the stomach was empty, pain was seldom severe. Toward the later months of her illness, every two or three days, she had a severe gastric crisis, during which her stomach became greatly distended, causing almost unendurable agony. To be brief, except for the absence of the characteristic vomiting, she had all the symptoms of stenosis of the pylorus with an ulcer near the part. She was admitted to the Guelph General Hospital under my care on the 29th of July, 1901. Before her arrival, she had taken no food for a considerable time, and consequently her stomach was empty. On examination, a tender spot was found a little below and to the left of ensiform cartilage. Deep pressure here caused severe pain which radiated in the back; this and the "succussion splash" were the only important symptoms present. She was kept in

bed, diet restricted to peptonized milk and albumin water and a mixture prescribed containing creosote. The nurse was instructed to inform me if any attack occurred. Either owing to the desire of the patient to conceal her true condition, or less likely to the beneficial effect of the method of treatment, no crisis on this occasion occurred; but in view of the history of her complaint and the presence of the "succussion splash," an operation was advised. The patient refused to consent, and shortly left the hospital. On the 17th of the following month, Dr. Sinclair sent her back with a note requesting an early operation, and as soon as the consent of the patient and her friends was obtained, she was prepared for it. On the 25th of September, after thorough lavage of the stomach, ether was administered, and a median incision made from near ensiform cartilage to umbilicus. The stomach was then brought as far as possible out of the wound. There were no adhesions on or about the organ, and the peritoneum, so far as exposed, was normal in every respect. The pylorus presented no change from the normal condition, but situated a little nearer the pyloric orifice than that of the esophageal was an organic circular contraction of the organ. The contracted portion was quite firm to touch, about an inch and a quarter in width, with a diameter not greater than that of an ordinary broom handle. As regards the normal situation of the lesser and greater curvatures, the constricted portion had its position midway between them. While noticing these facts, and protecting the parts with gauze, it was seen that at fairly regular intervals a peristaltic wave or contraction moved from the cardiac end to near the permanently contracted part, where it remained stationary for twenty or thirty seconds, and then gradually relaxed, but it never crossed over to the pyloric end. While this was at the stationary period, the stomach had the appearance of having two organic contractions, of nearly equal size, with merely a ridge of normal wall separating them. This phenomenon fortunately ceased in a short time, for its continuance would have rendered the after steps of the operation extremely difficult. Owing to the situation of the constriction, the absence of perigastric adhesions, and the fact that there was no abnormal condition of the pylorus, we determined to resort to gastropasty. Through an incision in the pyloric pouch, it was ascertained that the orifice connecting the two pouches would hardly admit the point of my little finger. This incision was extended trans-

versely across the contracted part, and when completed was five inches in length. On separating the edges, a round ulcer as large as a twenty-cent piece was discovered on the posterior wall of the cardiac portion, close to where the constriction had been. The floor of this was scraped with a knife, the edges pared, and then the mucous membrane closed over it by means of fine catgut sutures. Now the opposite edges of incision through the wall of the stomach were grasped at points midway between the ends, and sufficient traction made in the opposite directions to change the longitudinal course of the wound to one at right angles to its original direction. Thus, the ends became the middle, and the middle the ends. While thus held, it was closed with three rows of fine silk sutures. When introducing the last suture of the deep layer, a large vessel was cut by needle, and blood flowed freely, but on tying the suture all outward indication of hemorrhage ceased. After the protecting pieces of gauze were removed and the stomach replaced, the abdominal wound was closed without damage. The patient was returned to bed in a very satisfactory condition, but in less than an hour she became very restless, and vomited a large quantity of unchanged blood. The vomiting of blood continued till she became blanched, and the pulse ran up to 136. We were in a quandary how to proceed, whether to reopen the wound or wait for further developments. Fortunately, the amount of blood expelled became less, and the intervals between the vomiting spells longer. Probably some of Armour's Desiccated Suprarenal Powder, which had been introduced into rectum had a beneficial effect. There is no reason to suppose that the hemorrhage came from the ulcer, for undoubtedly the introduction of the suture, to which your attention has been directed, was the cause. The following day her condition was much improved, and afterward she made an excellent and complete recovery, and left the hospital exactly one month after operation. A quotation from a letter written recently by the doctor tells all that is necessary regarding her further progress: "After her return from Guelph she made a steady gain and would eat anything. I never prescribed for her after the operation, though I saw a good deal of her. My last visit from her was to get a certificate of health to enter a training school. This was eight months after the operation. She looked the picture of health, and weighed 170 pounds. When

last heard of, two weeks ago, she was in perfect health, and had been since leaving here."

Case 2.—R. M.; occupation, office work; age, 72; height, 5 ft. 10 in.; weight, 126 pounds; large frame; family history negative. Previous history: When a young man he had an illness of several weeks' duration, during which, though not confined to bed, he had severe pain in his stomach after taking food. All through life after this his stomach gave him more or less trouble, for which he took all kinds of remedies. His bowels were always constipated, but until toward the last he never vomited. In spite of the gastric distress, and the fact that he often slept poorly, he had a fair appetite, and his average weight was about 165 pounds. He was very regular in his habits, and methodical in business affairs; never used tobacco or any form of stimulant. In the beginning of August, 1901, his gastric distress became aggravated, and his family noticed that he was failing, and that he had a bad color. After this, he failed gradually, and early in the following February was a mere shadow of his former self. His daughter, in a recent letter states as follows: "Before going to Guelph, he complained of an oppression in his chest, but not a pain. After eating, he vomited a few times, without warning and without pain. The symptoms which alarmed us was that he could not get a passage in spite of all the pills and salts he took." He came to my office on the 18th of February, 1902. He was then emaciated, and so exhausted that he could hardly walk without assistance. His tongue was coated, his breath horribly offensive, and his color indicative of cancerous cachexia. He had had no bowel passage for a week, and this fact, and a feeling of oppression in his chest, had caused him to come for advice. When requested to designate the situation affected, he placed his hand on the middle of the sternum. He stated that he was very thirsty, and was forced to drink frequently; hungry too, but he feared to take food on account of his constipation, and the aggravation which food caused to his distress. He said that he had no pain, and that he had never vomited until recently, and then only on two or three occasions, when a small quantity of offensive liquid came up. He also mentioned that for a week or longer the amount of urine voided was extremely small. On examining him, I found the rectum quite empty, and all the organs, except the stomach (considering age and condition of nutrition), normal. The abdomen was

quite prominent, and in this respect contrasted in a marked degree with the wasted state of the other parts. Over the whole of it the "succussion splash" was obtained easily. Just above the outer third of Poupart's ligament, on the right side, a hard, irregular nodule the size of a small egg, and freely movable, could be felt beneath the abdominal wall. No intestinal peristaltic movement or sound could be detected. With a stomach tube fully six pints of horribly offensive material was syphoned from the distended organ. Just before the tube ceased to flow, several pieces of black, necrotic tissue came away. As the contents were withdrawn, the nodule to which I have referred gradually altered its position in the abdomen, taking a diagonal course upward and to the left, and when the work was finished its situation was close to the cartilage of the eighth rib of left side; and on the following day it disappeared under it, and could not be detected except on deep inspiration. Immediately after the fluid was syphoned, the patient felt greatly relieved. He was at once admitted to the Guelph General Hospital, kept in bed, and daily lavage and rectal feeding prescribed. While this plan of treatment was rigidly carried out, he continued to gain strength, and was entirely free from his former distress; but, in spite of all that could be done in the way of giving nutriment by the rectum, at the expiration of a week he refused to go without food by stomach any longer, saying that his hunger was unendurable. Peptonized milk, albumin water, and similar articles were then given, but the syphon tube proved that none of these passed through the stomach. It was evident that something would have to be done in order to prolong his life for any considerable time. Our diagnosis was malignant hour-glass contraction of stomach, or malignant obstruction of pylorus, but the latter condition was considered the more probable of the two. The import of the course taken by the nodule at the first syphonage was not grasped by me. The conditions governing the case were fully explained to the patient, who, after obtaining the advice of Dr. George Peters, of Toronto, elected to have operative treatment adopted. On the 8th of March, after having made due preparations to deal with any surgical condition of the stomach or pylorus likely to be present, the patient was anesthetized, and, assisted by Drs. Hobbs and Robinson, the operation was performed. On exposing the stomach, it was found to be divided into two pouches by a tight constriction, which was situated a

