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Original Contributions.

A CASE OF MULTIPLE NEURITIS WITH ATAXIA, SIMULATING TABES DORSALIS; RECOVERY.

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Mr. President and Fellows,—As the following case of a peripheral nerve lesion presents many analogies to one of disease of the posterior columns of the spinal cord, and believing that cases of this nature are frequently diagnosed as due to a lesion of the cord and published as cases of tabes dorsalis in which a cure has been achieved, I thought it might be of some interest to this Society, and I have much pleasure in presenting the following notes to you. The history of the case is briefly as follows: G. S., married, aged 39, farmer, consulted me March 28th, 1901. In regard to the family: His father died at 63 of Bright's disease. His mother (who died at 67), and also his grandmother, were, the patient says, afflicted with a disease much like his own. His mother, although able to walk about until her last illness, had a general wasting of the muscles, some of which were tonically contracted, especially those of the forearms. The case might have been one of amyotrophic lateral sclerosis. There is no consumption, fits or mental disorder in the family.

Previous History.—His health was always good, he never having had any severe illness. He uses no tobacco and is temperate in the use of alcohol. No venereal disease. He has two children, both of whom are healthy. He has been in the livery

*Read before the Toronto Clinical Society.

business for eleven years and has suffered considerable annoyance at times, but no great financial losses.

Present Illness.—Was apparently quite well until July, 1899. On further examination, however, patient says he was troubled even before this date with unusual depression of spirits, with headache, there being a dull feeling across forehead, with a non-desire to read, from which he formerly derived much pleasure, with failure of sight, the letters in reading running into one another. He also had a fear of beginning any new work, the dread of it being greater than the accomplishment of the actual task once it was commenced. His memory, also, was failing, and he says his sight was worse when his spirits were much depressed. One hot afternoon in July, 1899, he walked several miles under a hot sun, and after this he first noticed peculiar sensations, extending from his feet to his knees, which have continued ever since. He compares the sensation to that which occurs after moving a limb which has been asleep, viz., a tingling, pricking sensation, without actual pain. He also noticed that the leg muscles seemed stiff and less mobile than formerly. The sensation first became troublesome on the ball of either foot. About six months after the legs were attacked the same sensations developed in the forearms and hands and extended on the upper extremities as high as the elbows, the distribution being equal on the two sides. The deranged sensation which was present in the legs equally on either side did not extend higher than the knees, until June, 1900, when it gradually extended up both thighs to his abdomen and there formed what seemed to him like a band around his loins, which passed anteriorly about two inches below the umbilicus. This band has continued to the present, sometimes being more troublesome than at others. He complained that he could not go about his room in the dark owing to uncertainty as to the position of his feet. His fingers, he says, have an unnatural feeling, which he describes as glassy or smooth, and the fingers are less mobile than formerly. This stiffness is evident when he tries to button his vest, but is much more marked when he tries to fasten his collar at the back, where he is unable to see the position of the hands. Sexual power was lost for a time. The bowels were inclined to constipation, and there was a tendency towards frequency of micturition. He has had some shooting rheumatic pains in left leg, also the body and arms, but these were not of long duration nor very severe. He has lost heavily in weight, being probably thirty pounds below his normal. He complains of occasional attacks of sharp abdominal pain, which distresses him very much.

Physical examination shows a well-developed man of six feet in height. No wasting of any muscles. No disturbance of sen-

sibility to touch or pain about upper extremities. Deep reflexes of arms present and equal, the wrist jerks being more active than those of the elbows. Thoracic organs healthy. Sensibility on skin of legs is normal. Both knee jerks are apparently absent when tested in the usual manner, but by the method of Jendrassik a slight but distinct reflex can be obtained on the left side, but none on the right. Romberg's symptom is well marked, and in walking he comes down heavily on his heels, although there is not much excursion of movement. No evident loss of strength in muscles. Pupils of medium size and react to light and accommodation. Examination of optic discs shows no evidence of optic neuritis. He says his physician told him he had locomotor ataxia, and he consulted me to see if anything could be done for him. After examining his condition, I told him I considered his trouble was peripheral and not due to any lesion of the spinal cord, and in consequence I gave him a more hopeful prognosis. He decided to return for treatment, and entered my private hospital on April 16th, 1901. His condition at this date was much the same as when I had previously examined him except in two particulars: (1) the girdle sensation had much increased in intensity, and (2) both knee jerks had entirely disappeared, and I was unable to discover the least reflex by any method. In addition, I may add that his walking was worse, his gait more unsteady, the heels brought down with a decided stamp. These changes naturally made the outlook more serious for the patient, and my concern for his future became more marked as time wore on and treatment did not appear to alleviate any of his symptoms. As I tested his knee jerks day after day, only to meet with the same negative result, and as the girdle sensation was becoming more marked, I began to fear I had made an error in diagnosis, and that I really had a case of tabes dorsalis to deal with. My satisfaction, therefore, was great when, on the 4th of May, about three weeks after beginning treatment, I was able to elicit a slight knee jerk on both sides, but more marked on the left. This was the turning point of the case, and the other symptoms steadily improved as the knee jerks became stronger. One remarkable phenomenon during his progress towards recovery was the development on the sole of either foot of three bullæ, which were attended by sharp burning pains in the affected parts. They developed over the ball and on the heel of each foot, were about half an inch in diameter, and contained a dark serous fluid. They disappeared gradually, leaving no ill effects. The patient steadily improved in all his symptoms and left the hospital on the 4th of June, much improved in every way. In September he wrote me that he continued steadily to improve, and in October he wrote saying he was able to do everything in connection with his work,

and that he expected soon to be as well as ever he had been in his life. The following April he called to tell me that he had completely recovered.

There are several points of interest in the case. The neurasthenic symptoms, of which he first complained, were very marked, and evidently must have lowered the whole tone of his nervous system.

The appearance of these symptoms before the onset of some organic nervous disease would certainly indicate that their presence may make a portion of the nervous system more vulnerable than in a condition of health, which in this case was the peripheral nerves.

That neurasthenia is an affection in which the entire nervous system is weakened is now generally admitted, and hence it is evident that any lesion might affect a given portion of this system, under these conditions, more readily than in health.

The differential diagnosis of cases of ataxic polyneuritis from tabes dorsalis is often exceedingly difficult, especially in view of the fact that the pathological anatomy, as well as many of the symptoms, are identical in these two diseases. Degeneration of the peripheral nerves, including their terminal extremities, is a common lesion in tabes dorsalis. Further, even in this latter affection, the spinal cord may be free from disease, as in neurotabes, in which the lesions consist only in nerve degeneration.

In the history of the case above described that the lesions were chiefly sensory makes the diagnosis much more difficult, and this the more so as the cutaneous sensibility was not implicated, and the ataxy was moderate in amount.

In this case the distinct ataxy, as shown by the change of gait, difficulty of moving about in the dark, and also of performing finer movements with his fingers, Romberg's sign well marked, together with complete loss of knee jerks on both sides, the shooting pains, and later the development of bullæ on the feet, would point to true tabes dorsalis. Had there been with these symptoms any actual paralysis, any doubt of its being a polyneuritis would at once have been removed, since in tabes dorsalis there is no actual loss of power. Again, had there been any positive affection of the bladder or rectum a diagnosis of spinal cord disease would at once have been apparent. The distinct girdle sensation, of which he complained, further complicated the diagnosis, since it is usually considered evidence of a lesion of the spinal cord. The condition of the pupils gave decided assistance, since the Argyll-Robertson pupil is absent from true tabes only in a small minority of cases, and hence the normal reactions of the pupils formed a strong corroborative evidence in favor of polyneuritis. The condition of the fundus oculi afforded, also, like

evidence, the absence of optic atrophy pointing to the same conclusion. Again, in the beginning, sensory symptoms being evident in the extremities, first in the legs and later in the arms, also suggests polyneuritis, as this is its usual course of distribution.

How are the loss of knee jerks and the ataxy to be accounted for in this case? In regard to the loss of knee jerks, there is no doubt, whatever theory of the so-called "tendon-reflex" action is held, that it is due to an interruption of the sensory path. According to Gowers, the arrest of impressions from the afferent muscular nerves is what abolishes the reflex action, and further, that very slight disease in these nerves, too slight to produce other symptoms, is sufficient to arrest the knee jerk. Hence, in this case the loss of knee jerk is, I believe, due to disease in the peripheral termination of these muscular sensory nerves.

In regard to the cause of the muscular inco-ordination, there has been much discussion. That ataxy is not primarily due to loss of cutaneous sensibility is evident from the fact that absolute anesthesia of the skin, due to disease of the conducting path in the cord, may exist without the least inco-ordination. On the other hand, the ataxy may be decided, when the peripheral nerves only are diseased, the posterior columns of the cord being free from disease. Hence the ataxy in all probability is produced by a lesion of the muscular sensory nerves. In other words, the same explanation holds good here as for the loss of knee jerk, the only difference being that probably a more severe lesion is required to produce ataxy than to produce loss of knee jerk, this difference being simply one of intensity, the same structures being affected.

That the cutaneous sensibility was not affected in this case is not extraordinary, since, with a polyneuritis with moderate inco-ordination, the disturbance of the cutaneous sensory nerves is slight, and where there is much loss of sensation there is also usually motor palsy. Hence, it would appear that in polyneuritis there is a decided tendency for the motor muscular nerves and the nerves for cutaneous sensibility to be affected together in certain cases, whilst the muscular sensory nerves are alone or chiefly affected in others. This, I think, explains, in the case under consideration, why, with the marked muscular inco-ordination the cutaneous sensibility was not affected.

MEDICAL MEN AND THE NEW PROVINCES.

BY JOHN HUNTER, M.B.

THE organization of two new provinces in the North-West is not only a question of very great national interest, but also one of special importance to medical men. The geographical proportions of our North-West give assurance of the vast extent of these new provinces. There is, too, not only a reasonable hope, but a practically assured faith, that they will fill up rapidly with an intelligent and progressive people. We have, then, in these two conditions, viz., two large provinces and a great immigration of most desirable settlers, propositions well worthy of being very carefully investigated by medical men, especially the younger members of our profession.

These vast expanses of the most fertile land in the world are being moulded into provincial autonomy. Once established as provinces, they inherit a constitution that gives control over local affairs. An immediate sequence will be the birth of a medical council, with its special provisions governing medical licenses. The present conditions out there are that by paying a fee of some fifty dollars a licensed practitioner in any of the older provinces can legally practice in the Territories. The question at once arises whether it would be any injustice to the medical men already out there to allow present privileges to remain, at least until there is some evidence of crowding. There are many reasons why present conditions should remain, and only one, and that a purely selfish one, why medical men should be kept out. Were the medical men in these new provinces to shut out medical immigration this act would injure their provinces as well as themselves. Medical men throughout the whole Dominion are thoroughly imbued with a patriotic and imperial spirit—Motherland and colonies one and inseparable. Never in our history was this spirit more needed than now, and nowhere more so than in the North-West at the present juncture. Hundreds of thousands of Americans are pouring across our border. These are an entirely different class of immigrants from most of those coming from the Old World. The latter, in many cases, are escaping from poverty and political thralldom. The former are coming from a country inspired with all the sentiments begotten of freedom. The change with these is a purely business proposition. They are a practical, intelligent, resourceful people, and their incoming—according to the ideals they cherish and the influences that will mould their future life—means much for “weal or woe” to our national life. We

can only retain the North-West as a loyal portion of our Dominion by imbuing the minds of the pioneer settlers—come whence they may—with the same sentiments that inspired the pioneers in the older provinces. No class of settlers who go out there can do more to promulgate and perpetuate these patriotic sentiments than medical men. The young doctor makes an exceptionally desirable type of pioneer settler. His education—if he be, and almost invariably he is, the right type morally—fits him for becoming a social centre. His life carries great weight in the community, a statement that can be verified a thousand times from the lives of the pioneer medical men in the older provinces. How many of the brightest incidents in our history are interwoven in the lives of the old family doctors! The educational interests of a new country can have no better founders and up-builders than medical men, nor the church more capable and active officers. Much more could be written, but I think enough has been suggested to prove to our confreres already in the new provinces how much it will be in their interests to allow, at least for some years to come, the immigration of reputable licensed practitioners from the older provinces.

In the above paragraphs an effort has been made to present the question as it refers more particularly to the new provinces themselves. Let us look at it as it affects the older provinces, and especially Ontario. The first question to suggest itself to medical men is a comparison between the conditions as they now exist in, say, Ontario, and those likely to be evolved in the new provinces. It needs only to be stated that, throughout all the more thickly settled portions of Ontario the medical profession is very much overcrowded. It would be scarcely possible to name a rural community, village, town or city where there are not two or more physicians doing the work that one could do quite easily. The result of this overcrowding is just as demoralizing on the community as on the profession. In many instances the whim of a child about the taste of the medicine is quite sufficient to induce the parents to change the doctor; no sooner is a new lodge established than there is a rush of local practitioners to tender their services at a remuneration that any respectable working man would disdain to accept. Worse still than the starvation rates for their services, is the whole atmosphere of the lodge room on the moral fibre of medical men. The typical lodge doctor, and we have scores of them in our towns and cities, is an affable, effeminate creature, without a spark of that aggressive spirit that should be characteristic of medical men. Our young doctors need ten or twenty years of rugged pioneer life to give them the stamina required to meet, as men should, the exigencies of life. Another injurious feature in the experience

of our young men in towns and cities is the case with which they can shift their critical cases into hospitals or to specialists. From quite a long experience in both country and city practice I can say that it is seldom in the interest of the patient and practically never in the interest of the young practitioner to shirk his duty to his patient and to himself. The patient in the enthusiastic grip of an intelligent young practitioner is in pretty safe hands, and the value of the experience the latter acquires from his critical cases is simply inestimable. It is when the young doctor is far removed from any professional help that he learns to be resourceful. Another gross evil that is menacing both the moral and pecuniary interests of our profession in our larger cities and towns is the so-called contract practice. Every large business or industrial concern has its medical officer. He is employed for the same reason the messenger boy is, viz., to be at the service of his employer. Miss B., an employee of the big departmental store, is taken suddenly ill in the night. A local physician is called. Her case is reported at the office in the morning. The manager rings up the company's doctor and sends him out, post haste, to see the case. The doctor knows it is a direct violation of medical ethics, as well as a personal insult to the physician who was called in, but what can he do? He is a hireling, and must serve his master, so goes into the room, examines the patient, and takes charge of the case. To save himself from the well-merited contempt such conduct deserves he very often concocts some lying excuse to palm off on his outraged confrere.

These are, briefly, a few of the evils incident to practice in congested districts. Surely our young men should be taught to abhor the atmosphere of the lodgè room, the serfdom of contract practice, and to use the hospital and specialist as teachers only, but never to relieve them of cases they should resolutely retain and treat themselves. We have now an opportunity of a lifetime, if not of a century, to do a great work for our North-West and for the moral and pecuniary well-being of our profession in the older provinces. Were a crisis like this to arise in the commercial world, how quickly our business men would rise to the occasion. Boards of trade would be summoned, resolutions passed, and delegations rushed to Ottawa on every train. How is it that medical men are so terribly handicapped when concerted action is required? We see our helplessness personified in the character of the men we elect to represent us in the Medical Council. We elect our men almost exclusively on account of their affable manner or personality, never on account of the "grip" they have on medical questions. Hence the meetings of our Council are seldom followed by any interest whatever by

the profession at large. Were our Medical Council to take aggressive action on any medical question it would certainly be an innovation. Until we are prepared, as an electorate, to select candidates who have strong convictions on medical questions and nerve enough to uphold them in face of all opposition, we will never have an efficient Council. The *personnel* of the present Medical Council may not be much worse than that of any of its predecessors, but it is not one to inspire much hope in its ability to rise to an occasion like the present one and do some aggressive work in the interests of the profession.

We cannot look to our medical press, either, for effective work in a crisis. It is under a blighting influence, too, though not the same as that which emasculates the Medical Council. Through the niggardliness or indifference of the great mass of medical men, the medical press is not properly supported, and therefore it has to depend on the advertising columns of the big proprietary medicine houses. For a potent medical press, we must look to the profession at large for substantial support, as well as for a free expression of its opinion.

The reader may say that this is rather a pessimistic view of our helplessness, but the writer must confess that his optimism received a rather rude shock when he called up our representatives on the Council, editors of our medical journals, professors in our universities and several well-known practitioners, only to find the same wail of helplessness from all alike. One excuse for the apathy was found in the opinion that the new provinces would have full control of all educational matters, and therefore it would be useless to petition the Dominion Government for any concessions. Be this as it may, there could be no more opportune time for starting the agitation, as it would attract special attention to the value of the Roddick Bill. For reasons already given we cannot look to either the Medical Council or the medical press for concerted action. It remains, then, for individual members of the profession to write their confreres in the House, and to present our claims on the new provinces through the lay and medical press. If the agitation do nothing more than expose the present status of our Council and press, the effort will not be in vain, for the very best way to get rid of evil conditions is to expose them. There is material enough in our profession to furnish us with a virile Council and press.

Medical Jurisprudence and
... IN CHARGE OF ...
W. A. YOUNG, M.D. *Toxicology.*

ERZINO VS. TORONTO GENERAL HOSPITAL.

A case was decided by Judge Winchester, the Senior Judge of the County Court of York, a few weeks since, which is of peculiar interest to hospitals.

The action was brought by the plaintiff to recover from the Trustees of the Toronto General Hospital the sum of \$160, which the plaintiff claimed had been taken from him by the defendant, its servants or agents. The facts in connection with the case appear sufficiently in the text of the judgment.