little nearer the pyloric than the cardiac end. The contracted portion was hard and nodular, and several nodules were noticed in the wall of organ and along lesser curvature, and the glands along this curvature were infected by cancerous deposits, as also were those near the great vessels at the back of organ. The wall of the pouch nearest the pylorus was much more affected by the growth than that of the cardiac side, and besides, its posterior wall near the contracted part was fixed by the growth to the back. The state of the organ with that of the adjacent glands put a gastropasty, or a gastrectomy, operation out of the question, and left our chance to benefit the patient to either gastrostomy, or gastroenterotomy. We decided in favor of the latter operation, and the jejunum was brought up and anastomosed to cardiac pouch, close to the greater curvature on the anterior wall by means of a Murphy-button. Then, in order to avoid the trouble which frequently follows this operation, the proximal arm of gut, or that nearest the pylorus was attached by silk sutures to the wall of this portion of stomach, two inches above the site of anastomosis, according to the method advised by me in two former papers. The wound was closed, and the patient returned to his room where he made, considering his age and previous condition, a splendid recovery. In two weeks he could take by mouth sufficient solid food to support any ordinary person, without causing the slightest symptom of his old complaint, and in less than a month he left the hospital. A quotation from a letter, received from him a few days after he left the hospital, contains this statement: "I eat well and sleep well; occasionally I feel a little working in my stomach, but when I take a little milk or drink of some kind it passes away. I will give you an account of what I have had for meals. For breakfast I have porridge and milk, poached egg on toast, hot milk with a little tea in it, and malt extract. For dinner, beef undercut, a little potato and gravy, bread pudding with figs in it, and malt extract. For tea, poached egg on toast, boiled milk with tea in it, Indian meal cake and maple syrup. I sleep well at night, and have a good passage each day. I walk about, and am improving in strength slowly. I wish to thank you for your kindness, and what you have done for me." His daughter, who was his constant companion, in the letter to which reference has been made, states: "During the year after he came home from the hospital, he never complained of his old distress. He ate heartily, and took

a good deal of nourishment, as he wrote you from time to time. Father took solid food and enjoyed it until about a week before he died. The evening before he died, he drank a glass of milk and an egg nog at six o'clock." Although the patient took abundance of nourishment and gained in strength, his weight never increased more than four or five pounds. Constipation of bowels and insomnia, which had troubled him for years, were things of the past, and he passed his remaining days in comparative comfort. He died on the 13th of February, 1903, more than eleven months after the operation was performed.

Ten days ago, and since writing this paper, I operated on a young man, twenty-two years of age for a non-malignant obstruction of the pylorus with great distension of the stomach. The patient has not had a bad symptom, and gives every indication of making a complete recovery.

THE SURGEON AS AN ANATOMIST.*

BY JOS. E. GIBBS, M.D., VICTORIA, B. C.

Gentlemen,—The object of my few remarks is to bring before this Association, representative as it is of the progress of medicine in the Dominion, the subject of the advisability of the combined study of practical anatomy with that of medicine and surgery.

The progress of surgery within the last decade has been such that unless we have the advantages of the practical departments of a medical college, it is with great difficulty we can keep abreast with developments, and especially is this the case with those who are located in isolated districts, who keenly feel the necessity of frequent review of this section. The importance of a thorough knowledge of anatomy is being more and more emphasized.

It is no doubt the lack of exact anatomical knowledge which is the cause of so much timidity among general practitioners with regard to simple life-saving surgical operations on abdominal viscera, which operations can and should be done by any medi-

*Read at London Meeting Canadian Medical Association, Aug. 26th, 1903.

cal practitioner. Then again, with regard to diagnosis, which, after all, is our rock and foundation, it is next to impossible to appreciate diseased structure without having first and foremost a practical and exact knowledge of normal anatomical relations. A knowledge of normal structure and function is essential, combined with a practical knowledge of pathological conditions, before it is possible to analyze the symptoms of disease, and apply the principles of therapeutical remedies, or surgical technique rationally. After all, it is principles we want, and these can be evolved only by the practical individual study of essentials, viz., anatomy, physiology and pathology.

The spaces in our journals are too much taken up with reports of cases and surgical technique, which at the best are of very little real value. Any tyro can easily learn surgical technique, and as to new operations, that is a matter of individual experience. Each operator has, or should have, his own method of operating, and method is a matter of our personal individuality.

There appears to be a prejudice existing in the minds of the profession with regard to the practical study of anatomy while engaged in actual practice. This important subject has not, so far as I have learned, been discussed in a meeting of any medical association in either Canada or the United States. The physician, general practitioner, and even surgeon, will unblushingly admit that his knowledge of anatomy is very unsatisfactory. During my medical course the final students seemed to glory in the fact that they had forgotten their anatomy, and during a six months' course of post-graduate work in Chicago, as resident surgeon in the Post-Graduate Hospital, and in the Woman's Hospital, I had ample opportunity of observing the great lack of knowledge of the structures and functions of the human body as displayed by the great many practitioners attending the clinics. Several well-known teachers have told me that their greatest difficulty in the teaching of practising physicians and surgeons is due to the deplorable lack of knowledge of anatomy. The anatomy, as learned by the medical student during his course, is not appreciated, and that knowledge is nicely summed up by Sir Frederick Treves in the preface to his excellent work on surgical applied anatomy, where he says: "The student of human applied anatomy has often a nebulous notion that what he is learning will

sometime prove of service to him, and may be conscious also that the study is a valuable, if somewhat unexciting, mental exercise. Beyond these impressions, he must regard his efforts as concerned merely in the accumulation of a number of hard, unassimilable facts." This statement is undoubtedly only too true, and coming from such an authority, reinforced by our individual experience, does it not seem that it is our duty to encourage in every way the practical study of this, our first, principle of our profession? But for the question at issue, Can the practical study of anatomy be combined with the practice of medicine and surgery. It appears that the only barrier to a decided answer in the affirmative is the fact of there being a widespread impression throughout the profession of the greater danger of infection. Is this impression the result of practical experience, or can its origin be traced to some previous vague association of the dissecting-room, offending our esthetic senses? In my own experience, during the past eight months, during which time I have been combining practical dissections with my usual routine of practice, I have had no unfortunate experience. I have had my hands in forty to fifty abdomens, have attended in the neighborhood of twenty-five confinements, and have done quite a little minor office surgery with no infection. Dr. Byron Robinson writes me that during the past twenty years he has made over one hundred dissections of the human body, a great many dissections of animals, and upwards of six hundred post-mortems; that he has also done a large continuous gynecologic operative practice without a single instance of infection traceable to his dissections.

Sir Frederick Treves is, I understand, an ardent advocate of the combined practice of practical dissections with that of the practice of surgery and medicine. This is also the case throughout the German clinics.

The twenty years' experience of Byron Robinson should surely be seriously considered. We are undoubtedly too loth to give up our deep-rooted opinions, even though these opinions are in the very great majority of instances not based upon practical experience. Experience is the true teacher, but in this instance I think it is safe to say the profession has allowed itself to be governed by prejudice which appears to be groundless. On the other hand, if infection is a real and not imaginary danger,

is it not high time that we should set about the task of evolving some means of making our dissecting material aseptic ?

By doing this, and thus bringing the practical study of anatomy safely within the reach of all practising physicians and surgeons, would we not be rendering a great and lasting benefit upon the profession especially, and indirectly upon the general public.

Question—What should be the attitude of the Profession to the practical study of anatomy by the practising physician and surgeon ?

My method of injection has been : For body weight, 100 lbs. ; age, 55 years ; sex, male :

Injection—Glycerini	℥ ivss.
Ac. carb. (pure)	℥ xv.
Alcohol	℥ xxx.
Formalin	℥ iss.

Inject and allow to stand 2 to 3 hours.

Coloring starch, carmine, q.s.

Alcohol et aq. ā ā q.s.

Reports of Societies

GREY AND BRUCE MEDICAL ASSOCIATION.