Mr. R. W. Eyre appeared as counsel for the plaintiff, and Mr. H. P. Gamble, Solicitor for the Toronto General Hospital, appeared as counsel for the defendant.

Mr. Gamble contended for the defendant that the defendant could not be made liable as bailee for if this was a bailment, the defendant was a gratuitous bailee, and that to make it liable gross negligence on its part must be shown, whereas upon the evidence no negligence whatever had been proved.

In answer to the charge that the money had been stolen by one of the servants of the defendant, he submitted that the defendant could only be made liable where the tort of the servant was within the scope of the employment, and referred to *Cheshire v. Bailey*, 21, T.L.R., 130, where the law is very clearly set forth.

He further submitted that the defendant could not be made liable by any analogy to inn-keepers, the law with relation to inn-keepers being peculiar, inn-keepers being one of the exceptions to the rule that bailees are not insurers of the goods in their custody. Among other cases he referred to *Cayle's case*, 1 Sm. L.C., 11 Ed., page 119, which is the leading case on this subject.

He also submitted that boarding-house keepers not being responsible for the loss of their lodgers' property, and the defendant being in a very much stronger position than boarding-house keepers, inasmuch as the institution was a charitable one, making no profit whatever from the inmate, could not be held liable. He also referred to *Holder v. Soulbly*, 3 C.B., N.S., 254.

The following is the judgment in part:

The evidence of the plaintiff is to the effect that the plaintiff, being seriously injured, was taken to the Emergency Branch Hospital, and while there, \$160, wrapped up in a handkerchief, and tied around his leg below the knee, was taken by a ward tender in the hospital's service, and that he has not received any part of the money since. The ward tender was arrested on a charge of the theft of this money, and a handkerchief was found in his possession which the plaintiff stated was the one in which the money was wrapped. On the hearing of the charge of theft the ward tender was acquitted.

The evidence on behalf of the Defendant contradicted that given by the plaintiff so far as the place and manner of his undressing, and would indicate that there was no money taken from him either by the ward tender or any one else.

The hospital was sued as being responsible for the actions of its servant, it being claimed that he took the money. The limits of liability of a master for torts of a servant are set out in *Clerk v. Lindell* on torts, p. 69, as follows: "Where the relationship of master and servant exists, the employer is liable for all torts committed by the party employed, provided, first, they were within what is usually termed the scope of the employment; and, secondly, were either unintentional, that is to say, amounted to mere acts of negligence, or if intentional, were intended to be done in the interest and for the benefit of the employer."

It is clear that if the money in question were taken by the ward tender, as claimed, the taking was not done within the scope of his employment as set forth in the above limits. On this point I would refer to *Cheshire v. Bailey*, 21, T.L.R., 130, handed in by defendant's counsel.

The case of *Houlder v. Soulby*, 8, C.B.N.S., 254, decided that the law imposes no obligation upon a lodging-house keeper to take care of the goods of his lodger.

The defendant herein is not brought within the cases applicable to inn-keepers, nor is it a bailee for hire, as the plaintiff paid nothing for the services rendered to him, nor was he charged anything.

The evidence herein showed that the defendant in hiring the ward tender was not negligent, and that no complaint was made against him until the present case.

Not only upon the evidence, but also upon the law, I am of opinion the plaintiff fails to prove his claim against the defendant.

The action was dismissed with costs.

W. A. T

Selected Articles.

THE INTERNAL TREATMENT OF DISEASES OF THE BLADDER.

BY LOUIS STERN, M.D., NEW YORK.

WHILE in cystitis local measures have to a great extent superseded the internal treatment, the latter is not as unimportant as some authors are inclined to think. In the old *materia medica* the so-called urogenital remedies occupied a prominent place. They were employed indiscriminately in most genito-urinary diseases, and at that time regarded as almost indispensable. Nowadays, however, their use finds but limited application, and in much smaller doses than those in which they were formerly prescribed.

The tendency at the present time is to regard affections of the bladder and urethra, and the prostatic troubles with which they are so often associated, as chiefly of bacterial origin. This has had a corresponding influence upon the internal treatment. Until the introduction of hexamethylene tetramin, which is known commercially as urotropin, formin, aminoforn, cystogen, etc., there was no drug which could be regarded as an internal antiseptic in the true sense of the word. In fact, the only drugs of this kind which had been administered were benzoic acid, salol and boric and salicylic acids, and these are not sufficiently powerful to produce any marked destructive action upon micro-organisms in the urinary tract. On the other hand, hexamethylene tetramin has the property of setting free formaldehyde during its process of elimination through the urine, and thus bringing this powerful antiseptic directly to bear upon the source of the infection. It therefore quickly found its way into genito-urinary therapy, and for a time seemed to leave nothing to be wished for. Then came reports of its irritating the kidney and producing hematuria and albuminuria and disturbances of the digestive organs. It was also found that in certain cases in which the urine was strongly ammoniacal the drug was not decomposed and did not yield up its formaldehyde. Unfortunately, these were often the very cases in which its action was most desired, so that there was considerable room for improvement, and when a new derivative of hexamethylene tetramin, known as helmitol,

or hexamethylene tetramin anhydromethylene citrate, was brought forward, which seemed to possess some important advantages, I was not loath to give it a trial.

My experience with the new drug has now extended over six months, and during that time I have had occasion to frequently test it and convince myself of its merits. Compared with hexamethylene tetramin I have found that it can be given in much larger doses without exciting irritation, and that it is more uniform in its action; in fact, the reaction of the urine seems to exert no influence upon its sterilizing effect, and this factor can be ignored during its administration.

In most of my cases I have had no opportunity to make thorough examinations of the urine, so that I was unable to determine its degree of antiseptic power; all that I know is that in cases in which the urine was turbid and filled with mucus and pus, it rapidly cleared up and lost its offensive odor.

The drug also seems to have some pain-relieving quality, for even before the urine had become perfectly sterile the tenesmus was often greatly diminished.

I have recently read an extract of an article that appeared in a German journal detailing some comparative experiments with hexamethylene tetramin and helmitol in the Hygienic Institute of Zurich, in which the author, Dr. Muller, after a series of thorough tests, found that the latter had a much more pronounced anti-bacterial action than the former. All my experience, however, has been purely clinical, and is recorded in the following observations, the only ones of which I was able to keep notes:

CASE 1.—Mr. J. C., sixty-nine years old, had suffered for several years with bladder trouble and more or less tenesmus. When I first saw him (May 15th, 1903), he was passing his water about every hour, and complained of considerable pain during the act, and only voided 2 or 3 drams at a time. He passed in my presence about $3\frac{1}{2}$ drams of urine, which was very turbid and ammoniacal, and contained considerable mucus and pus. Examination of his urethra revealed no stricture, but on examining per rectum I found enlargement of the left lobe of the prostate. Treatment was initiated by gentle massage of the prostate and 15 grains of helmitol given four times a day. I saw him again on May 17th, and learned that he was no better; it seemed as though the urine flowed a little more freely, but try as he would he could not pass over 3 drams in my office. I did not massage his prostate this time, but waited until May 19th, when this procedure was thoroughly carried out. Up to that time he had been unable to pass more than 3 drams of urine, which had not shown any improvement thus far. On May 23rd the patient returned, and on this occasion he passed $6\frac{1}{2}$ drams of urine,

which was much less turbid and neutral in reaction. The prostate was again massaged and he was given 15 grains of helmitol every three hours until 75 grains had been taken. The additional 15 grains seemed to help him very much, for on May 26th he voided in separate glasses about 8 ounces of urine, almost clear and of slightly acid reaction. The tenesmus had greatly diminished, and he was able to hold his water for longer intervals. The prostatic trouble had not improved thus far under treatment, which was continued. May 30th the condition was not much changed since his last visit, only that he said he felt much better, and that during the night he did not have to get up as often as formerly. June 2nd he passed 7 ounces of urine in my office, which was slightly acid and almost clear, the ammoniacal smell having entirely disappeared. His prostate was smaller, and he said he had only been up three times the previous night to pass his urine. I reduced the dose of helmitol to 15 grains, four times a day, but still kept up prostatic massage. June 5th, patient returned, well pleased. The urine was entirely clear, neutral in reaction, and was passed at much longer intervals, only once at night. The prostate had further diminished in size, although not quite normal. The dose of helmitol was now reduced to 15 grains, morning and evening. June 9th, the symptoms had all disappeared and he had slept for seven consecutive hours without awakening, something he had not done for three years. The helmitol was then discontinued, but the massage kept up for several more weeks. At that time the urine was neutral, perfectly clear, and contained no pus or mucus. July 2nd he was discharged from treatment.

CASE 2.—Miss M. A. R., chorus girl, consulted me April 14th, 1903, complaining of considerable burning when passing her urine, which was quite frequent. On examination I found an acute gonorrhoea, which had invaded her urethra. I gave her a hot saline douche, painted the whole vagina with a 4 per cent. protargol solution, and inserted a dry cotton tampon. Helmitol, 15 grains, was prescribed four times daily, and she was instructed about her diet, etc. On the following day I repeated the treatment, and instructed her that on removing the tampon she should take a hot douche. This treatment was continued up to the ninth day when the burning had entirely disappeared, though the discharge had not all ceased. The dose of helmitol was reduced to 15 grains, three times a day, and the vagina swabbed with a 6 per cent. protargol solution. On the seventeenth day I discharged her cured.

CASE 3.—Mrs. R. J. C. came to me with the following history: She was passing urine about every hour, had more or less tenesmus, and had a dull feeling over the pubes for the last six months.

She was unable to void urine in my office, so I drew off about 2 ounces. It was very ammoniacal and filled with pus, but contained no sugar or albumin. Treatment was begun by washing out her bladder with a one-half per cent. solution of protargol, using about 11 ounces, and prescribing 15 grains of helmitol four times daily. She returned in two days without marked improvement. Treatment was continued. On her next visit, three days later, she stated that during the night while on the commode she felt as though she had passed a large lump of something, which she brought to me, and which, on examination, was found to be a mixture of blood, pus and mucus. I again washed out her bladder with a 1 per cent. protargol solution and continued the helmitol. She called the following day and said she felt better than she had for over six months. Examination of the urine showed that the pus had diminished one-half. The tenesmus had subsided entirely, and the interval between urinations had lengthened to about two hours. I kept up the original treatment for the next six weeks, and at the end of the fourth week the urine was entirely free from pus and the tenesmus had entirely disappeared.

CASE 4.—Mrs. S. C. G., aged twenty-seven years, mother of four children. About two months before consulting me she had a miscarriage, and was confined to her bed about three weeks, during which time she was curetted. Directly after the operation she complained of frequent micturition, and at the end of urination voided considerable blood and pus. She had consulted her regular family physician, who seemed to be unable to give her any relief, and sent her to me. On examination, on June 13th, I found the parts normal in appearance, except that the meatus urinarius was slightly inflamed. I catheterized her and drew off about 5 ounces of ammoniacal urine, which contained considerable pus mixed with blood. I immediately washed out her bladder with a one-half per cent. solution of protargol, prescribed 15 grains of helmitol, four times daily, and sent her home to bed. I called the next day, and again washed out the bladder with a one-half per cent. protargol solution, and kept up the helmitol. This same procedure was repeated daily. Up to the fourth day there was no marked improvement, but on the fifth day the urine commenced to clear. I then increased the strength of the protargol solution to 1 per cent., and continued the helmitol. This treatment was continued for ten days more, when she came to my office. Examination showed the urine to be almost free from pus and blood. The helmitol was continued, but the irrigations stopped, and at the end of another week I discharged her cured.

CASE 5.—Mr. H. A. N. called at my office May 20th, 1903, with the following history: Three weeks prior he had contracted

gonorrhoea and made a confidant of one of his clowns, who in turn advised him to get a patent preparation. This he had injected three times a day, and at the end of ten days the discharge had ceased, but he noticed a peculiar dull pain over the pubes. On examination of his urine (two glass test) the first glass was very turbid, while the second was nearly as bad. He was passing urine every hour or so. His temperature was 101.2 deg. F. I advised him to go home to bed, and prescribed 15 grains of helmitol four times a day, and ordered hot applications to be made over the pubes. On visiting him the next day I found his temperature 100.8 deg. F.; the condition of the urine was about the same. Treatment was continued. On the following day the temperature was 99.2 deg.; the pain had almost gone, and the urine looked better, although it still contained some pus. On the fourth day I washed out his bladder (glass catheter) with a 1 per cent. solution of protargol. On the fifth day the urine was much clearer, and the bladder was washed out as before. On the sixth day the urine was entirely free from pus. Helmitol was continued, but the irrigations stopped. The patient continued taking the drug for fourteen days, when his urine was normal and free from pus, and has remained so.

. CASE 6.—E. R. L., thirty-two years old, had suffered with gonorrhoea since June 3rd. On August 3rd he complained of urinary tenesmus, and passed a very uncomfortable night, having to get up several times to urinate. On examination I found both portions of urine very turbid, with traces of albumin. Helmitol, 15 grains, was prescribed four times daily. August 4th, urinary tenesmus and turbidity unchanged. August 5th, urinary tenesmus not so marked, but still severe. August 6th, treatment continued. Tenesmus at night about the same; urine still turbid, and of slightly acid reaction. August 7th, urine slightly less turbid. August 8th, urine as bad as on August 3rd, and on passing his water more or less pain in the urethra. August 9th, urine slightly improved, and treatment kept up. August 10th, urine looked better than on any day heretofore, and showed no trace of albumin. August 11th, patient complained of a slight chill, which, no doubt, was caused by sleeping with open window at night and a sudden rainstorm coming on. The urine was much improved, but there was a slight discharge from the urethra. Temperature normal. August 12th, urine less turbid than on preceding day; urethral discharge still present. August 13th, urine almost clear save for a few floating shreds. August 15th, urine clear save a few shreds; slightly acid reaction. Tenesmus had entirely disappeared since the fourth day. Still a slight urethral discharge. The above treatment was continued until August 20th, when the discharge had ceased entirely, the urine being normal except a

few shreds. Helmitol, 15 grains, four times a day, was continued, and I gave him some gelatin bougies containing one-half grain of protargol, to be inserted at night before retiring. This treatment was kept up until September 1st, when all shreds had disappeared from the urine.

CASE 7.—R. M. S., aged twenty-seven years, actor, called to see me May 5th with an acute anterior gonorrhoea, this being his first experience. On examination I found the meatus highly inflamed and swollen and a very profuse discharge. He complained of an intense burning sensation in passing his urine, and had very painful chordee four or five times during the day. I gave him a 1 per cent. protargol solution to use in a hand syringe, and 15 grains of helmitol every four hours, and for the constant erections directed him to use ice cold ablutions. At his next visit, May 7th, the discharge seemed to have increased more than in any of my former cases while using protargol hand injections, but I continued this treatment. The chordee was considerably better, and, although the urine scalded some, this was not quite as severe as on his first visit. May 9th, discharge reduced somewhat, and not so thick and viscid. The burning had nearly subsided; the chordee had all disappeared. May 11th, the discharge was of a sero-purulent character. I increased the strength of the protargol injections to 1½ per cent., and kept up the helmitol. May 14th, the discharge was of almost watery consistency; no pain or discomfort of any kind. Treatment continued. May 18th, the discharge had decreased a great deal, so I discontinued the protargol and substituted 1½ per cent. solution of sulphocarbolate of zinc injection. May 21st, no more discharge seen since the afternoon of the day before. Helmitol was discontinued, but the zinc injection kept up. May 27th, there being no discharge for nearly a week, and the patient having to fill a summer engagement out of town, I advised using the zinc injection for another week. He wrote to me two weeks later that there had been no more discharge, and that he had drunk beer and had seen no ill effects.—*Medical News, February 27th, 1904.*

PITYRIASIS RUBRA.

Bath Treatment. The "Liquor Carbonis Detergens, freely diluted with water."

"*Diseases of the Skin.*"

MALCOLM MORRIS.

THE ALKALOMETRIC PRIMER.*(Abstract.)*

BY W. C. ABBOTT, M.D., CHICAGO, ILL.

HOW TO BEGIN THE PRACTICE OF ALKALOMETRY.

PERHAPS the reason why some men hesitate to adopt the Alkalometric method is from the mistaken idea that to do so means to drop all their old, tried and proven remedies. There is no such necessity. The alkaloids are merely the essence of the old remedies (with some new ones added) in a new and infinitely more dependable form. True, some of the most approved drugs are not represented, for the simple reason that their active principles either have not been or cannot be isolated. Then there are the mineral salts and other preparations which are only possible in their original form.

That the thoroughly posted and equipped alkalometrist is able, from the stock of active-principle granules, to effectively treat almost any disease does not make it necessary that everyone else should do so. Thousands of men use the alkaloids almost exclusively, but more thousands use them wherever they can do so with advantage; and where they prefer to, they use some other form of medication.

He that is right uses the smallest possible quantity of the best obtainable means to produce a desired therapeutic result. He who "knows it all" needs no instruction, but few of us imagine that we have reached that state of wisdom.

ESSENTIAL SUPPLIES.

For the benefit of physicians desiring to investigate alkalometry, and considering that among them there are many who have never yet used the alkaloids, we shall endeavor to here lay down a few primary principles which, digested and followed, will lead to a successful alkalometric practice. First and foremost it is necessary to possess a supply of the remedies most often used. These are, roughly speaking, aconitine, digitalin, strychnine arsenate, calomel, podophyllin, quinine arsenate, "calcidin," (calcium iodized), atropine, lobelin, hyoscyamine, codeine, glonoin, aloin, brucine, calcium sulphide, colchicine, emetine, lithium, benzoate, arbutin, quassin, cicutine, gelseminine, veratrine, iron arsenate, nuclein the sulphocarbolates ("intestinal antiseptics"), mercury, phytolaccin, ergotin, macrotin, aletrin, viburnin, pilocarpine, papayotin, scutellarin, xanthoxylin, cactin and iodoform.