Owen Sound has been the centre of another convention, and though it was somewhat of the miniature variety when numbers are considered, yet it was in many respects an important and far-reaching event. It was the semi-annual meeting of the Grey and Bruce Medical Association, and the sessions were held at the Paterson House, Owen Sound, on Tuesday, October 20th. Besides the ten or a dozen medical men who practise in Owen Sound, the following gentlemen were present from outside points: Dr. McDonald, Annan; Dr. Sinclair, Walkerton; Dr. Pickard, Desboro'; Dr. Gunn, Durham; Dr. Porter, Walkerton; Dr. Williams, Allenford; Dr. Thomson, Woodford; and Dr. Smith, of Dornoch. The last-named gentleman was elected president for the ensuing half year. Dr. Sproule, M.P., was not present as expected, but very interesting subjects were discussed by local physicians. Dr. Allan Cameron spoke on "Some Curiosities in Midwifery that I have Met;" Dr. T. H. Middlebro dealt with "Ectopic Gestation and Pelvic Hematocele;" Dr. Eliza R. Gray dealt with the subject of "Infant Feeding;" and Dr. Howey with "Intestinal Obstruction." The discussions were freely participated in, and much beneficial information was elicited as a result. Dr. Murray was elected secretary of the association, and several new members were admitted. It was decided that the May meeting should be held in Hanover. The banquet at the Paterson House in the evening, tendered by the local members of the profession, was a very successful affair. The beautiful menu card was printed in white, blue and maroon, and on the back was a cut of the General and Marine Hospital. The committee in charge of the banquet was composed of Drs. Allan Cameron, H. G. Murray and George S. Burt, and to these gentlemen the success of the event was largely due. Dr. Earley proposed the toast of the King, which was loyally responded to. "Our Guests" was proposed by Dr. Hershey, and happily responded to by Dr. Gunn. Dr. G. W. Dow proposed "The Older Men of the Profession," to which the veteran practitioner, Dr. C. E. Barnhart, responded. "The Lady Members of the Profession" was proposed by Dr. McDonald, and a brief, but interesting and witty reply was made by Dr. Eliza R. Gray. The

final toast was in honor of "Our Hosts," and was proposed by Dr. Williams, the reply being made by Dr. T. H. Middlebro. The meeting was one of the most successful since the inception of the association.

THE October meeting of the Lambton Medical Association was held in Butler's Hall, Wyoming. There was Drs. Newell and Kelly, Watford; Dr. Bell, of Sarnia; Drs. Hubbard and McCordic, of Forest; Dr. Macalpine, of Petrolea; Dr. Brown, of Camlachie, and the resident physicians. Dr. Harvey, of Wyoming, and Dr. Bell, of Sarnia, read interesting papers which were freely discussed by members present.

CANADIAN MEDICAL ASSOCIATION AND A FEDERAL DEPARTMENT OF PUBLIC HEALTH.

RESOLUTION RE DEPARTMENT OF PUBLIC HEALTH.

At the thirty-fifth annual meeting of the Canadian Medical Association, the largest and most representative meeting of the Canadian Medical profession up to that time, and which was held in the city of Montreal, on the 16th, 17th, and 18th of September, 1902, the following resolution was proposed by Dr. E. P. Lachapelle, Montreal, and seconded by Dr. J. R. Jones, of Winnipeg:

Whereas, public health, with all that is comprised in the term sanitary science, has acquired great prominence in all civilized countries; and

Whereas enormously practical results have been secured to the community at large, by the creation of Health Departments under governmental supervision and control, and

Whereas greater authority and usefulness are given to health regulations and suggestions when they emanate from an acknowledged government department,

Therefore be it Resolved,—That in the opinion of the Canadian Medical Association, now in session, the time is opportune for the Dominion Government to earnestly consider the expediency of creating a separate department of public health, under one of the existing Ministers, so that regulations, sugges-

tions and correspondence, on such health matters as fall within the jurisdiction of the Federal Government, may be issued with the authority of a Department of Public Health. That copies of this be sent by the General Secretary to the Governor-General in Council and to the Honorable Minister of Agriculture.

This resolution was strongly supported by Dr. T. G. Roddick, M.P., the Hon. Senator Sullivan, Kingston, and other prominent and influential members of the Association and carried unanimously.

The President of this Association, Dr. Walter H. Moorhouse, of London, Ontario, then appointed the following special committee to take the matter in hand and report at the annual meeting which was held in London, on the 25th, 26th, 27th and 28th days of August, 1903. Dr. R. W. Powell, Ottawa (Convener), Dr. T. G. Roddick, M.P., and Dr. E. P. Lachapelle, Montreal. This Committee reported through Dr. Powell to the Association at London on the 26th day of October, as follows:

REPORT OF SPECIAL COMMITTEE.

OTTAWA, August 24th, 1903.

To the President and Members of the Canadian Medical Association:

GENTLEMEN,—Your Committee, consisting of Dr. T. G. Roddick, M.P., Dr. E. P. Lachapelle and Dr. R. W. Powell, convener, acting under instructions from your President had the honor to wait upon the Prime Minister to present to the Government the resolution passed at the last meeting of your Association on the question of the creation of a Department of Public Health under one of the existing Ministers. The whole matter was gone into thoroughly, and your committee endeavored to press upon the attention of the Government the great desirability and importance of placing all matters included under the term "public health," with which the Dominion Government has to do upon a higher basis than now obtains.

It was pointed out that this Association, representing the whole Dominion, in which there are over 5,500 practitioners had concluded that it would be in the best interests of the general public welfare of the Dominion that such should be done, and that the time had come when Canada should be elevated from

the entirely secondary place she now occupies among the nations in this branch of the public service, and that she should at once have a status conferred by Parliament whereby all questions relating to sanitary science and public health should be dealt with from a central authority, to be known as the Public Health Department.

Many matters of detail were not particularly discussed at the interview inasmuch as your committee felt that their duty consisted chiefly in pressing upon the Government the main idea by endeavoring to show that the present system of having the various subjects scattered throughout several departments, with consequent multiple division of authority, was not calculated to impress the public with the great importance of the administration.

Your committee, moreover, insisted strongly that our profession was a strong, active body of earnest workers, and their number and influence entitled them to this consideration, which was for the public welfare, and not in any way directly or indirectly for their personal benefit, and finally it was pointed out that the skeleton of this plan is already well laid, and a Director-General of Public Health holds an appointment to-day, an earnest, hard-working, able official at present issuing his orders in *re* quarantine from the Department of Agriculture, which is an anomaly *per se*, and lessens the authority in a measure, and yet he has nothing to say as regards sick seamen, sick Indians, adulteration of food, vital statistics, and has no laboratory under his control.

The Prime Minister was most courteous, and listened patiently to the arguments set forth, and finally authorized Dr. Roddick to place a resolution upon the order paper, with a view to having a discussion in Parliament before the Privy Council took up the matter in earnest.

Sir Wilfrid Laurier also stated that, in the absence of the Minister of Agriculture, who was familiar with the whole question, he would not willingly go into the matter at greater length with a view to legislation, in the Minister's absence.

Dr. Roddick's resolution was as follows:

"That it is expedient in the public interest to constitute a Department of Public Health for the Dominion, charged with the execution of the various duties which are, or may be, imposed upon or assumed by the Government, for the protection of the

public health, and the prevention and mitigation of diseases, and that such Department of Public Health be administered under the direction of a Minister of the Crown, in conjunction with one of the existing Departments of the Government."

On the return of the Minister of Agriculture from Japan, your committee was again convened, and waited upon him, when the subject was again carefully gone into. The committee feel they have a warm advocate in Mr. Fisher, who is thoroughly alive to the necessities of the case, and if his colleagues in the Government would carefully consider this matter, and the justice and importance of the claim for consideration we as a profession are making, they would readily acquiesce. Some difficulties naturally stand in the way, and some difficulties are easily introduced into the way, but a way can be found for this measure to be put through, as has been found for other measures, and will be found for future measures, if only there is a willingness on the part of the Government to place this matter in the position it ought to occupy. Let me say that Parliament is still in session, and, therefore, it may yet transpire that the final decision of the Government may not be adverse, and the delay will be found to be due only to the great strain of urgent public business of weightier moment.

Your committee expresses the hope that their efforts have not been entirely in vain, and they beg to report that in their opinion the profession as a whole must continue to press their claims for a proper recognition of this question at the hands of the Government by influencing all those with whom they may come in contact, and moreover by continuing to further influence public opinion by definite announcements from time to time in the form of resolutions emanating from this parent Association, and others of a like character throughout the Dominion.