There are some others which would prove desirable, especially some of the "combinations," such as the triple arsenates, strychn-

nine and phosphate compound, sulphur compound, Waugh's anodyne, zinc and codeine compound, the anticonstipation granule, etc., but with a supply of the above-named remedies any doctor can "keep house" and do it well.

The doctor will need, too, a fair supply of either wooden or glass vials, $\frac{1}{2}$ -, 1- and 2-dram, and some dispensing envelopes on which his name, address and office hours should appear, together with sufficient space for "directions." These may be either of plain white or manilla paper. The latter are better for general use as they stand wear. A few inch labels and small "stickers" are useful. Then comes the "case." The granules in stock should be in bottles of either 500 or 1,000. The case vials (which contain from 100 to 300 granules usually) can then be refilled "from stock." The latter should be neatly and alphabetically arranged upon shelves and in a drawer should be vials, corks, labels and dispensing envelopes, folding boxes, etc., etc.

According to the necessities of practice the case carried may contain 12 vials or over 100. The most useful is perhaps one carrying about 36 one-dram and 32 one-half-dram vials which hold respectively 200 and 300 granules, with a pocket for prescription blanks and envelopes. This case can be carried in the pocket or hand, or may be slipped into a satchel containing the other necessities for the day's work, indoors or out.

CLINICAL APPLICATION.

Now in office work let us suppose the first case to be: A lady; not very sick; feels tired all the time; appetite poor but tongue fairly clean; bowels constipated. After due deliberation, for nothing should be done hastily, it is decided to give calomel and podophyllin. The granules are poured out on a clean piece of blotter or cloth (the heat of the palm of the hand will be apt to make them stick), and as they are of distinct colors they are put together in a $\frac{1}{2}$ -dram vial, closely corked. This is then put in an envelope on which has been previously written: "Take one of each every half-hour until effect (explaining) and thereafter as needed." Meanwhile give due directions regarding diet, and tell your patient to consult you again in a few days.

The granules above mentioned are so very unlike that they may be safely dispensed together, and are so commonly prescribed that often no case notes need be kept. Suppose, however, instead of constipation, palpitation was the prominent symptom. In this case the strychnine arsenate and digitalin, which would no doubt be prescribed, are so nearly of a color that you would put them in separate vials and use a "sticker" on each, which you would mark in some way intelligible to yourself but *not* to your patient. Now make a note in your case book with name,

date and prescriptions; number them, say 1 and 2, and put the corresponding numbers on the vials. Having directed on the envelope "two of No. 1 before meals and two of No. 2 two hours later," you can dismiss your patient, sure you will do her good and that you will know what you prescribed in case she calls for a renewal or to consult you again.

Soon a small boy rushes in before school and says: "Annie has got cramps and diarrhea and mother wants some medicine." You know the child and start at once to fix the medicine, asking meanwhile, "Does you mother think Annie has any fever?" The uneasy messenger says: "I dunno, but she smells orful." Here, then, three indications are to be met: pain, fetor and diarrhea, accompanied, we are safe in presuming, by more or less fever, requiring several drugs and no end of detail. Let us take a short cut and in our record write: "Annie B., aged four years. Fetid diarrhea, with colic and probably fever."

R	Sulphocarbolate	No. of Granules.	No. of Doses.
	of zinc.....gr. 1-6	20	} 20
	Aconitine.....gr. 1-134	4	
	Hyoscyamine.....gr. 1-250	2	
	Codeine.....gr. 1-67	10	
	Saccharin.....q. s.		

Sig.—One dose every half-hour till relieved.

Now select the granules determined upon, put them all together in a vial and direct on the envelope: "Dissolve all the granules in twenty teaspoonfuls of water, sweeten and give a teaspoonful every half-hour till relieved, then continue in hourly doses." Be sure and tell the boy, "If Annie is not better by the time the medicine is half gone they must send for me." You will likely never hear from this case again. With office patients well known, cut it short by making a note of the prescription on the back of the envelope used and order it kept and returned.

Office hours are over and with a well-filled case of 60 to 100 vials (with a good pocket for prescription blanks, and a thin note-book) stowed away in a small hand-bag, in which are surgical instruments, dressings, a tin box of empty capsules (No. 4), catheters, etc., the morning round begins. Just what we are going to meet we can never even guess and it is for this very reason that the alkalometrist is better fitted to cope with general work than his brothers of the old school, for he goes always prepared.

A case of "colic" needs immediate relief: You give—yourself—a granule each of atropine and another of strychnine with three of dioscorein in a tablespoonful of hot water and leave half a dozen of the first two and double the quantity of the last with instructions to "give one each of Nos. 1 and 2, and three of No.

3, every fifteen minutes till relief." At the same time, having satisfied yourself that the colic is due to fermenting material in the intestine, you dispense six calomel and six podophyllin granules and order "one white and one dark every half-hour till taken, and then prescribe a can of Saline Laxative (or any other "salts") with directions: "A heaping teaspoonful in a glass of water one hour after the last dose of the granules." If repetition is considered needful, order it. Probably before you leave the "colic" will be better and the next day you will find a smiling and happy patient—and a clean one.

So it will go in each instance. Where many different granules are to be left, ask for individual butter or other small dishes, and place the medicine therein. Over each dish place a slip of paper marked "No. 1," "No. 2," etc., and underneath the dosage and "general directions." If you are uncertain of the intelligence of the patient or nurse, place the necessary granules for each dose in a capsule and simply direct "one capsule every two hours," or, as the case may demand. For children make a solution; sweeten it and color. Call for a glass, put into it the number of granules of each kind you want to give during the next twenty-four hours, add a little sugar (or a granule of saccharin) and a granule of carmine and then measure in twenty-four teaspoonfuls of hot water. On a slip of paper write: "One teaspoonful every two hours" (or as the case may be)—and place it in a dish with which cover the glass.

SUCCESS "POINTERS."

These details may seem almost puerile to the practised physician, but they are the little things which make for success. Bear in mind, then:

That you should never give two or more granules of the same color without placing them in separate containers.

That in all cases directions should be plainly written and read over to the patient or nurse, to see that they fully understand them.

That you can dispense each lot of granules in a vial, envelope, a butter-dish, or any small dish found in the ordinary house, but that each such container should be distinctly marked. Don't trust to people's "memory."

That you can make the entire quantity of granules into a solution; but if you do this, and a child is the patient, color and sweeten—it "goes down" better.

That you can put all the granules for one dose into a capsule and so go away feeling secure that the proper quantity will be taken each time.

That it is grossly careless and highly dangerous to leave toxic medicines (such as aconitine or morphine) in "quantity" with

any patient. Where there are children be particularly careful in this matter. Better make a solution.

When giving powerful remedies, carefully acquaint the nurse with what you want to accomplish, also with the symptoms the "full dose" will cause, and lay particular stress upon the necessity for stopping the medication, when either the condition you are treating subsides or the effects of the drug become manifest. In cases of this kind leave what you know is a safe maximum dose with instructions to give some fractional part thereof every ten, thirty or sixty minutes till relief. If, when the medicine is gone, this has not been obtained it is time for you to call again. Where this cannot be done and it is necessary to leave larger quantities of powerful drugs add to your direction slip: "Stop if so and so (describing drug effects) occurs."

In many years of alkalometric practice I have never had an accident. I always give the first dose myself, explain carefully the results desired and why, never telling the remedy, and then, if it would be unwise to have the medicine continued beyond a certain point, I say: "If, when you have given three, six or twelve doses (as the case may be) there is still fever (or what not) stop and let me know."

Bear in mind when treating new patients the possibility of "idiosyncrasy" and if dispensing a drug which may prove objectionable, say, "Should you find that this medicine causes such and such a feeling, stop it and let me know." All these points will suggest themselves as experience comes, but it is just as well to start with a knowledge of the routine of those who succeed.

Never leave any large number of granules unless in a corked vial. Some drugs will gather moisture to an extent causing them to become soft and stick together. This is unavoidable, for should some excipient be added to prevent easy solubility the very effectiveness of the granule would be gone. In dispensing "tonics" and medicines of that kind give enough for a week or ten days and then renew the supply. You should see your patient that often anyhow.

Never charge for medicines, except when supplied in large quantities, but look out for your fees.

DOSAGE.

An important point and one at which many a beginner stumbles is "dose enough." Excepting the most potent and (in overdose) toxic alkaloids the rule is to give one, two or more granules every few moments or every hour or two hours "till effect." That means, *attain what you set out to get.* If you want emesis give three granules of apomorphine in hot solution every three minutes till you secure it. If you desire to produce a

sweat, give as many of pilocarpine, half-hourly till your patient perspires, or in emergency use the larger dose and the hypodermic, etc.

Fix in your mind the effect you wish to obtain with your medicines and give the minimum dose at proper intervals till you have secured it. Then, if it is desirable to maintain that condition give the full dose, or half, as may be best, every three or four hours.

In acute conditions give small, repeated doses; in chronic cases large doses three or four times daily and always "till effect"—in other words, till the patient shows improvement, or, by showing none, indicates the necessity for a change of remedies.

"CLEAN OUT AND KEEP CLEAN."

It would be impossible to give in the compass of an article of this character adequate instructions for every case and condition which will present itself. For such assistance the beginner must turn to the larger works on alkalometry; but be it remembered that in nearly all acute conditions it is imperatively necessary to "clean out and keep clean" the digestive tract. To do this give small doses of calomel and podophyllin (or leptandrin or euonymin)—say gr. 1-6 every half-hour for four or six doses. Follow the last dose with a saline to flush the bowel and then keep the *prima via* clean with the sulphocarbolates in five- to ten-grain doses, according to condition, every two or three hours.

For all fevers give this same treatment with aconitine; alone, if "simple," with veratrine if asthenic and with digitalin or strychnine (or both) if of the asthenic type.

In all acute diseases remember that it is necessary to support, not only the heart but the vital forces generally. Strychnine is our standby. If the heart merely wavers, cactin is probably the best remedy to add, but if there is a distinct cardiac involvement, then digitalin, strophanthin or sparteine will be called for. In all systemic invasions, having cleaned out and attended to intestinal asepsis, give nuclein. This remarkable remedy stimulates phagocytic activity and enables the leucocytes—the "soldiers of the system"—to destroy the invading germs.

Always attend with utmost care to every local condition. Do not expect any drug to accomplish an impossibility. In diphtheria destroy the membrane with H_2O_2 applied pure. Apply ichthyol to boils, but, at the same time, saturate your patients with calcium sulphide; build them up, too, with nuclein and the arsenates.

Have an especial care to diagnose closely; "dissect" your cases and, when you give a remedy, know just why you give it and what you expect to accomplish from its exhibition. The effect being obtained, see what else needs attention and attend to it, and

so, piece by piece, treating conditions, not theories, you will see one disease after another lose its terrors and every day will find you better equipped to battle with death for the lives which have been entrusted to your care.

WHAT "DOSE ENOUGH" MEANS: STRAIGHT TALK.

One of the greatest stumbling-blocks which the budding alkalometrist meets is the matter of "dosage." The oft-repeated maxim "dose enough" does not always convey to his mind just what it should. The first and most important attainment of the dosimetrist is to diagnose closely. In intelligent medication there is no treatment for a "disease." While we recognize the perfect propriety and convenience of calling any fixed grouping of symptoms by a certain fixed name it is not by any means proper or effective to attempt to lay down a definite treatment for the condition supposed to be expressed by that name. What we have to deal with primarily is the *person*—no two people are constituted alike; no two will present exactly the same symptoms—temperature, condition of bowels, pulse, etc., even though they all are afflicted with the same general group of symptoms. To illustrate: We know full well that one typhoid case will resemble another in its general features and that we shall have fever, an infected bowel and system, etc., but it certainly would be far from "intelligent medication" to give A the same drugs and dosage as B, because B got well on them. If, however, A happens to present the same morbid symptoms as B, then it is fair to presume that the same general treatment will be successful. But the dosage may have to be varied considerably. A may be a spare man who eats little, drinks nothing but water and smokes not at all. He may lead an active life and an hygienic one. B, on the contrary, may be fat, "of a full habit withal" and eat and drink of the good things to excess; he may be sedentary too, and generally unhygienic in his habits. Will the treatment be the same? Hardly! It may, in its main points, but certainly what will be "dose enough" in the *one case* will not be so in the other.

The alkalometrist will go to work with either patient and clear out the *prima via*, believing that the best way to attain asepsis of the bowel is to have an empty one. Remove the media on which bacteria thrive and you are likely to hit those remaining, a harder blow. Well, the thin, clean man will probably be "cleaned up" by six doses of calomel and podophyllin (gr. 1-6 each) given at half-hourly intervals and followed, two hours later, by a heaping teaspoonful of Saline Laxative. After this, the saline repeated once or twice daily will probably suffice to *keep* him clean. Of course, to maintain asepsis the sulphocarbolates will be given—

probably in his case five grains every three hours. The other gentleman will, however, only begin to "clean up" on this. The calomel and podophyllin will have to be repeated daily for perhaps three days and the sulphocarbolates will need to be given in 10- or even 15-grain doses every two or three hours to obtain stools free from odor.

All this is merely to emphasize the fact that the dosimetrist gives his remedies to produce certain effects. He does not arise and state dictatorially, "it takes five grains of this to produce catharsis," even though he may be quite sure that such a dose *will* produce it. He knows in his inner soul that while it may take that amount to purge Tom, less than half will do the work for Jack and Billy. So he contents himself with giving the smaller dose and repeats it till he gets purgation in all three.

Sensible, after all, isn't it? And, when you come to deal with toxic drugs, eminently safe, too. Morphine has been known even to cause death in quite small dosage, but that doesn't necessarily make it "dangerous" ever to use it. Give a dose which you know cannot produce harm and then repeat it at proper intervals till you get the desired result or the patient exhibits signs of "sufficiency," or of being "intolerant" of the drug, and you are safe. "Intolerance," shown after a full physiologic dose, would be entirely too late.

Take aconitine. This, perhaps, the most useful of all our drugs, has been for years considered "too dangerous to use" Why? Because the dose given was too large. All the "effect" was produced at once, and too often to excess. A certain dose was given to A and proved effective; the same given to B proved so "effective" that he died, proving (?) that aconitine was "too dangerous to use." And yet, to-day, thousands of alkalometrists are using it with the most beautiful results. Why? Because they do not use tinctures or fluid extracts of unknown strength, but small (but even so, effective) doses of the pure, active principle of *aconitum napellus*, giving each such dose at regular intervals until the fever reduces or the signs of "aconitine sufficiency" in that particular case are apparent. As there are exceptions to all rules," so there are cases (of "fever," say), which will not respond to aconitine; the alkalometrist will in such a case give the drug till its physiological effect is apparent, and then, realizing that he has encountered an exception, will stop its exhibition and try something else. Again, he gives some other alkaloid and, before two doses are taken the patient shows signs of "intolerance." The remedy is stopped and no harm is done. But what would have happened in this case if the old system had been followed? Any man who has practised ten years can answer that question.

In concluding this "straight talk" let us urge again that you drop from your mind all other ideas and stick to this one: Give "to effect," this meaning, *till relief of symptoms or evidences of drug sufficiency*. The more common remedies will, of course, be given always till they produce the result desired, there being practically no "overdose" possible. For rough guidance average recommended "dosage" is given. This always errs on the side of safety. Practically the dose is always the smallest one which experience has shown to "give results."

Don't imagine that you should give that dose and, results failing, stop there. Not all all! Three times that dose may be necessary. Go right along till you "get effect" and remember, that if you do not get the result you expect, it is just possible you have erred in diagnosis or selection of remedy and are expecting something impossible. Study drug effects and you will find that remedies properly given and in "dose enough" have a habit of doing about the same thing in all people. Medicine, understood, is more of "an exact science" than the old-style practician could imagine and alkalometry has made it so. Be exact, brother—and so, "scientific!" And give "dose enough."—*The Alkaloidal Clinic*.

THE USE OF MECHANICAL APPARATUS IN SURGICAL TREATMENT.

At a meeting of the Chelsea Clinical Society, London, held on November 15th, Dr. Vincent Dickinson in the chair, Mr. Noble Smith read a paper on the above subject and exhibited patients.

He divided the cases requiring mechanical apparatus into two classes, the inflammatory and the non-inflammatory; tuberculous disease of joints being typical of the former class, and deformity, arising from various paralyses and weakness, being instances of the latter class.

In the inflammatory conditions, as every surgeon was aware, absolute rest of the affected parts was imperative; in the other class, the surgeon's object should be to correct the deformity without interfering with the natural movements.

This was a completely different system from that pursued by mechanics who were not surgeons, and it required the knowledge of physiology, as well as of mechanics, to cope with the peculiarities to be dealt with.

Mr. Noble Smith then proceeded to demonstrate the methods of treatment by apparatus as applied to caries of the spine and to lateral curvature. The principles of the apparatus in both kinds of cases involved (1) expansion of the thorax without any pres-

sure upon its anterior or lateral parts, (2) continuation downwards of the instrument to the seat in sitting, and (3) possibility of modification of the machine by the surgeon.

The principles of *application*, however, differed widely in the two kinds of cases. In the inflammatory cases—*caries*—the body of the patient was kept close to the apparatus previously adjusted to the proper position, whereas, in the non-inflammatory—*sclerosis*—the apparatus was so arranged that it favored movement, and only came into action when the patient for any reason inclined towards a bad position. Thus, as regards *sclerosis*, a principle was introduced totally different from that appertaining to any spinal instrument devised by a non-medical mechanician. This same principle could be similarly applied in the treatment of all deformities requiring apparatus, and in which no inflammatory disease existed.

PEROXIDE SOLUTIONS IN OTOLOGICAL PRACTICE.

BRUDER (*Revue Hebdomadaire de Laryngologie*), calls attention to the unpleasant results which have followed the careless use of peroxide solutions, or those of inferior and unreliable grade in otological practice, such as diffuse external otitis, cerebral symptoms, suppurative phlebitis in the lateral sinus, etc. In one case fatal cerebellar meningitis followed the use of impure peroxide. The meatus should be smeared with vaseline before any form of peroxide is used, and if unpleasant symptoms follow the peroxide should be discontinued. In case of cholesteatoma, especially in operations on the mastoid, with sinus phlebitis and extradural abscess, the remedy should be used with great caution. With these restrictions, the remedy can be profitably employed. The great point for consideration is the purity of the product, and ample evidence has shown that there are very few suitable peroxides on the American market. Dioxogen has the advantage of absolute purity with stability, found, probably, in no other peroxide, and in otological practice its use has been found not only efficient, but absolutely safe.—From *The Chicago Clinic and Pure Water Journal*, January, 1905.

New York Skin and Cancer Hospital.—The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a special course of four lectures on the relation of diseases of the skin to internal disorders, in the Out-Patient Hall of the Hospital on Wednesday afternoons at 4.15 o'clock, commencing March 1st, 1905. The course will be free to the medical profession.—William C. Witter, Chairman of Executive Committee.

THE MEDICAL PROFESSION AS REPRESENTED IN THE NEW CABINET



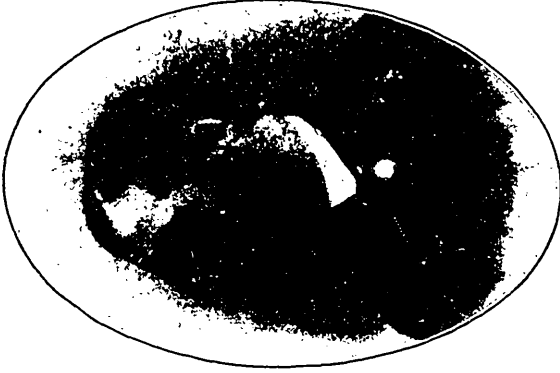
HON. J. O. REAUME,
MINISTER OF PUBLIC WORKS.

Hon. Dr. Joseph O. Reaume of North Essex, the Commissioner of Public Works, is a French-Canadian of great personal popularity in the House. To his personal popularity in his own riding is due much of his success at the polls. His appointment, although the result to some extent of Mr. Whitney's pledge that if the Conservative party were returned to power a French-Canadian would be a member of the Cabinet, can be justified by the marked ability Dr. Reaume displays as a Parliamentarian and his amiable personality. A fluent speaker in English as well as French, he has always been able to hold the ear of the House. He was educated at the University of Toronto, the Scotch Medical College and Trinity Medical College, Toronto.



HON. R. A. PYNE,
MINISTER OF EDUCATION.

Hon. Dr. Robert Allan Pyne, though his appointment as Minister of Education came somewhat as a surprise, has been closely identified with the management of educational institutions for years. He has been chairman of the Public School Board of Toronto and of the Free Library Board, and is Registrar of the College of Physicians and Surgeons of Ontario. He was born at Newmarket in 1855, and is of Irish descent. Dr. Pyne has been conspicuous more in party councils than on the floor of the House, and is looked upon as one of the most level-headed party leaders in Ontario. Personally enjoying great popularity, he is a member of the Masonic and Orange orders, and several fraternal societies. He is an Anglican in religion. *(Illustrations sent by courtesy of "Saturday Night," Toronto.)*



HON. W. A. WILLOUGHBY,
MINISTER WITHOUT PORTFOLIO.

Hon. Dr. William Armon Willoughby of East Northumberland, the whip of the Conservative Opposition, and the confidant of Mr. Whitney in the dark days of Opposition, is one of the ministers without portfolio. Born in Simcoe County in 1844, he graduated as M.D. at Victoria College in 1867. For many years he was a member of the Town Council of Colborne, and of the School Board. In 1884 he was Warden of the united counties of Northumberland and Durham. He is Surgeon Lieutenant-Colonel in the militia. Elected first to the Ontario Legislature in 1886, he was at a bye-election in 1888 unsuccessful. In the same year he was returned, and with the exception of the general election of 1898, was successful in all elections since that time in that constituency. A strong party man, Dr. Willoughby is, however, extremely popular on both sides of the House, in religion he is an Anglican.

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

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

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NO. 3.

Editorials.

RECIPROcity IN MEDICINE BETWEEN THE PROVINCES OF CANADA.

THE question of reciprocity between Canada and the rest of the British Empire received an incidental prominence, when Dr. Roddick, Dean of the Medical Faculty of McGill University, and representative of the St. Antoine division of Montreal, in-

troduced into the Canadian House of Commons, during the session of 1902, a bill providing for the establishment of a Dominion Medical Council. The contemplated Council, speaking broadly, was to have powers to appoint examiners, to hold examinations in medicine, and to grant licenses to practise medicine in all parts of the Dominion. As an additional advantage, its licentiates were to be privileged to practise in any portion of the British Empire, to serve as surgeons in the British army or navy, or to take medical positions in the civil service of the Empire.

It was, therefore, the intention of the framer of the bill to favor reciprocity between Canada and the British Empire. Were it otherwise, one could not understand why Canada should ask so much in the matter of medical privileges from the Mother Country and yet offer nothing in return.

The original bill provided, that when five or more of the provinces passed concurrent legislation approving of the bill, it would become law throughout the whole Dominion. An amendment was introduced, however, providing that all of the provinces must approve of the bill, instead of five of them, and it became law, with this amendment. Since then, Manitoba, Prince Edward Island, Nova Scotia, and the North-West Territories have passed the necessary legislation. New Brunswick and British Columbia are prepared, it is said, to pass it, as soon as Ontario does, and there is every reason to think there will be no objection to the Roddick Bill in Ontario. The only dissentient legislature is that of Quebec, principally as the outcome of the opposition of Laval University.

The chief objection of the authorities of Laval University to the Roddick Bill reposed on the fear they entertained that the Dominion Medical Council, which would have power to grant licenses in every province of Canada, would prove to be an extinguisher to Laval University by cutting away the supply of medical graduates. They feared that French-Canadian medical students would present themselves to pass the comparatively easy medical matriculation examination of McGill University, receive their subsequent medical training at that university and, after passing the license examination of the Dominion Medical Council,

practise in Quebec, or elsewhere, without taking a medical degree at Laval University.

Such fears do not seem to be well founded. As the Dominion Medical Council would not be a teaching body, students of medicine in Quebec would have to seek a medical school. As long as the medical teachers of Laval University are effective in work and method, they must attract and receive the adhesion of Canadian medical students, whose mother tongue is French. The influences of the home and the college would favor Laval University as a medical school, and we dare say that a large proportion of the medical teaching of Montreal and Quebec would be done by Laval University, if a Dominion Medical Council were to-day an accomplished fact.

The Dominion Medical Council would not grant a degree in medicine, so that if a licentiate of that body should want the title of M.D., he would have to apply to a university. What more natural for him than to present himself before the university in which he had received his medical training? The two tests of proficiency, the examination for the degree of M.D., and the examination for the license of the Dominion Medical Council, could be made within a short period of each other, and a candidate fit to pass the one could just as well pass the other.

There is an additional reason why Laval University should seek fresh fields and pastures new for her graduates in medicine, and should, therefore, favor the early establishment of the Dominion Medical Council. Emigration of the French-Canadian population from Quebec towards Ontario is steadily increasing, and already in several counties of this province the French-Canadian vote has to be reckoned with. A convincing proof of the status of the body politic of Ontario in the matter of race will be found in the fact that this year, the first time such a departure has been made in the politics of this province, a portfolio has been given to a French-Canadian in the newly-formed Cabinet of Ontario. If there is room in Ontario for the French-Canadian artizan, farmer, statesman, there is, also, room for the physician of that race, even though he may not have graduated in this province. It is surprising, that the authorities of Laval University cannot see the question of the unification of Canadian medical licenses in a light favorable to their own increased in-

fluence as a medical faculty, and also to the interests of their medical graduates. Why should they not endeavor to obtain for their medical graduates the right to practise in Ontario, or any other part of Canada? The simplest way to accomplish that object is for Laval University to help to lay the corner-stone of the Dominion Medical Council, which will also be the surest agency for producing reciprocity in medical licenses between the provinces of Canada.

J. J. C.

RECIPROCITY IN MEDICINE BETWEEN THE UNITED KINGDOM AND THE REST OF THE BRITISH EMPIRE.

OUR readers may remember that during the Boer war surgeons of high standing and holding commissions in the Canadian militia volunteered for service in South Africa. A complete field hospital was also offered by Canada, and in both cases the War Office refused to accept such service, on the ground that it was contrary to the Medical Act of 1858 (British) to permit a surgeon on the colonial register and colonially trained to attend professionally to British troops.

To remove this difficulty from the path of Canadian surgeons who may wish to attend British troops, or to enable colonially-trained physicians to practise medicine in any portion of the British Empire a bill was introduced into the Imperial Parliament in 1903 by General Laurie. The main feature of this bill is an extension of the Medical Act of 1858 (British), and it provides that a "Doctor or Bachelor or Licentiate of Medicine or Master in Surgery of any university or medical school in the Empire, at which the curriculum of studies and the examinations required to be passed by undergraduates shall be accepted and recognized by the General Medical Council as equal in all respects to the requirements from students and candidates for degrees in the institutions shown in paragraphs one to eleven of Schedule A," shall be entitled to equal privileges with the latter. In brief, to particularize, if the above amendment were to become law, a graduate in medicine of McGill University, or of the University of Toronto, or a licentiate of the College of Physicians and Surgeons of Ontario would be entitled to practise medicine in the

United Kingdom, or any part of the British Empire, without passing a fresh examination or securing any qualification, other than the colonial one which he already possesses.

A letter received from Dr. Elliott, General Secretary of the Canadian Medical Association, informs us that General Laurie is desirous of reintroducing his bill at the present session of the British House of Commons, providing the Canadian profession desires it.

It goes without saying that the very liberal offer contained in General Laurie's bill would involve medical reciprocity. It would be an unheard-of piece of generosity for the British Parliament to extend the privilege of practising medicine in the United Kingdom, and other portions of the British Empire, to colonially-trained Canadian graduates in medicine, if the Parliament of Canada would not grant to British graduates in medicine the right to practise medicine in Canada. But the Parliament of Canada would not entertain such a proposal. It would be distinctly *ultra vires*; for, in Canada, all matters pertaining to education, by the terms of the Confederation Act, are left to the Provincial Legislatures. Hence the proposal to license British medical graduates in Canada, *en bloc*, without their conforming to the established Provincial tests, could not be entertained by the Canadian Parliament, unless all the Provincial Legislatures of the Dominion were to agree to forfeit their own rights in the matter and would unite in requesting the Canadian Parliament to provide reciprocal legislation in keeping with the natural outcome of General Laurie's bill.

As far as we have learned, there is no marked desire on the part of Canadian physicians to avail themselves of the advantages which would accrue to them if General Laurie's bill were to become law. It is true that Canadian applicants for medical positions in the Imperial army, navy, or civil service, would be benefited by the passing of the amendment; but a physician who has practised in Canada would be going far afield were he to transfer his Lares to the land of his fathers, and few there are who have mad such a venture.

That British physicians would come to Canada, if the law permitted them to practise in this country without undergoing a fresh examination, is altogether likely. The older men might

not care to leave home and face new conditions in a strange land; but the younger men would quite naturally follow in the wake of their emigrating compatriots, especially if the medical bars were let down.

There are physicians enough and to spare in this "Canada of ours." From reliable statistics, which were published in this journal in November, 1902, it was found that in all Canada there was one physician to 991 persons. It is manifest, therefore, that Canadian physicians would lose by opening their field to outsiders. For the reasons given, we do not think that General Laurie's amendment is likely to be reintroduced into the British House of Commons.

J. J. C.

EDITORIAL NOTES.

Payment of Notification Fees.—In reference to the British Infectious Disease Notification Act, 1889, the *British Medical Journal* (December 17th, 1904, p. 1673), says: "The authority is required to pay for each certificate and there is no legal obligation upon a medical man to send the authority a statement of fees apart from the certificates themselves, which under the Statute he is bound to furnish. The fees thus become due, as and when the certificates are received by the authority." In order to get over a difficulty which might arise if medical men insisted upon the immediate payment of each separate fee as it became due, the *British Medical Journal* suggests that the payment of fees due under the Infectious Disease (Notification) Acts be made periodically, without waiting for an account to be sent in by the medical man who notifies. This practice is said to prevail in nearly all large towns in England, and is growing in smaller districts. It is necessary to ask for a statement on the notification certificate indicating whether the person to whom the certificate refers is being treated by the practitioner as the medical officer of any public body or institution, in which case only a shilling fee is paid. The ordinary fee for a case in private practice, which is reported to the authority, is two shillings. We have already adverted to the practice which obtains in England of paying a small fee to a practitioner who gives notice to the authority of an infectious disease. The practice is just and

proper. The municipality in which the practitioner does his work is benefited by his report of an infectious disease, and ought to remunerate him for his trouble in giving notice to the sanitary authority. We have shown elsewhere that practitioners and hospital authorities in Ontario do not report cases of typhoid fever, although required to do so by the Ontario Medical Act. Is this negligence on their part due to the fact that there is no provision made in the Act for the payment of fees for notification, or is it due to another reason? Whatever the reason may be, physicians should discuss the question in the medical journals, or else instruct their representatives in the College of Physicians and Surgeons to discuss it in Council. At the present time there appears to be either a neglect of professional duty by physicians and the authorities of hospitals, or an unwarrantable assumption of authority on the part of the State in obliging physicians, under penalties, to work for the common good without remuneration.

Experiments of Metchnikoff and Roux on Syphilis.—In *Annales de l'Institut Pasteur* (1904, 25 Novembre, p. 657, 3ème memoire), Metchnikoff and Roux continue to give the results of their work on experimental syphilis in the chimpanzee, referring in this paper to the influence of different factors on the properties of the syphilitic virus. As the direct examination of the virus did not disclose the existence of a specific microbe, either in the products of inoculation or the lesions themselves, they determined, in the first place, whether or not the syphilitic virus would pass through a filter. The filtration of syphilitic virus (taken from an indurated human chancre) through a Berkfeld filter completely suppresses its activity. A control animal injected simultaneously with unfiltered syphilitic virus took syphilis. Klingmuller and Baermann, by experiments made on themselves, had already shown this action of the filter in stopping the passage of the syphilitic virus, but their experiments, for obvious reasons, were not repeated on other persons, and therefore lacked the element of completeness. The effect of heat on the syphilitic virus was then essayed. Heating to a temperature of 51 deg. C. (123 4-5 deg. F.) during an hour is sufficient to render the virus inactive. The addition of glycerine to it did not remove any of its pathogenic power. They then tried specimens of the syphilitic virus, made inactive through filtration or heat, as immunizing agents. These experi-

ments turned out negatively, and chimpanzees which had received injections of inactive products, took syphilis, when injected with the products of active human syphilitic chancres. They think that, to find a procedure for immunizing the chimpanzee against syphilis, it will be necessary to look elsewhere. From researches actively in progress, it appears to Metchnikoff and Roux, that they are more likely to succeed in their endeavors by passing syphilitic virus through the inferior catarrhines (*Simiadæ*), a species of monkeys which is more distantly related to the human race than the chimpanzees.

De Renzi's Opinions on the Treatment of Diabetes.—According to De Renzi (*Berlin Kl. Woch.*, November 14th, 1904) diabetes is especially produced by overfeeding, which causes arthritis, or a slowing of the nutritive processes. Hereditary arthritis also causes diabetes in individuals who are not given to overeating. Treatment should be dietetic and hygienic. In order to produce a complete glycolysis, the hydrocarbons have been eliminated from the diet of the diabetic patients. Cantani has pushed an exclusive meat diet to such an extent as to expose diabetic patients to the acid dyscrasia, with diabetic coma as a consequence. De Renzi advises diabetic patients to use green vegetables, the hydrolysis of which does not produce glucose but levulose (fruit-sugar), which is well borne by diabetic patients. For instance, if the glycosuria of a diabetic patient has been reduced to the normal level by the use of green vegetables, and he should take 25-100 grams of fruit-sugar, his glycosuria would not be increased thereby, which proves that the fruit-sugar has been completely consumed in his economy. De Renzi prescribes the following diet for diabetic patients: Five portions of green vegetables, 300 grams of meat, five eggs, and half a litre of wine, amounting in all to about 2,104 calories. Diabetic patients also take with advantage fruits which contain a considerable quantity of glucose in addition to levulose. De Renzi has not obtained from potatoes the same results as Mosse. He thinks this vegetable exercises an effect principally through the potash salts which it contains, and through its poverty in nutritive materials. Bodily exercise should be taken to increase the oxidation of tissue. Bicarbonate of sodium is the only medicament which seems to be useful.