Respectfully submitted on behalf of your Committee,

(Sgd.) R. W. POWELL, *Convener.*

Mr. I. H. Cameron, of Toronto, a past-president of the Association, moved the adoption of this report, which was done unanimously after a full and extended discussion. Dr. Adam H. Wright, Toronto, then presented the following resolution, which was seconded by Dr. H. H. Chown, of Winnipeg:

RESOLUTION *re* PUBLIC HEALTH DEPARTMENT.

Moved by Dr. Adam H. Wright, Toronto, and seconded by Dr. H. H. Chown, Winnipeg, that

Whereas, this Association at its meeting in Montreal, in 1902, placed itself on record by resolution to the effect that it is expedient that a Department of Public Health be created by the Dominion Government, and administered under the authority of one of the existing Ministers of the Crown;

It is further Resolved at this meeting to again press upon the attention of the Government that Canada is not preserving her status among the nations in this branch of the public service, and that it is anomalous to have the various matters connected with the administration of public health so far as it appertains to the Dominion Government spread throughout four or five departments.

It is further Resolved,—That, in the opinion of this Association, the profession of medicine in the country, being actuated in this matter solely in the best interests of the public welfare, and with an earnest wish to place Canada on a par with other civilized countries, is entitled to expect that the Hon. the Privy Council of Canada will, at an early date, take this question into its best consideration, so that by the time our Association meets again in the autumn of 1904, we will be made officially acquainted with a decision.

That a copy of this resolution be transmitted by the Secretary to the Right Honorable the Prime Minister, to the Honorable the Minister of Agriculture, and to the Honorable the Privy Council of Canada, through the Hon. R. W. Scott, Secretary of State.—Carried unanimously.

Dr. S. J. Tunstall, Vancouver, B.C., the President-elect, has re-appointed this special committee, with instructions that they prosecute the matter still further, and be able to present at the next annual meeting in Vancouver, in 1904, a more favorable report.

GEORGE ELLIOTT, *General Secretary*.

TORONTO, December 1st, 1903.

The Physician's Library

Blakiston's Physician's Visiting List for 1904. Fifty-third year of publication. Philadelphia: P. Blakiston's Son & Co. Toronto: Chandler & Massey Limited.

This work has been so long before the medical profession that it scarcely needs anything more than mention. It will be found to fulfil all the requirements of a complete visiting list.

Modern Surgery: General and Operative. By JOHN CHALMERS DACOSTA, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fourth edition, greatly enlarged and reset. Handsome octavo volume of 1099 pages, with over 700 illustrations, some in colors. Cloth, \$5.00 net; sheep or half morocco, \$6.00 net. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Canadian agents: J. A. Carveth & Co., Limited, 413 Parliament Street, Toronto.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The author's extensive experience as a teacher is evident throughout the entire work, the statements being clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. So many improvements, discoveries, and observations have been made since the appearance of the last edition of this work that the author found it necessary to rewrite it entirely. In this fourth edition the book shows evidences of a thorough and careful revision, and there has been added much new matter. There have also been added over two hundred excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter it has been deemed advisable in this present edition to adopt a larger type page. This is a great improvement, rendering, as it does, the work less cumbersome. The book will be found to express the latest advances in the art and science of surgery. We certainly recommend it.

The Physician's Pocket Account Book. By Dr. J. J. TAYLOR.

A neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain legal language, and *require no posting* or further attention. The Medical Council, 12th and Walnut Streets, Philadelphia.

The book contains obstetric, vaccination and death records and cash accounts, and is 4 1-4 by 6 3-4 inches, containing over 200 pages. Price, bound in leather, \$1.00. We have it also bound in manilla boards with separate leather case. Price of the leather case and two of the manilla books, \$2.00. The case will outlast several of the books. Subsequent manilla books to use in the case, 60 cents each; two for \$1.00, three for \$1.40.

Roger on Infectious Diseases. Their Etiology, Diagnosis and Treatment. By G. H. ROGER, Professor Extraordinary in the Faculty of Medicine of Paris, etc., translated by M. S. Gabriel, M.D., New York. In one octavo volume, of 864 pages, with 43 illustrations. Cloth, \$5.75 net. 1903. Philadelphia and New York: Lea Brothers & Co.

This volume comprehends almost the entire scope of internal medicine, and touches upon many of the principles underlying modern surgery as well. It could not have been prepared by a laboratory investigator, however brilliant, nor by a clinician, however extensive his experience; its creation remained for one who combines the instincts and training of a student in original research with almost unprecedented opportunities for clinical investigation.

Never losing sight of the fact that the purpose of the laboratory is to amplify and explain clinical observations, Professor Roger has pursued clinical and experimental researches in the closest relation to each other. In this work he unfolds the knowledge of his subject by simple and practical methods. He first studies the pathogenic agents, inquires into their distribution in nature, the conditions under which they attack man and their modes of invasion. Full consideration is then given to their influence upon the human economy, and the reaction of the latter

upon the invaders. Ample time and space are devoted to questions of diagnosis and prognosis, and that the work is eminently practical is shown by the fact that more than a quarter of the volume is devoted to treatment both preventive and curative.

Professor Roger has had opportunities for the study of infectious diseases which rarely fall to the lot of any man. In the hospitals under his charge are received all cases of contagious diseases which occur in Paris and he has personally attended more than 10,000 patients during a period of five years. The effect and purpose of this work is to harmonize any seeming antagonism between experimental researches and clinical observation, and to reduce the theories of infection and immunity to a basis of practical utility.

Nose and Throat Work for the General Practitioner. By GEORGE L. RICHARDS, M.D., Fellow American Laryngological, Rhinological and Otological Society; Fellow American Otological Society; Associate Editor "Annals of Otology, Laryngology and Rhinology;" Otologist and Laryngologist, Fall River Union Hospital, Fall River, Mass. Price \$2. New York: The International Journal of Surgery Co.

This book derives especial importance from the fact that the diseases described therein constitute so large a share of the physician's daily routine of practice. It has been the author's aim to teach the practitioner how to diagnose these cases and how to treat them successfully and according to modern methods. With this object in view every effort has been made to describe the treatment in such detail as to leave no point obscure, and to simplify the technics as much as possible so as to avoid the necessity of an elaborate and expensive armamentarium. No space is occupied with theory, and the information given is based for the most part upon the author's own extensive clinical experience in diseases of the nose and throat. For the sake of completeness a number of conditions are discussed which properly belong to the specialist, but with these few exceptions the diseases described are such as can be treated by the general practitioner. A noteworthy feature of this work is the large number and excellence of the illustrations.

A Handbook of the Diseases of the Eye, and Their Treatment.

By HENRY R. SWANGY, A.M., M.B., F.R.C.S.I., Surgeon to the Royal Victoria Eye and Ear Hospital, Ophthalmic Surgeon to the Adelaide Hospital, Dublin, etc. Eighth edition, revised, with 168 illustrations, and zephyr card of Holmgren's tests. Price, \$2.50 net. Philadelphia: P. Blakiston's Son & Co. 1903.

This excellent work has been extensively revised and brought down to date. In a work so well and favorably known, one need not dwell on its general arrangement; suffice it to mention a few of the additions: A description of conjunctivitis petri-ficans; a description of grating keratitis, guttate keratitis, keratitis aspergilliná, and of recurrent abrasion of the cornea; a more detailed account of Pfluger's method of tarsor-rhaphy, and also Kuhset's method of extirpation of the lacrimal sac. The author has also dwelt at greater length on the subject of sympathetic ophthalmitis, and on the use of the magnet for foreign bodies in the eye. Altogether, the work is a thoroughly satisfying one, and one that will appeal not only to the ophthalmic surgeon, but also in a surprising degree to the general practitioner.

The work may be had through Mr. A. P. Watts, of the firm of Chandler & Massey Limited, Toronto.

The Latin Grammar of Pharmacy and Medicine. By Dr. D. H. ROBINSON, Ph.D. Professor of Latin Language and Literature, University of Kansas. Fourth Edition, with elaborate vocabularies. Cloth, \$1.50. Philadelphia: P. Blakiston's, Son & Co. Canadian Agents: Chandler & Massey Limited, Toronto.