The Action of the Rontgen Rays in a Case of Leucocythemia.

—The prognosis and treatment of leucocythemia are so unfavorable that any treatment which produces a curative result in this disease deserves the highest commendation, and should be circulated in the medical journals. A case of leucocythemia treated successfully by the Rontgen rays was reported to the Berlin Medical Society, November 23rd, 1904, by Dr. Grawitz. The patient, a man of fifty-four, was in a state of advanced cachexia when seen during the preceding month (October). The proportion of red and white blood cells was 1:1; the liver and spleen were considerably hypertrophied. After receiving twenty-three treatments by X-rays, the patient found that his general condition was vastly improved. The proportion of white blood cells fell almost to the normal standard, and the liver and spleen were notably diminished in volume.

Sulphur Baths in Lead Poisoning.—In the *Scottish Med. and Surg. Journal*, November, 1904, Dr. Theo. Ogg states that sulphur baths are most useful for all workers in lead, in order to procure the cleansing of the surface of the body from dust which adheres to it; sulphur baths may also be used as a vehicle for removing lead, which has already been absorbed and deposited in the tissues of the body. Lead may enter the body by the mouth, the respiratory organs and the skin. It enters principally by the mouth in the case of workmen who do not wash their hands before eating or who smoke during work, or who do not take the precautions of washing the mouth and brushing the teeth. Iodide of potassium eliminates lead from the body; this result is supposed to be produced by the formation of a soluble compound of lead in the tissues, which is eliminated by the kidneys. Some authors attribute to the iodide of potassium a tendency to produce acute symptoms and to intensify already existing symptoms, as a result of the action of the soluble salt of lead which penetrates into the blood. Sulphur baths, sulpho-alkaline baths, and the drinking of sulphur waters of all kinds act as useful adjuvants to the iodide of potassium. A sulphur bath at a temperature of 95 deg. F. and lasting for from half an hour to an hour, together with the injection of sulphur water into the bowel, diminish the risks of lead poisoning, which are due to the too rapid introduction of lead into the blood, without a corresponding elimination of

that poison. Sulphur waters, passing through the tissues, favor the formation of an insoluble sulphide of lead, which is finally excreted by the kidneys, the skin and the intestines. Hot baths, by promoting activity in the circulation of the skin, stimulate the secretions of the glands of the skin. Finally, sulphur waters, taken internally, contribute by their cholagogue and purgative effects to the elimination of lead by the bile and the intestinal fluids.

Phototherapy for the Relief of Pain.—Phototherapy seems to be destined to play a great part in the cure of various diseases, and particularly in the relief of pain. Dr. Rosenberg (*N. Y. Medical Record*, October 22nd, 1904) says that in acne and furunculosis the effect of phototherapy is rapid and certain. He thinks the blue, violet, and ultra-violet rays act almost specifically in the relief of pain. The ultra-violet rays obtained from the iron and carbon voltaic arc, with a high amperage, act as a specific remedy for acute muscular pains, such as lumbago, torticollis, and pleurodynia. In acute and chronic neuritis, these rays calm the pain and generally cure, especially in the acute forms. In rheumatic arthritis the results have not been encouraging, though German authors have published favorable results, a circumstance which may be accounted for by the limited number of their observations. In acute and chronic pleurisy, and in bronchitis, the ultra-violet rays have proved useful. In gonococcal peritonitis and in catarrhal inflammations of the posterior urethra, the results of treatment have been encouraging, and further trials should be made. Dr. Rosenberg thinks that ultra-violet rays may also prove useful in tubercular and gonorrhoeal arthritis, as well as for the relief of the pains of locomotor ataxia.

A Sign of Death.—An absolutely trustworthy proof of death, other than the commencement of decomposition, is something to be wished for, if for no other reason than to soothe the terrors of those persons who fear to be buried alive. Dr. Icard, Paris, has published a test which is worthy of trial. After the injection of a solution of fluorescein deeply into the cellular tissue, if circulation continues, jaundice of the skin and mucous membrane follows the absorption of that substance, whilst the eye becomes green, "like an emerald set in the orbit," to use the author's expression. If the circulation has completely stopped, nothing

of the kind is seen. Should none of the phenomena of coloration appear after the injection of fluorescin, it may be safely concluded that death has occurred. In time of epidemic, Dr. Icard thinks it would be expedient to make a subcutaneous injection of fluorescin at least two hours before a body is placed in the coffin. If the person is dead this causes no disfigurement; if he is alive only a transient discoloration is produced. J. J. C.

PERSONAL.

DR. JAS. M. MACCALLUM, with Mrs. MacCallum, sailed for England on the 28th ult., and intend being absent for about eight weeks.

DR. WILLY MERCK, of the well-known firm, E. Merck, Darmstadt, Germany, has been honored by having conferred on him by the University of Halle-Wittenberg, for his merits in the field of materia medica, the degree of *Medicinae Doctor Honoris Causa*.

THE NURSE.

BY CHARLES P. CLEAVES.

I lay my hand on your aching brow,
Softly, so! And the pain grows still.
The moisture clings to my soothing palm,
And you sleep because I will.

You forget I am here? 'Tis the darkness hides.
I am always here, and your needs I know.
I tide you over the long, long night
To the shores of the morning glow.

So God's hand touches the aching soul,
Softly, so! And the pain grows still.
All grief and woe from the soul He draws,
And we rest because He wills.

We forget,—and yet He is always here!
He knows our needs and He heeds our sighs.
No night so long but He soothes and stills
Till the dawn-light rims the skies.

—From *The Outlook*.

News of the Month.

FIRST QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH OF ONTARIO.

THE first quarterly meeting of the Provincial Board of Health of Ontario was held Feb. 1st 1905, at the office of the Secretary of the Board, Parliament Buildings, the first session beginning at 2.30 p.m. The following members were present: Dr. Kitchen, Chairman; Dr. Hodgetts, Secretary; Dr. Cassidy, Dr. Oldright, Dr. Douglas, Dr. Boucher, and Dr. Thompson.

After the minutes of the preceding quarterly meeting, held on November 10th, 11th, and 12th, 1904, had been read and adopted, communications were read:

(a) Letter from Dr. Hamilton, Port Arthur, asking for the appointment of Dr. McCartney as bacteriologist for that town and district.

(b) Letter from the Board of Health of Boston, Mass., announcing that a man who had been handling hides brought from Argentina to Boston on the barque *Penobscot*, had subsequently developed anthrax. Hides taken from the same shipment had been sent to different places in Ontario, notice being given to Dr. Hodgetts.

(c) Letter from Dr. Elliott, Secretary Canadian Medical Association, conveying a resolution of that Association adopted at the Vancouver meeting held in August, 1904, in which the practice of giving notification of tuberculosis was endorsed.

(d) Letter referring to the water supply of Ingersoll. (Samples to be sent to the laboratory.)

(e) Letter in reference to the water supply of Burke's Falls. It transpired that this supply had never been approved of by the Board.

(f) Letter referring to the sewage of Brantford. (Samples of the sewage are to be examined at the laboratory.)

Dr. Kitchen, Chairman, then read his annual address. He said that the past year had been a highly satisfactory one from a health point of view. The number of deaths from scarlet fever was 529 in 1903, while last year it was 129. From smallpox there were only four deaths, and the two outbreaks cost but \$1,500 to suppress. From diphtheria the deaths were 438, compared with 478; measles 32, compared with 53; whooping cough showed

a decrease in deaths of 68. Typhoid fever was responsible for 397 deaths, compared with 298 in 1903.

The number of deaths from tuberculosis showed an increase from 2,072, in 1903, to 2,168 last year. But while the whole number of deaths from contagious diseases, minus tuberculosis, was 1,790, the number of deaths from tuberculosis alone was 2,168. The time had arrived when the disease should receive notification. This did not mean that the houses should be placarded, but the Secretary of the Board of Health should be notified, so that information and assistance might be given to the families. "I fear," the report added, "it is not generally known that the Act requires the local health authorities to provide physicians with blank forms whereon to report contagious diseases."

With regard to sewage disposal, the view was expressed that experimental sewage plants should be established in Toronto. The appointment of an inspector of sewage and water works systems should be considered.

On motion, the annual address of the Chairman was adopted and ordered to be printed in the sanitary journal of the Provincial Board of Health.

Moved by Dr. Boucher, seconded by Dr. Thompson: That the application for Dr. McCartney's appointment as bacteriologist at Port Arthur be not entertained, as it is the policy of the Board to support the appointment of County Medical Health Officers. Carried.

Dr. Oldright moved, seconded by Dr. Boucher, that the Committee on Epidemics report regulations respecting the notification of tuberculosis. Carried.

Dr. Hodgetts was instructed to reply to the resolution of the Canadian Medical Association, stating that the Board had already expressed a conviction in favor of the propriety of giving notification of tuberculosis.

The Board's bacteriologist, Dr. Amyot, in his report said that during the past year a number of patent medicines, foods, and beef extracts had been investigated. In the patent medicines a large amount of alcohol had been found, but the foods and beef extracts were freer from deleterious ingredients than was anticipated, although they often contained ingredients cheaper than the name implied.

The Chairman paid a tribute to the services rendered by Dr. Hodgetts, the Secretary of the Board, and his staff.

Dr. Hodgetts and Dr. Amyot presented an interesting report on the sewage testing station at Columbus, Ohio. The sum of \$46,000 was set aside for such a purpose, but it cost only \$20,000. The balance will be applied for the maintenance. There are seven tanks, holding 12,000 gallons each. Two are used as grit cham-

bers, in which the sewage remains for one and a half hours. Another tank is used as a "plain sedimentation" tank, in which the sewage remains for eight hours. Two other tanks were intended to be used for experimenting on the efficiency of chemical precipitation, but they were not so used, but one of them instead was converted into a septic tank. The station also contained filterers, contact beds, and sprinkling filterers. The experiments carried out proved most valuable.

Dr. Hodgetts read a report of the Committee on Sewage respecting an outbreak of typhoid fever at London, Ont. Action on the report was deferred until next day.

On February 2nd, 10.30 a.m., the Board met and resumed business. The Secretary read his quarterly report. It dealt with the usual mortality statistics, the necessity of the supervision of water supplies, the increase of consumption and the supply of anti-diphtheritic serum. Dr. Hodgetts, in urging that tuberculosis be placed on the list of notifiable diseases, said:

"If it had been found that 4,237 hogs, sheep or cattle, worth anywhere from \$2.50 to \$100 each, had died in the province during 1903 and 1904 from a contagious disease, and that, in addition, many thousands more had become infected with that disease, and would ultimately die—all this to the direct financial loss of the farmer, and indirectly to the public loss—there would be such a stir over the length and breadth of the province that the Minister of Agriculture would be forced to take immediate action."

The necessity for the adoption of a standard of anti-diphtheritic serum, as in the case of vaccine matter, was very fully dealt with in the report. The chief source of supply has been in the United States, but English firms have entered the market at greatly reduced rates. Dr. Hodgetts recommends the Board to carry on laboratory examinations of these products for the benefit of the public. The report was adopted.

A report by Dr. Amyot, giving a *résumé* of the work done by a British Royal Commission in the matter of the treating and disposing of sewage, showing the results obtained from the different methods of treatment in sewage on land, was read and was ordered to be published in the sanitary journal of the Board. Dr. Hodgetts then read a report on the water supply of the town of Simcoe, which was received. It was referred to the Committee on Water Supplies.

At the afternoon session it was decided that the next meeting of the Association of Medical Health Officers of Ontario should be held at Toronto, about the time when the meeting of the Ontario Medical Association takes place.

Dr. Cassidy asked a ruling from the Chairman as to the right

of lay and secular journals publishing reports presented to the Board prior to their publication in the quarterly sanitary journal of the Board. It was held that, as the Provincial Board of Health is a public body, papers and reports read at its meetings, and discussions taking place there become public property, and may be reported in secular or medical journals, before they appear in the *Sanitary Journal* of the Board.

Dr. R. W. Bell, Provincial Medical Inspector, reported on the outbreak of smallpox in Raleigh and Lorraine townships in December, and in the township of Hammer in November. The report on the lumber camps noted a decrease in the outbreaks, and the conviction that a strict enforcement of the sanitary regulations was no hardship to anyone. The report on the outbreak of typhoid in Chester village, near Toronto, was also submitted. Contamination of water supply was stated to be the cause.

The Board went into Committee of the Whole to consider a report on the outbreaks of typhoid fever at London and Port Stanley, which occurred last summer. The report, which was presented by the Secretary, showed, among other things, analyses of the water supply of London, and also analyses of the well water of Port Stanley. Sewage pollution was proved to have been present in the water supplies of both these places. The opinion expressed in the report was that the outbreak of typhoid fever in London could be traced to impurities in the London water supply, and also that the outbreaks of typhoid fever at Port Stanley could have been caused by impurities present in the wells of that village. The report was adopted, and the Secretary was instructed to inform the local authorities of London and Port Stanley, with a view to action being taken.

Dr. English appeared before the Board as a deputation from London to advocate the establishment of a laboratory in connection with the Western University for the purposes of the western part of the Province. The Board has the matter under consideration.

The following committees were appointed:

Supervision of Water Supply, Sewerage, and Disposal of Sewage—Eastern: Drs. Douglas, Boucher and Oldright; Western: Drs. Cassidy, Thompson and Hodgetts.

Epidemics—Drs. Cassidy, Oldright and Hodgetts.

School Hygiene and Ventilation—Drs. Hodgetts, Oldright and Cassidy.

Legislation—Drs. Hodgetts, Boucher and Douglas.

Foods and Drinks—Drs. Douglas, Thompson and Boucher.

The Board got through business at 4.30, and afterwards inspected the room set apart in the basement for a sanitary museum.

DEATHS FOR DECEMBER, 1904.

THE returns from the Office of the Provincial Board of Health for the last month in 1904 are not quite so complete as in the same month in the previous year, and the deaths reported are less by 64. The total number of deaths from all causes, as reported by the municipal clerks, are 2,077, representing a population of 1,959,643, which gives a death rate of 12.7 per cent. per 1,000, and for the corresponding period of 1903, 2,141 deaths were returned from a population of 2,051,965, which gave a death rate of 12.5 per cent.

As may be seen by the comparative table smallpox, scarlet fever and diphtheria are less prevalent throughout the province, while measles, whooping cough, typhoid and consumption show an upward tendency.

COMPARATIVE TABLE.

	1904.		1903.	
	CASES.	DEATHS.	CASES.	DEATHS.
Smallpox	2	0	13	0
Scarlet Fever.....	168	15	231	20
Diphtheria	437	65	474	72
Measles.....	125	7	14	1
Whooping Cough.....	45	4	8	4
Typhoid Fever	68	39	120	24
Consumption.....	166	159	148	148
Total	1011	289	1008	269

COURSE OF INSTRUCTION IN PUBLIC HEALTH.

THE authorities of the University of Pennsylvania realize the efforts which are being made in communities throughout the country to obtain officials who have had some special training in matters pertaining to public health. Each year the demands for men of this type (either as chiefs of departments or in some subordinate position) is increased, and at the present times there is a lack of men qualified to fill such positions. To meet the need of such instruction, the University will introduce into its curriculum, beginning October 1st, 1905, a course in public health, which will include instruction under the following headings:

THE COURSE WILL INCLUDE THE FOLLOWING SUBJECTS.

Sanitary Engineering.—Including the subject of water supplies, sewerage systems, street cleaning, disposal of waste, etc.

Sanitary Legislation.—A study of the movement for sanitary reform, and of the laws enacted relating to public health, and the

methods of enforcement employed in Great Britain and the United States.

Inspection of Meat, Milk and Other Animal Products.—The methods of preparation and preservation of the same, the conduct of dairies, creameries, etc., and demonstrations of the diseases of animals transmissible to man.

The Sanitary Engineering of Buildings.—Including demonstrations of systems of heating, ventilation, plumbing and drainage, the study of plans, etc.

Social and Vital Statistics in the United States.—An examination of statistical methods and their results, with special reference to vital statistics and to city populations.

Practical Methods Used in Sanitary Work.—Including water, air and milk analyses, studies in ventilation and heating, investigation of the soil, methods of disinfection, sterilization, etc. (This is purely laboratory instruction.)

General Hygiene.—As applied to the community, including lectures upon the causation of disease—exciting and predisposing, methods of prevention—including isolation, quarantine, natural and acquired immunity, protective inoculation, vaccination, and the antitoxic state, methods of house disinfection and the means employed, suggestions for the organization of sanitary work, the influence of water supplies and sewage disposal on the public health, etc.

Personal Hygiene.—Including the physiology of exercise, the adaptation of exercise to the various physical requirements, the use of exercise for the prevention and correction of deformities, the methods of examination and record keeping, the routine physical examination of growing children and the relation of air, food, bathing, etc., to health and development; the hygiene of the school room.

ITEMS OF INTEREST.

An Interesting and Convincing Letter.—A letter by Dr. J. Murray McFarlane, of Toronto, appearing on page xxxi. of this issue, is worthy of the consideration of medical practitioners.

An Ideal Tour in Europe.—The programme of summer tour in Europe of the Rev. Dr. Withrow, of Toronto, is a handsomely illustrated booklet. It will be sent free on application to him. This is his eighth tour. He has successfully conducted parties through the best tourist routes of Europe and also eight hundred miles up the Nile and through Palestine, Syria and Turkey. His European route is a favorite tour with the medical profession. He has had, we believe, as many as six doctors in one of his parties.