The fact that this work has reached its fourth edition is a good recommendation of the book before us. We think that most physicians are in need of a better knowledge of Latin, used in writing prescriptions. If the custom of writing prescriptions in Latin is to be continued we should attempt to do so correctly. In this book the chief features of the earlier editions have been retained, and in addition many additions have been made. A chapter on prescription writing will be found especially useful.

Progressive Medicine. Fifth Annual Series. Volume II., June, 1903. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 427 pages, with 46 illustrations. Per volume, \$2.50, by express prepaid. Per annum, in four cloth-bound volumes, \$10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Clark begins the section on Gynecology with a thorough discussion of all the various phases of cancer of the uterus—its etiology, clinical manifestation and treatment. Dr. Stengel's section on Diseases of the Blood includes also morbid conditions of the ductless glands and disorders of metabolism.

The section of Ophthalmology, edited by Dr. Edward Jackson, is, as usual, noteworthy for the practical value which it possesses, not only for the ophthalmologist, but for every physician.

The volume is copiously illustrated throughout, and the excellent arrangement of its material, together with a full index, render it most convenient for reference.

Lea's Series of Medical Epitomes—Hale's Epitome of Anatomy. A Manual for Students and Physicians. By HENRY E. HALE, A.M., M.D., Assistant Demonstrator of Anatomy, College of Physicians and Surgeons (Columbia University), New York. In one 12mo volume of 384 pages, with 71 illustrations. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

Anatomy is the very foundation of all medicine and surgery, and the student is fortunate in having as his text-book a work of such admirable simplicity and wonderful teaching power as "Gray." This marvellous volume frequently and aptly called "the Bible of Medicine," has more than held its own in the face of the many would-be competitors which have been so desperately pushed during the past fifty years, and is to-day more widely used than ever before. Unfortunately, however, its size prohibits its use for study under all circumstances, and the medical student, or the candidate brushing up for State Board Examinations must often take advantage of every opportunity for reading.

Just here is where the Epitome of Anatomy finds its field.

Dr. Hale has given the essence of the entire science in a convenient little volume which may be carried in the pocket and may be read a hundred times and places when and where it would be inconvenient to read "Gray." The complete outline of Human Anatomy is given, every step being taken in natural sequence, so that the student gets a correct perspective of the entire subject into which the details from his "Gray" may be readily fitted. Moreover, for the convenience of quizzing, as well as for self-examination, a series of practical, pertinent questions is placed at the end of each chapter in small type, taking up little room, where they may be used or not. This is an improvement over the old plan of separating paragraphs with questions, which interfere with connected reading or study.

Illustrations are used throughout the volume wherever the understanding can be better helped by the combination of text and pictures, and the price of the volume (\$1.00,) based upon the certainty of a very wide usage, is low enough for every student's purse.

A Thesaurus of Medical Words and Phrases. By WILFRED M. BARTON, M.D., Assistant to Professor of Materia Medica and Therapeutics, and Lecturer on Pharmacy, Georgetown University, Washington, D.C.; and WALTER A. WELLS, M.D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D.C. Handsome octavo of 534 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Flexible leather. \$2.50 net; with thumb index, \$3 net. Toronto: J. A. Carveth & Co., Limited, Canadian agents.

This work is the only medical thesaurus ever published. It performs for medical literature the same services which Roget's work has done for literature in general; that is, instead of, as an ordinary dictionary does, supplying the meaning to given words, it reverses the process, and when the meaning or idea is in the mind, it endeavors to supply the fitting term or phrase to express that idea. To obviate constant reference to a lexicon to discover the meaning of terms, brief definitions have been given before each word. As a dictionary is of service to those who need assistance in interpreting the expressed thought of others, the thesaurus is intended to assist those who have to write or speak to give proper expression to our own thoughts. In order to

enhance the practical application of the book cross references from one caption to another have been introduced, and terms inserted under more than one caption when the nature of the term permitted. In the matter of synonyms of technical words the authors have performed for medical science a service never before attempted. Writers and speakers desiring to avoid unpleasant repetition of words will find this feature of the work of invaluable service. Indeed, this thesaurus of medical terms and phrases will be found of inestimable value to all persons who are called upon to state or explain any subject in the technical language of medicine.

The Medical News Visiting List for 1904. An invaluable, pocket-sized, wallet-shaped book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice; in its eighteenth year of issue. The weekly, monthly, and 30-patient perpetual, contain 32 pages of data and 160 pages of classified blanks. The 60-patient perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years, \$1.25. Thumb-letter index, 25 cents. extra. By mail, postpaid to any address. Philadelphia and New York: Lea Brothers & Co., Publishers.

Lea's Series of Medical Epitomes—An Epitome of Inorganic Chemistry and Physics. By A. McGLANNAN, M.D., of the College of Physicians and Surgeons, Baltimore. 12mo of 216 pages, illustrated with 20 engravings. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The author's purpose has been to set forth the accepted and proved facts, that go to form the foundations of the sciences of Inorganic Chemistry and Physics, in a manner which will conduce to clear and easy understanding by students of Medicine, Pharmacy, Dentistry, etc.

Originality is, of course, not claimed for the little volume, and although an earnest endeavor has been made to include *all essentials*, accepted to date, the reader will not find novel or

unsettled theories exploited, nor mention of matters that are simply interesting or curious, but without practical value. The next volume of this series to appear will be by the same author, and will cover the essentials of Organic and Physiological Chemistry.

As in the other volumes of the Medical Epitome Series the text is not interrupted with questions, but is continuous for connected reading, with proper headings so that any desired point can be readily found. The valuable features of quizzing are provided for by the questions at the end of each chapter.

For the needs of the student in keeping fully abreast with his medical course, or in preparing for examinations, or for the physician or surgeon who desires quickly to post himself to date, the Medical Epitome Series is unsurpassed.

A Manual of the Practice of Medicine. By A. A. STEVENS, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, Lecturer on Physical Diagnosis in the University of Pennsylvania, Physician to the Episcopal Hospital and to St. Agnes' Hospital; Fellow of the College of Physicians of Philadelphia, etc. Sixth edition, thoroughly revised, enlarged, and reset. Handsome post-octavo of 556 pages, illustrated. Flexible leather, \$2.25 net. 1903. Philadelphia, New York and London: W. B. Saunders & Company. Canadian agents: J. A. Carveth & Co., Limited, 413 Parliament Street, Toronto.

The popularity of this manual on the practice of medicine can be attested for by its numerous editions. The work covers completely the ground gone over by the student, especial stress being laid on diagnosis, differential diagnosis, and treatment. Each disease is treated in a concise, clear and scientific manner, and the reader cannot fail to grasp the author's meaning. This sixth edition has been entirely reset and greatly enlarged, without changing, however, the original style of the work. Many articles, notably those on diseases of the digestive system, diseases of the myocardium, malaria, diseases of the blood, gout, diseases of the spinal cord and larynx, have been entirely rewritten, thus bringing the work absolutely abreast of the times. After a careful examination we can unhesitatingly recommend this book to students.

Dwight's Epitome of Medical Jurisprudence. A Manual for Students and Practitioners. By E. W. DWIGHT, M.D., Instructor in Legal Medicine, Harvard University. In one 12mo volume of 249 pages. Cloth, \$1.00, net. Lea's Series of Medical Epitomes. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

To arrange such a subject as Medical Jurisprudence so as to present its real essentials clearly, yet in small compass, is a difficult matter, but the labor and care of the author mean corresponding facility for the student or reader.

Dr. Dwight has taught Legal Medicine to the medical students of Harvard University for several years. He knows exactly the needs of the student and practitioner, and this book is the outcome of his knowledge and experience. The expression "Mulum in Parvo" has been worn threadbare by its frequent application to books, but never has a volume better merited this trite but meaty description than the one now under consideration. The practitioner or student who thoroughly knows the contents of this little book will be well equipped for almost any of the medico-legal emergencies which may and do come to every practising physician.

King's Manual of Obstetrics. By A. F. A. KING, M.D., Professor of Obstetrics and Diseases of Women, in the Medical Department of the Columbian University, Washington, D.C., and in the Medical Department of the University of Vermont. Ninth edition, revised and enlarged. In one 12mo volume of 628 pages, with 275 illustrations. Cloth, \$2.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

Probably no better statement of the scope and purpose of this book can be made than the following excerpt from the Preface:

"As stated in the Preface to the First Edition, the chief purpose of this book is to present, in an easily intelligible form, such an outline of the rudiments and essentials of Obstetric Science as may constitute a good groundwork for the student at the beginning of his obstetric studies, and one by which it is hoped he will be the better prepared to understand and assimilate the extensive knowledge and classical descriptions contained in larger and more elaborate text-books.

"Whatever value the book may offer to the practitioner for

purposes of reference, I cannot but hope it may prove of service to those whose onerous duties allow but little leisure for consulting larger works, and who simply desire to refresh their minds upon the more essential points of obstetric practice.

"In the preparation of the Ninth Edition such additions and changes have been made as the progressive development of Obstetric Science seemed to require.

"Some errors have been corrected and obsolete methods of practice omitted. The chapter on Puerperal Septicemia has been remodeled and, for the most part, rewritten.

"Some of the older illustrations have been replaced by newer ones, and several new engravings have been added."

That Dr. King is overmodest in his statements is easily shown by the demand which has necessitated so many large editions of his very popular manual, and, again, this popularity is easily understood upon a perusal of the book. The amount of practical information it contains is astonishing, and yet it would be difficult to find a superfluous word. It is one of the very few books which may be described as "all meat," and its frequent careful revisions keep it always representative of the latest accepted views.



Brewer's Surgery. A text-book of Surgery for Students and Practitioners, by GEORGE E. BREWER, A.M., M.D., Lecturer on Clinical Surgery at the College of Physicians and Surgeons (Medical Department of Columbia University), New York. In one octavo volume of 712 pages, with 280 engravings and 7 plates in colors and monochrome. Cloth, \$4.00; Leather, \$5.00, net. Lea Brothers & Co., Philadelphia and New York, 1903.

The need of a comprehensive, yet abridged, text-book on Surgery, suitable for the use of students and practitioners, and presenting clearly the accepted modern views of surgical pathology and treatment, has been felt by the author of this work during his experience in teaching. That such a need has existed in the past is evidenced by the fact that excellent manuals have appeared from time to time. That it is not adequately filled at present is perhaps due to the fact that the best of these manuals have, by their success, passed into new editions, in each of which the tendency to enlarge has not been sufficiently resisted, and consequently they have grown into large treatises, thereby outgrowing the demand which originally called them into being.

Following these ideas, the author has endeavored in the present work to give the essential facts in practical surgery as briefly as is compatible with clearness. The same reason has excluded the description of more than one or two methods of treating a given surgical affection. It is often a difficult task to select from the many procedures which have been proposed that which is most applicable and successful, but such selection is a great aid to the reader. Space has also been gained by the avoidance of quotation of authorities, except where advanced ideas are mentioned which have not yet received general recognition.

Atlas of the External Diseases of the Eye. By PROF. DR. O. HAAB, of Zurich. Second edition, thoroughly revised. Edited, with additions, by G. E. De Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania. With 98 colored lithographic illustrations on 48 plates, and 232 pages of text. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Price, \$3.00 net. Canadian agents: J. A. Carveth & Co., Limited, 413 Parliament Street, Toronto.

This "Atlas on External Diseases of the Eye" forms an excellent companion-book to Professor Haab's "Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis," and is just what might be expected from an author of such broad clinical experience and trained observation. Starting with examination of the eye the student is easily and gradually led from one examination to another, thus becoming familiar with the best methods of investigating the eye for the detection of disease. In the chapters on diseases of the eye which follow, the most important diseases are clearly described, and the best therapeutic measures recorded. The text has been amply illustrated by a series of beautiful chromo-lithographic plates, to each one of which a clinical history is appended. This second edition has been thoroughly revised and brought down to date, and a number of new chromo-lithographic plates added. As in the first edition valuable editorial comments are introduced, and reference made to many of the modern therapeutic agents.

Whitman's Orthopedic Surgery. New (second) edition. A Treatise on Orthopedic Surgery. By ROYAL WHITMAN, M.D., Instructor in Orthopedic Surgery in the College of Physicians and Surgeons (Columbia University), New York; Associate Surgeon to the Hospital for Ruptured and Crippled; Orthopedic Surgeon to the Hospital of St. John's Guild; Chief of the Orthopedic Department of the Vanderbilt Clinic, etc. New (second) edition, thoroughly revised and much enlarged. In one octavo volume of 820 pages, with 507 engravings, mostly original. Cloth, \$5.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Orthopedic Surgery occupies a broad field and one of very great and general interest. Its most distinctive advance in recent years has been toward the prevention of deformity, an advance that has been made possible by the better understanding of its predisposing and exciting causes. As a natural consequence, treatment has become more direct, more simple, and more effective. It has been the purpose of the author to emphasize this aspect of the subject, which is of the greatest importance to the general practitioner, who so often has the opportunity to recognize disease or disability in its incipiency, when its progress may be checked by timely treatment.

Although this book is designed particularly for students and practitioners of medicine, the author has included statistical and other data, which he hopes may prove of interest to his fellow-workers in this special field.

Desiring to make a practical, useful journal for the General Practitioner,
the Editors respectfully solicit Clinical Reports from subscribers and others.

Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

GRAHAM CHAMBERS, B.A., M.B. WALTER McKEOWN, B.A., M.D.

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No. 6.

THE PURPOSES AND MAINTENANCE OF UNIVERSITIES.

At the present time when the two leading medical colleges of Ontario have become consolidated into one and constitute the Medical Faculty of the Provincial University, a State-aided institution, some ideas and opinions of one who has recently delivered himself on the purposes and maintenance of our universities, meaning English universities, but quite applicable to our own institutions here in Canada, may present food for thought more than a mere matter of interest. Sir Victor Horsley, the eminent English surgeon, delivered the address at the opening of the winter session of the Faculty of Medicine of the University of Birmingham. Sir Victor points out that in the present time there is one grave disadvantage of the present system of

medical education, viz., the attempt to carry on the Medical Faculty by means of the students' fees, which financial aspect he considers the crux of the university question. All universities have to develop their two sides—the systematic educational side and provision for original research. The latter involves extensive and expensive laboratories, and the pertinent question to be asked here is: Where is the money to come from? From three sources, viz., private endowment, students' fees, and from the State. To carry on the work of a Medical Faculty, to finance it on students' fees and spasmodic private bequests, the way that the public think it is done, at the same time pursuing original research, which is solely and alone for the benefit of the community and the nation, cannot possibly be done. Medical science and research have given much and are continually and constantly giving much to the State. Surely the State could see the wisdom of giving material assistance to amply increase the profits in return. Private benevolence or subscription lists cannot be depended upon to meet the needs of the prosecution of original research; and these laboratories must be maintained, developed and extended by State aid and by that alone. There is no Faculty in any university as important to the people as that in which are taught the tenets which conserve human life and alleviate human suffering. Sir Victor has also a word to say on the subject of university medical degrees. Apparently he is not much in love with the system in vogue of granting a degree of Bachelor of Medicine, and later a doctorate or M.D., on the production of a thesis or a monetary stipulation. Certainly it would be far better to set a high standard of sound, first-class medical education, and give the properly qualified candidate his M.D. at once; or make the M.D. qualification that it would serve as a mark of distinct and advanced scholarship in medical science. Sir Victor Horsley seems to put his finger right on the correct spot when he says: "The function of the university is to provide the highest class of education irrespective of the number of students which may happen to come."

THE HOUSE ON WHEELS.