The Ontario Medical Association.—Dr. William Burt, President of the Ontario Medical Association, recently paid a visit to the city to review the work done by the two main committees in advancing the Association interests for the year. A considerable number of papers have been promised—these with the assurance of Dr. Ochsner's presence, already guaranteeing the success of the meeting. This will take place Tuesday, Wednesday and Thursday, the 6th, 7th and 8th of June, in the Medical Building, Queen's Park. The character of the work done by this parent Association of the Province warrants the attendance of every practitioner who can get to hear the papers presented.

Annual Gathering of the University of Toronto Club, New York.—Forty-five members of the University of Toronto Club of New York held their annual dinner at the Hotel Astor on Jan. 19th. Dr. A. R. Robinson acted as toast master, and after the toast "His Imperial Majesty, King Edward VII" had been drunk, "God Save the King" was sung. Then the toast "The President of the United States" was drunk, and was followed by the singing of "The Star Spangled Banner." The toast "Canada" was responded to by Prof. J. B. Galbraith, of the University; the toast "Alma Mater," by Prof. Alfred Baker, and the toast "Sister Universities," and the "University of Toronto Club," by W. T. Robson, of the Canadian Club, and James A. Meek, of McGill University.

A Dinner to be Given to Professor William Osler Next Month.

—It is proposed to give a dinner to Professor Wm. Osler, of Baltimore, Md., recently appointed Regius Professor of Medicine at Oxford, some evening during the latter part of next month. It is expected that Dr. Osler will spend a week or so in Toronto towards the end of April, though the dates of his arrival and departure are not as yet definitely known. For that reason, the date of the dinner has not been settled, but will be almost at once. The committee are already besieged with applications for tickets, and it is expected that the banquet will be a huge success and our celebrated fellow Canadian given a hearty send-off to the Mother Land, where we know he will still further add to his laurels as a distinguished scientist, one heartily deserving of the honor conferred upon him by His Most Gracious Majesty.

Governor's Fellowship in Pathology, McGill University.—

By the resignation of Dr. Oskar Klotz, this fellowship, instituted in 1899, has now become vacant. Dr. Klotz is a graduate of Toronto University and has, during the tenure of his fellowship, done much valuable research work, including studies upon a bacillus isolated from water agglutinating with high dilutions

of typhoid serum, and on the isolation of a motile micrococcus causing an epizootic among rabbits, both published in the *Journal of Medical Research*, together with several studies in morbid anatomy. His most important work, shortly to be published, is on the part played by soaps in the process of pathological calcification. The fellowship is open to graduates in medicine who have done some previous medical research work, is tenable for two years, with a salary of \$500 per annum.

Dr. Osler's Successors.—Dr. Osler's successor is likely to be two men instead of one. It is said that Dr. Wm. H. Welch, President of Pathology, Johns Hopkins University, will take the chair of internal medicine in the university, and that Dr. Wm. S. Thayer will become professor of clinical medicine. Dr. Welch's successor in the chair of pathology is said to be Dr. Wm. T. Councilman, now of Harvard University. It was admitted, however, by President Ramon, of the Johns Hopkins University, that the name of Dr. Llewellyn F. Barker, of the University of Chicago, a Canadian graduate of the University of Toronto, would undoubtedly be considered in the choice of Dr. Welch's successor. Dr. Barker was on the house staff of the Toronto General Hospital in 1901-1902.

A New Physicians' Supply House for Toronto—Mr. A. L. Massey, who some months ago resigned his connection with the firm of Chandler-Massey, Limited, of Toronto, has opened up in business for himself under the name of A. L. Massey & Co., at 61 to 65 Adelaide Street East, in this city. This firm are in a position to supply the physician or surgeon with anything they may require in their daily work from a static machine to a bandage, and have already secured some valuable sole agencies for the Dominion of Canada. They intend making a specialty of introducing new goods and pharmaceuticals to the attention of the profession, and wish physicians to understand that there is nothing too small for them to supply on an hour's notice, they having a special messenger service kept at their disposal. A. L. Massey & Co. do not intend at present opening up a large warehouse with unlimited stock on hand, but are desirous of conducting a business where, through the closest connections with all of the large houses in Canada, the United States and Europe, they are able to quote as low prices as can be obtained anywhere for none but the best goods. Their offices and sample room are very handsome, and we bespeak for the firm the confidence of the profession generally. A full announcement as to what they purpose doing will be found on page vi. of this issue.

Correspondence.

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

DR. CARVETH AND THE CHRISTIAN SCIENTISTS.—DR. CARVETH'S STATEMENT.

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

DEAR SIR,—I had thought my course of twenty years among the medical men of Toronto, in that time trying to work honestly and professionally, would have been sufficient to protect me against charges that have been brought against me in this connection, but some statements lately made concerning my dealings with the Christian Science people require explanation from me.

Some years ago the late John Kent, of McCaul Street, was under my care. After a time he left me to try Christian Science treatment. A day or two before death he became comatose, and his friends sent for me and Dr. McPhedran. After his death the case was reported to the Crown officers and an investigation was held. The whole matter came before the late Sir Thomas Galt, who, in dismissing the case, made the statement that a man may have whatever treatment he wishes when sick, and the law cannot interfere with him.

Since that time a large number of my patients have left me to try Christian Science treatment. Some of these and their friends still come to me when sick for medical treatment. My treatment of these patients is the same as given to all my other patients.

In August, 1901, I was called to Markham Street to see the child of Mr. Lewis. When I reached the house, I found the boy had been dead a short time. Upon examination, I suspected he died of diphtheria. I took a swab from the throat and, with Dr. Wilson, made a culture, which turned out to be diphtheria. Upon finding this out, I reported the case as diphtheria to the Health Officer and gave a certificate of death from diphtheria, not knowing at that time that I was doing anything but what the law requires.

In February, 1903, I attended Mr. Frazee, of Spadina Avenue. Some weeks after this I was called in to attend his child. I found the child suffering from a severe form of scarlet fever, which I reported at once to the Health Officer. The child died in two days and I gave a certificate of death from scarlet fever.

In the early part of January of this year I received a message to attend a young man named W. H. Goodfellow at 61½ Van-antley Street, the message stating that the young man was very sick and that his people did not know from what disease he was suffering. I went to the house and found the young man with a pulse of 130, respirations 65, with nostrils dilating, blue-white in color, bathed in perspiration and unconscious, dulness over lower parts of both lungs.

After some hesitation I consented to treat him. I prescribed for him and saw him again next day, when I found him in a dying condition. After leaving the house, his mother-in-law, living near, called me in from the street and explained to me that a medical man (Dr. Riordan) had been in attendance up to within eight days of that time, but that he had received no medical attendance during the last eight days. His diagnosis had been typhoid with lung complication. On the advice of this doctor, his mother-in-law had reported the full circumstances of the case to the Crown Attorney. Knowing that the Crown officers were apprised of the whole matter, I gave a certificate of death from pneumonia (my diagnosis at the time I saw the patient). I gave the certificate, explaining to the patient's brother that, as the case had already been reported to the Crown officers they would likely investigate and that the responsibility would not be upon me.

Feb. 11th, 1905.

G. H. CARVETH.
Cor. College and Huron Sts.,
Toronto.

THE MEDICAL INSPECTION OF SCHOOLS.

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

DEAR SIR,—The Provincial Board of Health adopted the following regulations, Feb. 13th, 1903:

“8. Whenever a case of diphtheria has occurred in a child attending any school, the Medical Health Officer shall personally, or through another physician, cause a daily examination to be made of all the children of the school room for at least one week from the date of occurrence of the last case amongst such children.

“If any children are absent from such school, a medical examination shall be made of them in the same manner as if they were in attendance at school.”

In accordance with the above regulations, and at the request of Dr. Chas. Sheard, M. H. O. for Toronto, I inspected a large number of school children during the winter of 1903. The plan adopted was to visit any class room where a case of diph-

theria had occurred, get a list of absentees, and ascertain the cause of absence. If the absentee was ill and a physician was in attendance, his statement as to the cause of absence was accepted. If illness existed and no physician was in attendance, an examination of the child was made to ascertain the nature of the illness, and a swab was taken if indicated.

Among many hundreds of cases enquired into, I do not recall one where contagious disease existed that was not being properly looked after. The teachers are exceedingly careful and have been very successful in excluding from attendance at school all suspicious cases. My own opinion is that our city being small compared with many United States and European cities, and our population of a much higher average ~~physically, morally~~ and intellectually, medical inspection of school children is not necessary to the same extent as in those cities. Something might be done to secure greater cleanliness in a few cases. There are, undoubtedly, a number of cases where children suffer through defects of sight or hearing and are thought to be dull. The present movement to supply larger playgrounds will be a great advantage.

Occasional teachers who have taught in many different rooms in the city say that much might be done to improve the heating and ventilation in many instances. Medical inspection of schools should for the present be entirely at the discretion of the Medical Health Officer. The daily visit of a medical inspector to every school, as is the rule in some cities, is apparently unnecessary. In the case of country schools there is practically no need of medical inspection in Ontario. During seven years spent in teaching in three rural schools, no cases occurred of contagious disease that could have been prevented by medical inspection. The most neglected part of country schools is the outdoor closets. In many cases these are entirely unfit for use, through faulty construction and neglect.

W. F. BRYANS, M.B. -

The Physician's Library.

Clinical Hematology, a practical guide to the examination of the blood with reference to diagnosis. By JOHN C. DA COSTA, JR., M.D., Demonstrator of Clinical Medicine, Jefferson Medical College; Chief of Medical Clinic and Assistant Visiting Physician Jefferson Medical College Hospital; Hematologist German Hospital; Assistant Visiting Physician Philadelphia General Hospital; Fellow of the College of Physicians of Philadelphia. Second edition, revised and enlarged, containing nine full-page colored plates, three charts and 64 other illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1905.

It is three years since we revised edition No. 1 of this excellent work on Diseases of the Blood; but since that date considerable advance has been made in this particular line of study, so that the author wisely undertook to revise his book and thereby make it thoroughly modern. It is, for instance, only during the past year or two that it has been decided that pneumonia, scarlet fever and typhoid are bacteriemic in character. Blood examinations have now come to be part of the effort towards correct diagnosis, and hematology is a study that must be taken up by all who wish to follow scientific procedure. These advances have been gone into in detail by Dr. Da Costa, and his second edition we find to be full of practical matter, not only the specialist, but for the practitioner who wishes to be a successful worker. W. A. Y

A New Edition of Webster's International Dictionary. Printed from new plates throughout, and containing 25,000 added words, revised biographical dictionary and gazetteer of the world, prepared under the direct supervision of W. T. HARRIS, Ph.D., LL.D. Editor-in-Chief, NOAH PORTER, D.D., LL.D., late President of Yale College. Springfield, Mass.: G. & C. Merriam Co., publishers.

Webster's International Dictionary contains a dictionary of the English language and a supplement of 25,000 new words, which together constitute the best and most recent vocabulary of the English language, and, in addition, the following valuable features: Colored plates (8 pp.) giving recent and authoritative reproductions of flags and arms of various nations, state seals, yacht flags, pilot flags, etc. Memoir of Noah Webster. List of

authors quoted. Brief history of the English language by James Hadley, thoroughly revised by Prof. G. L. Kittredge, of Harvard. Indo-Germanic roots in English by Prof August Fick, Breslau, Germany. Guide to Pronunciation fully explaining the various English sounds and the simple Webster system of diacritical marks. To this is added a list of more than 1,400 words differently pronounced by leading orthoepists. Principles of Orthography with important rules for spelling, list of words variously spelled, reformed spelling, etc. Dictionary of Noted Fictitious Persons and Places often mentioned in literature. A valuable dictionary for any reader. Completely Revised Pronouncing Gazetteer of the world with over 25,000 titles, the figures for population and area agreeing with latest census reports. Completely Revised Pronouncing Biographical Dictionary containing names of over 10,000 noteworthy persons of ancient and modern times with nationality, occupation, dates of reigns, date of birth, death, etc. Pronouncing Vocabulary of Scripture Names. Pronouncing Vocabulary of Greek and Latin Names. Vocabulary of Christian Names with pronunciation, derivation, meaning, nicknames, etc. Quotations from Foreign Languages translated into English. Abbreviations and Contractions used in writing and printing. Arbitrary signs and a classified selection of illustrations.

Manual of Operative Surgery. By JOHN FAIRBAIRN BINNIE, A.M., C.M., Prof. Surgery, Kansas City (Aberdeen) Medical College, Kansas City, Mo. With 559 illustrations. Philadelphia: P. Blakiston's Son & Co., Publishers.

This is a beautifully gotten up little book, full of excellent material, compiled in a concise form. It will make a handsome ornament to the library table, a ready help to the busy practitioner, and a useful guide to the student of medicine.

F. N. G. S.

Chirurgie Orthopedique. Par LE PROFESSEUR PAUL BERGER et LE DOCTEUR S. BANZET, Chef du laboratoire de Médecine opératoire à la Faculté de Médecine de Paris. Avec 489 figures dans le texte. Paris: G. Steinheil, Editeur, 2, Rue Casimir-Delavigne. 1904.

This is a work on orthopedic surgery of 624 large pages, printed on thick, royal paper, which serves well to bring out advantageously the 489 illustrations which serve to add much to the usefulness and clearness of the text.

The extent of the work undertaken is much less than we are now accustomed to expect in a systematic work on orthopedic surgery. It is limited to a consideration of the deformities of the

spine, trunk, neck and upper and lower extremities. There is no reference to the various tubercular affections of bones.

The discussion of the various deformities of the spine and trunk is very thorough, and a fitting prominence is given to developmental methods of treatment. A large variety of exercises is given, but they have reference largely to the passive side of the work. Unless more prominence be given to what may be described as the "pedagogical" aspect of the treatment, the best results cannot be attained. There is no reference to work in groups or classes, without which it is impossible to avail ourselves of the great educational advantages which result from a healthy emulation. The ideals to be reached in erectness of attitude and efficiency of function are greatly dependent upon the re-education of the patient, upon setting up higher standards and demonstrating the possibility of their attainment. The individual patient, working alone, soon finds the tasks monotonous, and fails to give the hearty co-operation which is essential to success in this field. The ability, tact and genius of the director of work in the orthopedic gymnastics are as much called into exercise as in the ordinary education of the schools. The highest success is attained only when the interest is aroused and sustained, cordial co-operation secured and the best capabilities of the individual patient are called out. These ends cannot be so well attained unless patients be given treatment in groups or classes.

It is surprising to find so brief a description given to the important deformity which is recognized as "congenital elevation of the scapula." Some acquaintance with the work done on this side of the water would have shown that considerable gain may result from operative treatment.

The writers are thoroughly schooled in European methods, and give much larger place to machine methods of mechaniotherapy than would be warranted by the use of such means in America.

As would be expected, the discussion of the important subject of "congenital dislocation of the hip" is very extensive and thorough. Due prominence is given to the various methods which have been employed, both by means of manipulation and operation. It has been now pretty well established that gain can result almost solely in those who are quite young, and that the percentage of perfect replacements in the end is not likely to be much higher than 10 per cent., while a considerable percentage of the remaining cases will have been benefited by the operation.

Regarding the methods of treatment for osseous deformities there is little to add. The general course of opinion in recent years has turned strongly in favor of osteotomy with immediate replacement.

The absence of an index, in the proper sense of the term, greatly militates against the success of this book. Where such a variety of topics is discussed there should be an opportunity to turn to them in alphabetical order, and thus save time in looking up any definite subject.

In the field covered by this work the authors have done extensive and thorough service. The numerous and efficient illustrations greatly aid the surgeon who wishes to refer to this as a work of reference.

B. E. M.

A Compend of the Practice of Medicine. By DANIEL E. HUGHES, M.D., late Chief Resident Physician, Philadelphia Hospital; late Physician-in-Chief, Insane Department, Philadelphia Hospital; formerly Demonstrator of Clinical Medicine in the Jefferson Medical College of Philadelphia, etc., etc. Seventh revised edition, edited, revised and in parts re-written, by SAMUEL HORTON BROWN, M.D., Assistant Dermatologist, Philadelphia Hospital; Assistant Dermatologist, University Hospital Dispensary, etc. Including section on Mental Diseases. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904. The price of this work is \$2.50 net.

We have read several chapters of this compendium of the practice of medicine, and find that, as far as can be expected in a book of its class, the subject matters are well put. Additional work, not usually found in such text-books, is added in the form of chapters on diseases of the skin and also on mental diseases.

In a future addition there will be room for more careful proof-reading, as faults of spelling are pretty numerous. The book is tastefully bound and has quite an attractive appearance.

J. J. C.

Wellcome's Photographic Exposure Record and Diary.—Some new features in the 1905 edition.

The monthly light tables hitherto printed amongst the diary pages are now transferred to a special section at the end of the book. They are so arranged that, in the book as sent out, the January light table faces the exposure calculator. As each month goes by its light table is removed like the leaves of a calendar, and the light table for the following month is in its place. Like all ingenious ideas, it is very simple, but the advantage secured is great. Opening the book at the end, a glance at the left hand page tells the light value for the time of year, day, hour and atmospheric condition, whilst a single turn of a single scale of the calculator on the right hand side settles what exposure to

give for any subject and with any plate. Calculating exposure with the aid of this guide was always an easy matter; now it is simplicity itself.

This improvement has made others possible in the book itself. The exposure record pages are now separated from the diary portion and more space is available for each record. A number of pages ruled for recording the exposures given when making bromide, carbon, platinum and other prints, also lantern slides from given negatives, will be a boon to careful workers, and should be the means of inducing many to adopt more systematic methods. This section follows the negative exposure records, after which come the diary and memoranda pages. Each section is divided by a colored inset, spaces are provided for indexing, and all pages are numbered. These features make reference to any section or any page very easy.