The American Public Health Association held its annual meeting at Washington recently, when the statement was made by one of the members thereof in the course of an animated discussion on the spread of disease, that the sleeping-car was a potent factor in the transmission of consumption. Perhaps the speaker had good grounds for making this broad statement, and knew perfectly well what he was talking about from his own experience and observations, and one can scarcely wonder at it being correct, when another medical publicist from an adjoining State declared that an official investigation made by him had disclosed the fact that the blankets were only cleaned once in six months. Such a condition of affairs should, without a doubt, be condemned. It is gratifying, however, to assure the travelling public of Canada, so far as our information allows us, that they need have no fears on these grounds when traveling in the sleeping cars of the Canadian Pacific Railway. We are assured by the superintendent of the sleeping, dining, and parlor cars of that system, that his company, as well as the other companies of Canada, as far as his knowledge extends, do all in their power to render their cars at once healthful and cleanly; a dusty car, sometimes after a long run; a dirty car—never. At the end of a run these cars are thoroughly cleaned by the modern compressed air system, which includes the blowing out by means of compressed air, of the blankets, carpets, cushions, seats and head-rests. In addition to this, all the cars are, every ten days, thoroughly fumigated by means of formaldehyde. Whenever it is ascertained that they have been carrying a passenger with any contagious or infectious disease, that car is immediately put out of commission, and is not used again until it has been most thoroughly and satisfactorily disinfected. In the case of consumptives, when any passenger having that disease has been carried, all the linen and blankets utilized by him are subjected to a separate

washing, and disinfected in a thorough and proper manner. All this is certainly comforting news for the travelling public throughout Canada. We are sorry if things are not just so sweet across the border.

PROGNOSIS IN CONSUMPTION: RESULTS ACHIEVED BY SANATORIUM TREATMENT.

In the issue of *The Journal of the American Medical Association* of the 21st of November, Dr. Lawrason Brown, Resident Physician, Adirondack Cottage Sanatorium, gives in detail an analysis of fifteen hundred cases of tuberculosis discharged from that institution from two to eighteen years ago. The article is a most interesting one, especially following the address of Dr. Trudeau, recently delivered in New York, and which we had occasion to refer to in our last number. The subject of prognosis in this disease, especially following regulated manner of living, and the fresh air and rest cure, as can only be properly carried out in well-regulated sanatoria, is the one part of the whole question which must appeal to us more than any other; for if any thing is to be achieved by this mode of treatment, we must have satisfactory proof adduced as to the results. That schedule relating to the analysis of five hundred cases discharged from eight to eighteen years is, of course, the most important, as it is here that we are able to study the permanency of cures, and to pronounce upon the effects of the modern treatment of the disease. According to the figures and dates of Dr. Brown, the first five hundred cases were admitted during a period extending from May 12th, 1885, to July 1st, 1893. The last patient of this series of cases was discharged nine years ago; and of the entire number 45 per cent. could not be traced and, therefore, their after history is a complete blank. As it is now generally recognized that the curability of pulmonary tuberculosis depends

directly upon the stage of the disease, it will, therefore, be necessary to follow up the incipient cases alone. Of these there were 103 such cases, discharged as follows: Apparently cured, 73; arrested, 12; improved, 12; unimproved, 6. At the present time, eighteen years after the first of these cases was admitted and ten years after the last was discharged, there are 23 well; arrested, 1; relapsed, 2; dead, 26; untraced, 51. Of the 73 apparently cured cases, we are told that eighteen are now well; so that five of those who were discharged and who were not reported as cured must have progressed favorably after departure from sanatorium life. Knowing that pulmonary tuberculosis is a disease which lingers long in some individuals, we cannot help asking ourselves the question: How long would these twenty-three have lived if they had never been subjected to sanatorium treatment at all? How many of them would have recovered spontaneously? Would they not have been just as well off if they had taken to the woods at the outset? It does not appear satisfactory that so many of these cases cannot be traced. And when the writer commences to sum up these first five hundred cases, his summary does not seem very encouraging. Forty-two (8 per cent.) are well. *Two hundred and thirty-three are reported as dead; 214 have never been traced.* We have purposely dealt only with those cases discharged from eight to eighteen years, as showing permanency of results; and we would like to ask: In any given five hundred cases of consumption, how many of them would be alive at the end of eight or even eighteen years, if never subjected to sanatorium treatment at all?

A FEDERAL DEPARTMENT OF PUBLIC HEALTH.

On another page will be found in detail what has been done by the Canadian Medical Association and its Special Committee *re* the proposed establishment of a Department of Public Health for the Dominion of Canada. That this is desirable in every

ry, there seems not to be a doubt on the part of those who are familiar with the position of health matters throughout the Dominion. As it is now the sanitary and hygienic government of the country is not all administered from one department, but the departments of Marine, Agriculture, Indians, etc., all have health branches. It seems most anomalous that such important matters are not consigned to one department with a responsible head. The fact that these resolutions were passed unanimously at the two largest and most representative meetings of the Canadian Medical Association, at both of which all the provinces were represented, with the single exception of Prince Edward Island, at the London meeting, is sufficient evidence that the medical profession throughout Canada desires most urgently to see a unification and consolidation of the different units of the public health branch of the civil service. The matter rests in the hands of a strong committee, and it may be expected that Dr. Powell, Dr. Roddick and Dr. Lachapelle, all of whom have always taken a deep interest in the affairs of the Canadian Medical Association, as well as in matters pertaining to the medical profession throughout the Dominion at large, will be able to lay the matter before the Premier and his colleagues in such a way as to bring it to a successful issue. We are assured by this Committee that they have a warm friend in the Honorable, the Minister of Agriculture, Mr. Fisher, who is fully alive to the importance of the subject. As suggested in the report, it might be well for the different medical societies of the larger cities of the provinces, of county associations, and the Maritime Medical Association to pass similar resolutions endorsing the action of the parent organization, the Canadian Medical Association.

News Items

DR. J. F. W. ROSS, Toronto, will spend two months in Egypt.

DR. JAMES STEWART, Montreal, has gone to Egypt for the winter.

DR. O'NEIL, of Paisley, has been appointed district surgeon for the G.T.R.

THE St. Boniface Hospital, Winnipeg, is to be improved at a cost of \$100,000.

DR. QUINLAN, of Stratford, has located in Formosa in the place of Dr. Cairnes.

DR. MCGUIGAN, formerly of Glencoe, is now practising in Thamesford and vicinity.

DR. F. LARGE, Listowel, intends taking a post-graduate course in the Old Country.

DR. MCCULLOUGH, of Chatsworth, has been appointed a coroner for the County of Grey.

DR. EGO, of Markdale, has been appointed physician for the House of Refuge in that county.

DR. J. A. DICKSON, Hamilton, has been appointed an associate coroner for Wentworth County.

DR. H. H. SINCLAIR, Walkerton, has gone to Chicago for a couple of months' post-graduate work.

DR. S. A. McKEAGUE, of Acton, has sold out his property and practice, and will move to Winnipeg.

DR. J. SCANE, has been appointed registrar of the Faculty of Medicine at McGill University, Montreal.

DR. ROY HACKING, Listowel, has gone to Tobermory, where he will be in charge of a practice for a few months.

MONCTON, N.B., has opened a fine new hospital. The building is up-to-date in every particular, and cost \$20,000.

DR. CASSIDY, of Moorefield, has bought back his residence and practice, and will therefore remain in that village.

DR. J. D. LEESON, Aylmer, has gone to French River, where he will practise his profession during the coming winter.

DR. R. Y. PARRY has returned to Dunnville, after having spent about a year in the London and New York Hospitals.

THE Montreal League for the Prevention of Tuberculosis want a Dispensary for such cases established without delay.

DR. E. L. HODGINS, Lucan, has gone to Baltimore, where he will take a post-graduate course at Johns Hopkins University.

A PROVINCIAL Association is being formed in British Columbia for the purpose of looking after all cases of consumption.

DR. GEO. MENZIES, medical missionary, Central India, who died of the plague recently, was a son of Wm. Menzies, of Ailsa Craig.

DR. W. R. ALWAY, of Waterford, has gone to England, where he will remain a couple of years, taking a post-graduate course.

THE Medical Faculty of Toronto University is arranging for better hospital facilities to provide for more clinical instruction.

DR. J. B. CAMPBELL, London, has returned from New York, where he has been taking a special course at Columbia University in that city.

DR. J. H. HAMILTON, a former St. Mary's boy, who recently graduated from Toronto University, has commenced practice at Nelson, B.C.

DR. D. A. SHIRRES, Montreal, who has recently returned from Europe, where he has been for the past six months following the latest discoveries in reference to various diseases, has been appointed neurologist to the Montreal General Hospital.

DR. J. O. TODD, Winnipeg, has been appointed Professor of Anatomy, in succession to the late Dr. Neilson, in the University of Manitoba.

DR. COATES, who has been practising in Orangeville for over a year, has gone to practise his profession in the vicinity of Richmond Hill.