As usual, the article on exposure is the most important in the book. It is notable for two special features. In three small pages it gives complete instructions for using the calculator provided, whilst for those who really want to understand the reasons which underlie the method advocated, there follows as clear and concise an explanation of the factors governing correct exposure as can be desired.

A new feature is a page devoted to exposures in telephotography, which simplifies what many have regarded as a very difficult matter.

The speeds of all plates and films have been revised to date, and the list is certainly the most comprehensive issued, including, as it does, English, American and a number of continental plates and films.

The tables and instructions for time, tentative, stand and other methods of development, for toning, intensification, reduction, etc., remain, and serve to complete the value of this compact volume as a pocket encyclopedia of photography.

The notes on page 14 give full particulars of the illustrations included and a list of those who have previously contributed photographs to this work.

As usual, there are two editions, one for the Northern Hemisphere and one for the Southern Hemisphere and Tropics. Each edition is issued in two bindings: (1) a handsome red buffing grain, specially recommended for its wearing qualities, at 1s. 6d., and (2) the familiar art green canvas at 1s.

The book is stocked by photographic chemists and dealers, and also at the railway and other bookstalls. In event of difficulty in obtaining, the publishers, Burroughs, Wellcome & Co., will post copies on receipt of remittance to the value of the edition desired.

Diseases of the Liver, Gall-Bladder and Bile-Ducts. By H. D. ROLLESTON, A.M., M.D. (Cantab.), F.R.C.P., Physician to St. George's Hospital, London; formerly Examiner in Medicine at the University of Durham, England. Octavo volume of 794 pages, fully illustrated, including seven colored insert plates. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., 434 Yonge Street, Toronto. Cloth, \$6.00 net.

This is, in every way, an admirable treatise, and adds materially to Dr. Rolleston's high standing among the younger members of British medicine. The work is the fullest and best on the subject in the English language. Nothing is omitted, and every subject is discussed so clearly and in such good English that reading it is a pleasure. Many illustrative cases are quoted, and the unrivalled museums of the London hospitals are freely drawn on for illustrations of marked excellence, including several colored plates. The work can be unreservedly recommended to the profession generally. The publisher's part leaves nothing to be desired.

A. M'P.

How to Study Literature. By B. A. HEYDRICK, A.B. New York: Hinds, Noble & Eldridge, publishers.

The aim of this manual is to facilitate the appreciative study of literature as literature; to concentrate the attention upon the text itself, not upon editorial explanation or comment. It furnishes means by which the student can ascertain for himself the chief characteristics of the book studied. Not to present ready-made opinions for his acceptance, but to help him to see for himself and to judge for himself is the design throughout.

A Text-Book of Practical Therapeutics. With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one-time Clinical Professor of Diseases of Children in the University of Pennsylvania; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London; author of "A Text-Book of Practical Diagnosis," etc. Tenth edition enlarged, thoroughly revised and largely re-written. Illustrated with 113 engravings and 4 colored plates. Philadelphia and New York: Lea Brothers & Co. 1904.

I have written a number of reviews of this work, and can only say, as I have said before, that it is one of the most useful

books in my library. In the preparation of this, the tenth edition, the author has endeavored to maintain its already established reputation as a text-book and has succeeded. The work is up-to-date and has no peer in its particular department. Anything more would be superfluous.

A. J. H.

The Doctor's Recreation Series. Fifth volume, entitled "The Doctor's Window," poems by the doctor, for the doctor, and about the doctor. Edited by INA RUSSELLE WARREN, with an introduction by WM. PEPPER, M.D., LL.D. Chicago, Akron, O., and New York: The Saalfield Publishing Co. 1904.

We do not know of any other volume in which poems and pieces of doggerel, written by medical men, have been brought together, except in this volume of the "Doctor's Recreation Series." Of course, consisting, as it does throughout, of verse, Volume V. will be found by many to be not just as interesting as those devoted to prose. There is no question, however, that many splendid poems are from the pens of doctors, *e.g.*, S. Weir Mitchell, Oliver Wendell Holmes, Wm. Henry Drummond, Edward Jenner, Samuel W. Kelley, and others, and that at least one of this series should be devoted to such writings is most acceptable.

The Physician's Pocket Account Book, by DR. J. J. TAYLOR, is 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. Published by the author, 4105 Walnut Street, Philadelphia.

By always being able to show all inquirers the exact state of their accounts wherever you may meet them, showing date and nature of each transaction, you will save more than enough in one year to buy account books for a hundred years. Being simple and complete, it will save you much valuable time in keeping your accounts, and much needless worry as to their correctness.

Books that are irregularly or obscurely kept in signs or ciphers are not admissible in court as evidence. If the contracting party is dead, you are not allowed to explain the books, and hence you lose the entire account against his estate. If you use the Physician's Pocket Account Book, you can simply hand your book to the court and go about your daily calls, secure that your evidence is entirely competent.

In the case of *your own death*, a large part of your legacy consists of your accounts. In incomplete account books these amount to just what the people come forward voluntarily and

pay—practically nothing. Your family usually knows but little of the accounts and can prove still less.

In the Physician's Pocket Account Book, however, your widow or administrator has a clear record and complete proof, and can go ahead making collections as well as if you were living. This often forms a *splendid life insurance* for your family. Briefly, then, the advantages of this book are: 1st, easily kept—requiring about one-fourth the time of other styles; 2nd, simple and easily understood by all; 3rd, always up-to-date without posting; 4th, always with you to show any one his account when he wishes to pay; 5th, strictly legal and entirely admissible as evidence; 6th, no more expensive than other forms of books.

Show it to your lawyer or judge, and if he does not approve of it, send it back and get your money back.

The book contains obstetric, vaccination and death records and cash accounts. The book is $4\frac{1}{4} \times 6\frac{3}{4}$ inches, containing over 224 pages. Prices: bound in leather, \$1.00; also bound in manilla boards with separate leather case; price of case and two manilla books, \$2.00; subsequent manilla books to use in the case, 60 cents each, two for \$1.00, three for \$1.40; also large size for desk or office use, \$4.00. Address Dr. J. J. Taylor, author and publisher, 4105 Walnut Street, Philadelphia, Pa.

The Preparation and After Treatment of Section Cases. By W. J. STEWART MCKAY, M.B., M.Ch., B.Sc., Senior Surgeon to the Lewisham Hospital for Women and Children, Sydney; late Surgeon to the Benevolent Asylum Maternity Hospital, Sydney; Fellow of the British Gynecological Society and of the Obstetrical Society of London. London: Baillière, Tindall & Cox., 8 Henrietta Street, Covent Garden. 1905.

It is a fact, though seldom admitted, that there are far too many surgeons to-day who pay almost too much attention to the actual operation itself and too little to either the patient and his or her preparation for the operating table or their after treatment. How vastly important it is that such details should be carried out to the letter, and how much depends upon the manner in which they are attended to in order to ensure a perfect recovery, especially in abdominal operations. Dr. McKay in his book lays stress upon this in no uncertain voice, and his work is worthy of a place side by side with, and should be a companion volume to, the best works on abdominal surgery. It consists of a little over six hundred pages, in all fifty-four chapters, each one founded upon a very wide experience, first under Lawson Tait, and afterwards upon a great deal of work done in the principal continental clinics. The author lays stress upon the careful watching of all section cases after operation. He says that he always sees his

serious cases every six hours, until all danger is past, often remaining many hours at a time with his patient during a crisis. In this manner he rebukes that type of quick operator who is too frequently apt to leave a great part of the after treatment of a case to the nurse in charge. The work is intensely practical, and should receive the hearty endorsement of all surgeons who endeavor to secure good results.

W. A. Y.

Medical Electricity. A Practical Handbook for Students and Practitioners. By H. LEWIS JONES, M.A., M.D., Fellow of the Royal College of Physicians; Medical Officer in Charge of the Electrical Department in St. Bartholomew's Hospital, London; President of the British Electrotherapeutic Society; Honorary Fellow of the American Electrotherapeutic Association; Member of the Société Française d'Éléctrothérapie et de Radiologie. Fourth edition, with illustrations. Toronto: Chandler and Massey, Limited. London: H. K. Lewis, 156 Gower Street, W.C. 1904. Pp. xvi., 536. Illustrations, 180.

This standard work is so well known to require commendation. The author is an accepted authority on matters relating to electro-therapy, and in this latest edition of his deservedly popular book has carefully revised all his subject-matter and added much of value. In view of the increased importance of the subject, or more correctly speaking, the ever increasing attention which is being attracted to it, no practitioner can afford to remain entirely ignorant of what is being accomplished by electricity in medicine and surgery. Such being the case, "Medical Electricity" should prove a most welcome addition to the busy practitioner's library, and it may equally be recommended to the perusal of students, on account of the clearness of its style, the multiplicity of its illustrations still further elucidating the text, and the general accuracy and excellence of its contents.

C. R. D.

The Medical Record Visiting List, or Physician's Diary for 1905. New, revised edition. New York: Wm. Wood & Co., Medical Publishers.

There are a few alterations in the "make-up" of this visiting list for the ensuing year, the most important being in the list of remedies and their maximum doses in both apothecaries and decimal system, and the indication of such as are official in the United States of America. Perhaps the most useful chapters in the table of contents are those dealing with "Solutions for Subcutaneous Injection," "Solutions in Water for Atomization and Inhalation," and "Hints on the Writing of Wills."

A System of Practical Surgery. By Drs. E. von BERGMANN, of Berlin, P. von BRUNS, of Tübingen, and J. von MIKULICZ, of Breslau. Edited by Wm. T. BULL, M.D., Professor of Surgery in the College of Physicians, New York. Vol. V. Philadelphia: Lea Bros. & Co.

It is, indeed, with much interest, and perhaps more profit, we have reviewed the fifth volume of this masterpiece of surgery. This volume deals with the "Surgery of the Pelvis and Genito-Urinary Organs." The general plan of the work and the arrangement of subjects bear the impress of skill and care. The chapters on diseases of the kidneys, ureter, bladder and prostate gland are especially clear and convincing. In fact, the entire volume is thoroughly up-to-date, and reflects the latest thought of the world's greatest workers in this field of surgery.

It is also refreshing, in this work, to be able to gather the golden grain of surgical truth without wasting time in wading through a waist-deep pile of worthless chaff. Not only will this surgery be found a very valuable guide to the young surgeon, but we confidently predict that its pages will early be soiled by the finger-marks of our brightest and busiest men. S. M. H.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by A. O. T. KELLY, A.M., M.D., Philadelphia, U.S.A., with the collaboration of Wm. Osler, M.D., Philadelphia; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; Jas. J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris, and Richard Kretz, M.D., Vienna; with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Volume IV. 14th Series. Philadelphia and London: J. B. Lippincott Co. 1905.

We find that there are in all twenty-two contributors to this, the last of the fourteenth series of "International Clinics." We are pleased to notice the names of two Canadians, Dr. F. A. L. Lockhart, of McGill University, and our *confreere*, Dr. R. D. Rudolf, of Toronto. The latter contributes a very excellent

article of sixteen pages on "Functional Heart Murmurs: Their causation and Diagnosis," and the former a short but most scientific paper on "Post Climateric Hemorrhages: Their Cause and Treatment." Sir Dyce Duckworth, of St. Bartholomew's, devotes a few pages entitled "Remarks on the Incidence of Gout in the United States of America and in New Communities," and Prof. D. R. Brower, of Rush College, contributes a most interesting section of about fourteen pages on neurological subjects.

A Compend of the Diseases of the Eye and Refraction, Including Treatment and Surgery. By GEORGE M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D. 3rd edition. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price \$1.00.

This little book has far outgrown the ordinary size and scope of a compend. This new edition is set in larger type than the last, but it is none too large at that. The small print permits of a wonderful amount of material being contained in its 294 pages. The authors themselves claim that additional emphasis has been given to points of practical value. This claim is not unfounded, for one is struck throughout the book with its practical character.

J. M.

A Treatise on Bright's Disease and Diabetes. With Especial Reference to Pathology and Therapeutics. By JAS. TYSON, M.D., Professor of Medicine in the University of Pennsylvania; one of the Physicians to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Second edition, illustrated. Including a section on the Ocular Changes in Bright's Disease and in Diabetes, by GEORGE E. DE SCHWEINITZ, M.D., Professor of Ophthalmology in the University of Pennsylvania; Ophthalmic Surgeon to the Philadelphia Hospital; Ophthalmologist to the Orthopedic Hospital and Infirmary for Nervous Diseases, etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904.

It is now twenty-three years since the first edition of this excellent work was published, and we are glad that the author again took up his pen and has favored the profession with a revised edition, as it is but natural that twenty years or more has brought about many changes of opinion as to the two diseases dealt with. The volume has been almost entirely re-written, and for that reason appears in considerably larger form than before. The illustrations are mostly taken from original colored plates, of cases occurring in the author's own experience. The addition of twenty-

five pages or so by Dr. G. E. De Schweinitz, on the ocular manifestations of Bright's disease and diabetes, adds value to the book. The part that interested us most, and will interest the profession, is that dealing with diabetes, its pathology and etiology, a subject that has always been in an unsettled state, so that the author's views will be more than welcome.

A Dictionary of New Medical Terms, including upwards of 38,000 words and many useful tables, being a supplement to "An illustrated dictionary of medicine, biology and allied sciences." By GEORGE M. GOULD, A.M., M.D., author of "The Students' Medical Dictionary," "30,000 Medical Words Pronounced and Defined," "The Meaning and the Method of Life," "Borderland Studies," Editor of *American Medicine*, etc. Based upon recent scientific literature. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1905.

George M. Gould has come to be looked upon almost as the American authority on medical dictionary work, so that anything in that line bearing his name as author is accepted pretty much without criticism. This latest addition to his writings is one of the best from his pen, and forms a splendid supplementary volume to his regular medical dictionary, the two together so arming their possessor as to preclude the necessity of his referring to any other similar work for the spelling or meaning of medical terms. It contains in 571 pages a wealth of information and is, in fact, a "*multum in parvo*."

Annals of Surgery for December.—The December issue of the *Annals of Surgery* is a remarkable number and well sustains the verdict of a well-known professor of surgery in one of America's oldest medical schools, that the *Annals* has achieved an undisputed place as the leading exponent of surgery in the English language. This issue signalizes the close of the first twenty years of the publication of this journal, and the publishers have properly marked the event by issuing a Festschrift number, which is more than double the usual size, and which is unequalled for the value of its contents, the number and authority of its contributors, and the abundance and quality of its illustrations, many of which are in colors.

The first article is by Professor Orth, of the University of Berlin, on the Morphology of Carcinoma. The conclusion of this, the foremost authority in pathology of the day, that as yet there has been brought forward no proof of the parasitic origin of cancer, cannot fail to interest every thoughtful physician—the "Bacillus Neoformans," the latest Parisian novelty, the judicious and the learned is a myth and a delusion.

Any word from Professor J. William White, on the Surgery of the Hypertrophied Prostate, is sure to command widespread attention. In a memoir with this title Dr. White reviews this most important subject up to date, and gives his mature judgment on the questions involved. Always conservative and open-minded he holds a true balance and gives to various procedures their respective real values.

In the third article, Mr. W. Watson Cheyne, of King's College Hospital, London, reports a rare case of double intussusception, which had its origin in a Meckel's diverticulum, thus adding another to the various abdominal crises to which this not infrequent error of development may give rise.

Professor J. Collins Warren, of Boston, presents an elaborate study of the operative treatment of cancer of the breast based upon over one hundred cases. A series of beautiful plates illustrate clearly the operative methods whereby he has gained unusually favorable results.

Articles by Foxworthy, of Indianapolis; Brewer, of New York, and Nicoll, of Glasgow, present reflections and observations upon various phases of wounds and injuries, which are supplemented by a scholarly paper by Dyball, of Exeter, England, on Parotitis as a complication of certain abdominal injuries.

Alessandri, of Rome, Italy, adds a certain increased cosmopolitan flavor to this number by a study from Italian experience of the use of Divulsion in Esophageal Strictures. Warbasse, of Brooklyn, follows with a scholarly report upon a most remarkable and picturesque case of foreign bodies accumulated in the stomach, and giving rise to gastric tetany. The photograph of the articles removed by the successful gastrotomy in this case will provoke unusual astonishment.

Duodenal Ulcer is the subject of a paper by Mayo, of Minnesota. This is illustrated by exquisite plates and is deserving of a place as a classic on the subject.

A handsome colored plate showing Torsion of Entire Great Omentum illustrates a paper on that subject by Scudder, of Boston.

Hernia of the Bladder complicating Inguinal Hernia is the subject of a paper by Shepherd, of Montreal; Pelvic Connective-Tissue Dermoids are studied by Germain; Stone in the Lower Ureter is the theme of a paper by Fowler, of Washington, D.C., being really a study from the experience of the Johns Hopkins Hospital. An elaborate and very fully illustrated memoir on Undescended Testicle, from the records of the Massachusetts General Hospital, is furnished by Drs. Odione and Simmons, of Boston. A case of Hypernephroma of the Kidney is detailed by Dr. Francis S. Watson, of Boston, accompanied by colored plates of unusual delicacy and fidelity to nature.

In the Transactions of the New York Surgical Society a valuable and interesting series of clinical cases is presented, an excellent mirror of current metropolitan surgical work.

In an editorial article is given the origin of the *Annals of Surgery* and its growth into the place which it has secured in surgical literature, an article especially pertinent to the memorial character of this number of the journal.