THE Montreal League for the Prevention of Tuberculosis is seeking to have established in that city a dispensary for cases of consumption.

DR. W. J. ROBINSON, formerly of Arthur, has been appointed medical health officer of Guelph, in succession to Dr. Howitt, resigned.

DR. CHARLES DICKENS WILLIAMS, Goderich, has returned from Europe, where he has spent eight months in study in the leading hospitals.

PHYSICIANS of Quebec City, who give prescriptions to unlicensed druggists, are being proceeded against by the Quebec Pharmaceutical Association.

DIPHTHERIA seems to be quite prevalent in Ontario. In October the returns from 52 municipalities showed that there were 464 cases with 54 deaths.

THE National Sanatorium Association will establish a dispensary for out-door patients suffering from consumption in the city of Toronto, at an early date.

DR. WM. BAYARD, St. John, N.B., has resigned from the Chairmanship of the Board of Health of New Brunswick, after serving thereon for over forty years.

DR. NEIL MCPHATTER, a native of Puslinch, and formerly a practising physician in Guelph, has been elected vice-president of the Canadian Society, New York City.

THE Medical Health Officer of Montreal, Dr. Laberge, is making strong efforts to have the practice of spitting in public halls, churches, and theatres done away with.

DR. JOHN PHILLIPS, of Welland, recently of Toronto, left a few weeks ago for Cleveland. He goes to the Lakeside Hospital as chief assistant in the medical department.

IN 1902 there were 2,694 deaths in Ontario from consumption, 549 less than for the preceding year. The total deaths for the past six years from consumption were 19,371.

DR. TAIT MCKENZIE, of the Anatomy Department of McGill University, has been appointed Chairman of the Canadian Committee for the St. Louis World's Fair Olympic Games.

DR. ARTHUR GUN, of Durham, has gone to Chicago to take a post-graduate course in medicine and surgery. During his absence his business there will be attended to by Dr. Cochrane.

DR. VON EBERTS, who two years ago succeeded Dr. R. F.

Ruttan as Registrar of the Medical Faculty of McGill, has resigned, and will devote his entire time to the practice of his profession.

DR. J. C. MITCHELL, assistant physician at the Toronto Asylum for the Insane, has been appointed medical superintendent of the new Epileptic Hospital to be erected at Woodstock, Ontario.

DR. McLAREN, of Paisley, is the oldest practitioner in the County of Bruce. Dr. Secord, of Kincardine, Dr. Sinclair, of Walkerton, and Dr. Gillies, of Teeswater are, in order, the next oldest practitioners.

DR. MOORE, Clinton's oldest and earliest doctor, left for the golden State to spend the remainder of his earthly days with a niece. The doctor graduated from McGill in 1853, and settled in Clinton shortly after.

DR. FRED. PARKER, formerly of Bruce Mines, Ontario, has returned from a six weeks' visit to the New York Hospitals, and has purchased the practice of Dr. Egbert, Milverton, Ont., and will reside there in the future.

DR. J. C. LINDSAY, of Blyth, who is about to take a two months' post-graduate course in New York City, has made arrangements with Dr. Walter S. Turnbull, to take his practice at Blyth during his absence in New York.

CONSUMPTION DECLINING.—The following are the deaths from tuberculosis in the province of Ontario during the past six years: 1897, 3,154; 1898, 3,291; 1899, 3,405; 1900, 3,484; 1901, 3,243; 1902, 2,694. Total, 19,371.

AT a meeting of Queen's University Trustees, Dr. J. C. Connell was elected Dean of the Medical Faculty in succession to the late Dr. Fife Fowler. Dr. Connell is a native of Dundas, Ont., a graduate of Queen's of the class of 1888.

DR. CHARLES O'REILLY, Superintendent of the Toronto General Hospital, has returned from the meeting of the Association of Medical Superintendents of Hospitals of the United States and Canada, which was held this year in Cincinnati.

DR. BASIL HARVEY, of Watford, has returned from an extended trip to Great Britain, Italy, Switzerland, Germany and Austria. The doctor has gone to Chicago to resume his duties as lecturer on the Faculty of the Western Medical University.

DR. A. W. GUEST, brother of Dr. F. Guest, St. Thomas, and a graduate of the Western University, London, has been appointed assistant superintendent of the asylum for the insane at Jamestown, North Dakota. The doctor has been in the West for five years.

PHYSIOLOGY in the near future is to be made as much an Arts subject at McGill University as it is now a medical one. When inaugurated this Faculty will have to content itself with quarters in one of the buildings now existing, but it is hoped in time that it will have reached such proportions as to require a separate building of its own.

DR. C. H. BIRD, of Gananoque, is defendant in a suit of damages for \$5,000. The facts in the case are that among 250 or more vaccinations on the recent occasion of smallpox in that town, one, a child of eight years, contracted tetanus, which did not begin for over four weeks after the vaccination.

THE provincial health department of British Columbia distribute leaflets amongst the parents of school children regarding infectious diseases. The method provides for a daily report from the teacher regarding pupils absent through illness. In this way it is expected to nip an epidemic in its extreme infancy.

DR. MACCALLUM, of Londesboro, who has been very ill in Clinton Hospital for some days, is now convalescing rapidly. When he recovers sufficiently he will leave for his old home in Eastern Ontario for a few weeks' rest. In the meantime his practice is in charge of Dr. Elliott, who was for some time an assistant to Dr. Gunn, Clinton.

CHANGES IN QUEEN'S MEDICAL STAFF.—At a meeting of the Medical Faculty of Queen's University, Kingston, held on the evening of the 19th of November, the resignation of Dr. Herald as Secretary of the Faculty was accepted, and Dr. W. T. Connell was appointed to the vacancy. At the same meeting Dr. A. R. B. Williamson was appointed lecturer on Medical Jurisprudence and Toxicology.

A NUMBER of the friends of Dr. Thos. Wickett assembled at the home of that popular physician on October 13th, to say farewell previous to the doctor's departure for a more extended field of professional usefulness. A pleasant feature of the evening was the presentation of a handsomely bound set of Shakespeare's

and Wordsworth's poems, and a Bible and hymn book to the doctor and his talented wife. The doctor left for Hamilton the following day, carrying with him the best wishes of a wide circle of friends for his future success.

DR. SIMON J. TUNSTALL, Vancouver, President of the Canadian Medical Association which meets in that city in 1904, has been on an extended trip East. He visited Montreal, Ottawa, Toronto, and Winnipeg. Lack of time prevented a visit to Kingston, Hamilton and London, which he had down on his list. From the hearty reception he has received, and the numerous promises of attendance by members of the profession in these cities, he expects that the Vancouver meeting will equal, if not surpass, any of the meetings yet held. Although not being able to make complete arrangements as regards transportation rates, he has got that matter well under way, announcement of which will in due time appear in the medical press of Canada. Dr. Tunstall tells us that he has the unanimous support of his confreres in British Columbia, and that the profession there is delighted that the Canadian Medical is to be held there in 1904.

THE new Medico-Chirurgical Society held its first regular meeting at Ottawa on November 5th. Hon. President, Sir James Grant, was present, and there were also in attendance the President, Dr. H. B. Small, and Drs. Troy, Minner, Horsey, Cooke, Echlin, Kennedy, Dewar, Gibson, Bradley, Argue, Foster, Robinson, Whittton, Ballantyne, Spence, Kirby, Campbell, Lambert, Maybury, Parent, McArthur, Foxton, Higgins, J. E. Klotz, Law, Basken, Leggett, Rogers, Graham and Brown. The principal event of the evening was Dr. Small's presidential address. He took for his subject, "Medical Memories of Bytown," and his paper proved so interesting that he was asked to allow it to be printed in pamphlet form for distribution among the members. Dr. Small had evidently delved deeply in the musty archives of Ottawa, for he gave a remarkably accurate series of biographical and character sketches of Bytown's first physicians, Drs. Christie, Hill, Van Courtland, Stewart, MacQueen, Rankin, Tuthill, Gellie, Stratford, Monson and Sewell. The earliest outbreaks of epidemics and the beginnings of the Water Street and Rideau Street hospitals were outlined. The society passed a unanimous vote of thanks to Dr. Small for his unique and interesting paper.