Reviews of books, list of contributors and a volume index complete the book, a work alike creditable to the surgical profession, the editor and the publishers.

The Diseases of Society. (The Vice and Crime Problem.) By G. FRANK LYDSTON, M.D., Prof. of Criminal Anthropology, Chicago-Kent College of Law; Surgeon to St. Mary's and Samaritan Hospitals, etc. Philadelphia and London: J. B. Lippincott Co. 1904.

The author of this most interesting book is in a position to state his views with some authority, as for years he has been contributing most valued articles to the world of literature on subjects allied to "The Diseases of Society." Dr. Lydston is the author, among other essays, of "Nordau and His Critics," published in *Medicine*, 1895; "Criminology in its Sociologic Relations," which appeared in the transactions of the National Prison Reform Association, 1905; "Studies of Criminal Crania," and "Materialism vs. Sentiment in the Study of Crime."

As to this book, of course, many readers will claim that the ideas expressed are altogether too radical, while others will be hearty sympathizers. They are, however, but the results of actual observation. It will interest the profession especially, to read the three chapters entitled "Sexual Vice and Crime," and "The Treatment of Sexual Vice and Crime." The closing chapter, "The Therapeutics of Social Disease in General with Especial Reference to Crime," is very interesting, and contains many views that are new, but worthy of consideration.

Diseases of the Nose, Throat and Ear and their Accessory Cavities.

By SETH SCOTT BISHOP, M.D., D.C.L., LL.D., author of "The Ear and its Diseases"; Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third edition, thoroughly revised, rearranged

and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. Royal octavo, 564 pages. Price, extra cloth, \$4.00, net; sheep or half-russia, \$5.00, net. Philadelphia: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

During the past few years, such rapid advancement has been made in this department that frequent revisions of any work on diseases of the nose, throat and ear are essential, if the author desires to keep in the vanguard of medical literature. New remedies are almost daily introduced, methods of treatment suggested, and improved instruments and apparatus put forward, so that any volume is apt to become old and stale in a very short period of time. The author has added quite a lot of new material as well as illustrations, and condensed several chapters that are more or less unimportant, and has succeeded in making his third edition a thoroughly representative volume. The change in the title, we think, is a wise one.

Hand-Book of the Anatomy, and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. ST. JOHN ROOSA, M.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; and A. EDWARD DAVIS, A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School. Philadelphia: F. A. Davis & Co. 1904.

This little book sets forth in brief the present state of ophthalmology and otology. While brief, it is exact and reliable, yet the authors have not confined themselves to the established views in ophthalmic and aural practice, for those methods, as yet on trial, receive fair mention, and those which have been abandoned are given scanty or no attention.

Accidents and Emergencies. A Manual of the Treatment of Surgical and Medical Emergencies in the Absence of Physicians. By CHARLES W. DULLIS, M.D., Fellow of the College of Physicians of Philadelphia, and of the Academy of Surgery; Surgeon to the Rush Hospital; formerly Surgeon to the Outdoor Department of the University of Pennsylvania and of the Presbyterian Hospital in Philadelphia, and Assistant Surgeon, Second Regiment, N. G., Pa. Sixth edition, thoroughly revised and enlarged, with new illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1904. Price, net, \$1.00.

This work covers a large field in a small space. It not only treats of accidents such as fractures, wounds, etc., but conditions

of unconsciousness, fits, the effects of heat, cold and electricity, hemorrhage, domestic emergencies, supplies for emergencies, disinfectants, etc. It is written for the public and is intended as a "first aid."

The illustrations are good and give one an idea how to apply temporary splints in fractures so that the patient may be moved with the least inconvenience or pain, and the main arterial trunks are shown, with directions for the control of hemorrhage.

We think the book well suited for the use of the public, and can recommend it as a reliable and convenient guide in accidents and emergencies.

W. J. W.

The Treatment of Syphilis. By F. J. LAMBKIN, Lieut-Col. R.A.M.C.; Specialist at the Army Headquarters, India. London, Eng.: Baillière, Tindall & Cox. 8 Henrietta Street, Covent Garden.

We have read with great interest this little book, and can only receive the dictum of such an authority with the greatest respect.

Lieut.-Col. Lambkin, without hesitancy, regards mercury a specific in this disease, and prefers to administer it in the form of a cream of metallic mercury, in from $\frac{1}{2}$ gr. to 1 gr. dose intermuscularly.

He considers the iodide of potash a useful adjunct, but condemns the continued use of it as harmful in all cases. He permits its use only during alternate weeks, in doses of 5 grs. three times daily for milder manifestations of disease, and never higher than 60 grs. three times daily in grummatous and cerebral lesions.

His treatment of the subject is that of one speaking with authority, and certainly he speaks with conviction. His treatment is at variance with accepted methods in this country, but he has a right to dogmatize when we think of his position as "Official Specialist on Syphilis to the Army in India."

A. R. G.

Beauty through Hygiene. By EMMA E. WALKER, M.D., Member New York Academy of Medicine, etc. Illustrated. New York: A. S. Barnes & Co. 1904.

This small book points out "common-sense ways to health for girls." It takes up in twenty-three chapters such subjects as "Deep Breathing," "Exercise for Healthy Girls," "Corrective Exercises," "Care of the Skin," "Perspiration," "Bathing," "Massage or Passive Exercise," "Care of the Eyes, Nose and Ears," "Clothing," and "Digestion and Diet." It is "chuck full" of common-sense and should be in the hands of all young women who want to be healthy.

Hare's Practice of Medicine. A Text-Book of the Practice of Medicine for Students and Practitioners. By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium; of the Medical Society of London. Author of "A Text-Book of Practical Therapeutics," "A Text-Book of Practical Diagnosis," etc. In one very handsome volume of about 1,000 pages, with about 100 engravings and six full-page plates in colors and monochrome. Philadelphia and New York: Lea Brothers & Co., Publishers.

As the student of to-day is the physician of the future, and as the physician must always be a student, a single volume can be conceived as answering the requirements both of a text-book and work of reference. To produce such a volume the author has brought to bear his experience of twenty years of active hospital and private practice, during which period he has been constantly engaged in teaching the subjects of clinical medicine and therapeutics. This didactic work has enabled him to understand the difficulties which confront the student and to present the principles and data with the utmost clearness. The book has purposely been given a clinical character. For this reason illustrations and plates have been introduced wherever an important point could be made more clear than by verbal description.

By the Queen's Grace. A Novel. By VIRNA SHEARD, author of "A Maid of Many Moods," etc. Illustrated by J. E. McBurney. Toronto: William Briggs. 1904.

This attractive little story is Mrs. Sheard's latest offering to the novel-reading public. It is an attractively bound, nicely finished and illustrated production.

The story is centred round the historic London Bridge in the days of Good Queen Bess. The heroine is the beautiful daughter of a certain rogue, one Richard Davenport, who had at one time barely escaped the gallows "by the Queen's grace." He was a surly man, and schemed to use his daughter by marrying her to some of his low but wealthy associates. She, being high-spirited, rebels, and falls in love with a young noble.

As in all proper stories, the lovers had troubles. After attempting to drown herself in the Thames, she sought the protection of Queen Elizabeth, who had once, struck by the child's beauty, given her a token to guarantee her access to the royal presence at any time. The Queen received her and gave her a place at court, and at last, after a long wait of ten years, she meets her

noble lover again, and they are married, and the story happily concluded.

It is a pleasant little tale, and is refreshing reading for leisure hours.

W. J. W.

An Introduction to Dermatology. By NORMAN WALKER, M.D., Fellow of the Royal College of Physicians of Edinburgh; Assistant Physician for Diseases of the Skin to the Royal Infirmary, Edinburgh; editor of the *Scottish Medical and Surgical Journal*. With 49 full-page plates and 50 illustrations in the text. Third edition, revised and enlarged. Bristol: John Wright & Co.; London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1904.

It is five years since Dr. Walker published the first edition of his book on Dermatology, and since that time he has revised it no less than twice. The third edition has been boiled down and a good deal of unnecessary material eliminated. To the volume, however, has been added a good deal of new material, considerable space being devoted to the treatment of many dermatological affections by the electric current and various forms of light treatment. The book is withal simple and practical.

Saunders' Question Compend: Essentials of Medical Chemistry, Organic and Inorganic. Containing also Questions of Medical Physics, Chemical Philosophy, Analytical Processes, Toxicology, etc. Prepared especially for Students of Medicine. By LAWRENCE WOLFF, M.D., formerly Demonstrator of Chemistry, Jefferson Medical College. Sixth edition, thoroughly revised by A. FERREE WITMER, Ph.D. Philadelphia. New York and London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto.

These question compends are arranged in the form of questions and answers, and are intended, in the main, for use by medical students.

This little work has reached its sixth edition. It has been carefully revised, much new matter has been added, and it is well adapted to serve as an aid in the study of chemistry.

Blood-Pressure as Affecting Heart, Brain, Kidneys and General Circulation. A Practical Consideration of Theory and Treatment. By LOUIS FAUGÈRES BISHOP, A.M., M.D., Physician to the Lincoln Hospital, New York. New York: E. B. Treat & Co., 241 West Twenty-third Street. 1904. 12mo, cloth, \$1.00.

This little monograph deals with the clinical significance and meaning of changes in blood-pressure that may occur in various

pathological conditions. The alterations which give rise to low pressure and to high pressure, and the management of such conditions is fully discussed.

Emphasis is laid on the importance of treatment in the early stages of arterial degeneration. The last chapter deals with the estimation of blood-pressure and the use of the nitrites for its modification.

This is a useful and interesting little work, and no one will be disappointed who reads it. A. E.

Self-Propelled Vehicles. A Practical Treatise, with illustrations. BY J. E. HOMANS, A.M., 8vo, pp. 672, bound in black vellum, gilt top, gold titles. New York: Theo. Audel & Co., Educational Booksellers. Price, \$2.00.

This volume will be found most acceptable to those who have discarded the horse for the up-to-date "auto." This will apply more particularly to the novice, who understands little about steering, bearings, lubricators, and the operation and construction of the automobile. The book consists of about six hundred pages, and should be in the hands of any who desire to make a success as practical chauffeurs.

Refraction, and How to Refract. Including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-glasses. By JAMES THORINGTON, M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third edition. Philadelphia: P. Blakiston's Son & Co. 1904.

As this book has really reached its fourth (not its third edition), it seems to meet a demand. It is well printed, well illustrated, but very prolix. Evidently intended for beginners, it has the fault—if fault it is—of overstriving after simplicity. Many methods are described, somewhat in detail, and then we are told that the method is not satisfactory. This may possibly save one the labor of investigating the procedure for one's self, but it is somewhat exasperating to the reader. J. M. M.

X-Rays: Their Employment in Cancer and Other Diseases. By RICHARD J. COWEN, L.R.C.S.I., L.R.C.P.I., etc., Member of the British Electrotherapeutic Association; author of "Electricity in Gynecology," "The Electrical Treatment of Mental Disorders," "What is Life?" etc., etc. London: Henry J. Glaiser, 57 Wigmore Street, Cavendish Square, W. 2s. 6d. net. 1904. Pp. 129. Illustrations 10.

This small volume is divided into eight chapters, which deal respectively with: I. The Focus Tube; II. Apparatus; III.

Hypertrichosis; IV. Lupus Vulgaris; V. Malignant Disease; VI. Skin Diseases; VII. The X-Ray and Fluorescence, and VIII. General Remarks. The book is gotten up in admirable style, but does not profess to go very deeply into the subject. It is chiefly of value as voicing the personal opinions of one who apparently has done much work in this field, and is very good as far as it goes.

C. R. D.

Diseases of the Ear. For Practitioners and Students of Medicine. By JAMES KENHORE, M.D., Aural Surgeon, Glasgow Royal Infirmary. With fifty-four stereoscopic photographs, two colored plates, and many illustrations. Bristol: John Wright & Co. 1904.

Would that medical publishers would give us a few more triumphs of the printer's art such as this. The best of paper, good large print, beautiful illustrations, all add to the pleasure of reading a well-written book. To the functional testing of hearing, more space is given than in most text-books. The suppurative affections of the middle ear and their complications are dealt with most thoroughly. Not the least valuable section is that given up to the beautiful stereoscopic photographs. Along with the book goes an ingenious stereoscope, which enables one to appreciate these the more fully, for they make up a veritable atlas of the anatomy and diseases of the ear.

J. M.

The Social Secretary.—We have all heard more or less about the important young social secretary, who is especially in evidence in Washington circles, but it has remained for the clever writer who is discussing Washington affairs in the *Delineator* to give us an intimate knowledge of this very interesting product. "In regard to this secretaryship," she says in the February number, "it would almost seem as though a beneficent Providence had especially decreed that most American statesmen and officials who came to Washington should be of the self-made type, for no other reason than to insure a genteel occupation to well-bred, well-born, impecunious young women of blue-blooded families." And with reference to her qualifications—"She must be a sort of social Napoleon in petticoats. She must be of the elect, that is of the cave-dweller class. She must have a rich and sure knowledge of Washington's customs, of its pitfalls and snares. She must be well-groomed, well-gowned. She must be possessed of some of the qualities of a Sherlock Holmes, for she must be mistress of all sorts of tricks for discovering the past, present, future, and, if need be, the hereafter of every person who comes within range of her patroness's eye. It is her duty to divide her patroness's list of friends and acquaintances into lots—job-lots, as it were—in

which the sheep are carefully separated from the goats. If there is any score to be paid off, or any snubbing to be done, she does it, not only on behalf of her patroness, but often in her own behalf. She must by no means commit any blunder, particularly that of mismating dinner-guests as one poor social coach did on one occasion, when she assigned, at table, an ambassador to a certain ambassadress whose government had just administered to the other's government a diplomatic snub, for all of which the social coach had to pay the piper. The position, therefore, cannot be regarded as a sinecure. And for all this that she has to do, and so effectively does in the majority of cases, it is not so lucrative a post as that of chef."

The Houseboat Book. The Log of a Cruise from Chicago to New Orleans. By WILLIAM F. WAUGH. Chicago: The Clinic Publishing Co. 1904.

This little work, as its name implies, is simply a diary of a houseboat trip in the fall and early winter from Chicago, down the Illinois and Mississippi rivers from Chicago to the Gulf. A full account is given of the preparations for the trip and the supplies required. Each day has its own little adventure, mishap or difficulty recorded, and to one contemplating such a trip will prove of interest. The trip was taken for a good rest and change, and to enable a patient to escape a Chicago winter. To a stranger to the district traversed, the only disappointment felt in reading the book is the lack of description of the country. There are some nice little wood cuts, which add interest to the work. We are glad to note the trip ended pleasantly and with much benefit to Dr. Waugh and his friends. w. j. w.

The Outlook.—The more notable among the articles in the February Magazine Number of *The Outlook*, in addition to its usual historical review of the week and editorial, treatment of timely questions, are: "Who is Father Gopon?" by Madam Breshovsky, the woman Russian revolutionist; "The Sailor of the Great Lakes," by W. D. Hülbert, with many pictures from photographs by the author; "An American Cathedral Close," by Elbert F. Baldwin; "A Story of the Sea Islands," by A. W. Dimock; "Three Impressions of Theodore Thomas"; "Canoeing in Ottawa Waters," by Morgan A. Kent and Albert E. Kent; "Bokhara the Noble," by A. V. W. Jackson, and "The American Country House," by Katherine C. Budd, an American woman architect. All these articles, with the exception of the first, are very fully illustrated with original photographs and drawings. The number also contains an amusing story, "Nixie of the Neighborhood," by Agnes M. Daulton, and "The Church

of the Strong Men," an essay of quite unusual character, by Gerald Stanley Lec.

The New York World, thrice-a-week edition.—The Thrice-a-week *World* has made special arrangements for the year 1905. Its already great news service has been extended, and, as heretofore, it will report all important events promptly, accurately and impartially. An original and striking feature of the Thrice-a-week *World* in 1905 will be its serial publication of the strongest and best fiction that has ever appeared in the columns of any newspaper. The novels already arranged for, and which are by writers known throughout the world, are:

"Cardigan," by Robert W. Chambers. A brilliant romance of the opening days of the Revolution, depicting life on what was then the border in the State of New York. Scenes with the powerful tribes of the Six Nations, and a thrilling description of the Battle of Lexington. Contains a love story, told with great force and charm.

"Before the Dawn," by Joseph A. Altsheler. A powerful story of the Civil War, describing the last days of the Confederacy in Richmond, vividly depicting conditions as the world's greatest war was drawing to a close. Contains a strong love story, and the mighty struggle of Lee and Grant in the wilderness passes through its pages.

"The Reds of the Midi," by Felix Gras. A story of the French Revolution, the greatest event in the history of the modern world. A peasant boy who marches with the tremendous battalion of death, the Marseilles column, tells how they overthrew the French monarchy and achieved the conquest of Europe. The love story is of singular delicacy.

"The Cardinal's Rose," by Van Tassel Sutphen. This is the last touch in modernity. The hero wanders into a continuous performance in New York City. He sees a scene in a biograph which arouses his curiosity and which leads him into a remarkable series of adventures in a remote part of the world and to the winning of the hand of a princess.

"The Blazed Trail," by Stewart Edward White. Mr. White has opened an absolutely new field, and he is now, perhaps, the most famous of all the younger American writers. This is a story of the great north-western logging camps, and tells how the character of a powerful man of action was built up and how it was finally softened by the influence of a woman's love.

PAMPHLET RECEIVED.

Summary of the Annual Report of the Library Committee of the College of Physicians of Philadelphia for the year 1904.