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❧ Original Contributions ❧

PRESIDENT'S ADDRESS—ACADEMY OF MEDICINE, TORONTO.

BY ALBERT A. MACDONALD, M.D.

Fellows of the Academy of Medicine, Toronto.—Following our usual custom I am called upon to open the season's work with an address, but first you will allow me to take this opportunity of thanking you for the honor you have conferred in electing me to the position of president. Whilst deeply sensible of the confidence you have reposed in me, I am fully alive to the responsibility of the office, and feel that it is only possible to make the work a success by having the full, free and hearty support of each and every fellow. By our united efforts we can do much to forward the objects of the Academy, and to advance the position of the medical profession.

Though the Academy has only been in existence for three years, we have ample evidence that the union of the various societies which now form its sections has been productive of improvement and strength. The reports of the Trustees and the Library Committee show that we have added many valuable volumes to our already large collection, and that we have outgrown our first home.

By judicious arrangement with the University authorities we have been able to secure a site for future building operations, and hope before long to have suitable quarters, not only for the

storing of books, but also for holding our meetings in comfort. To this end we must bend our energies and united force.

Though it is not a part of the duty of this academy to become mixed up in politics, medical or otherwise, it is incumbent upon us to use our best efforts in guiding those who have the ruling of our city and our country in all matters pertaining to the health, comfort and well-being of our people. We must recognize our responsibilities and embrace our opportunities of educating the masses, as well in preventing as in the curing of disease. Our efforts towards securing pure water, milk and food must be continued, and we must not forget to protest against the overcrowding of houses in the more central parts of our city. Unnecessary and harmful noises should be eliminated, and the noxious smoke which pervades the city and hangs like a pall over it should be prevented. The question as to the harmful results from the glare of the many naked lights has often presented itself to me, and I think that our section on ophthalmology might well give it some consideration. Our city is making progress towards the purifying of the water supply, and at last scientific action is being taken, so that we may be emancipated from the disgrace of having harmful impurities served up to us through our water taps.

The question of pure water is an international one. We in Canada have such a lavish supply of water in our great lakes that we are careless about its contamination. One cannot view without alarm the immense amount of impurity flowing from the cities, towns and villages bordering on our lakes and streams. It is horrible to think of the enormous amount of filth flowing down the Niagara river into our beautiful lake, and then to realize that every little harbor is polluted by similar untreated effluent. We must do our share towards urging our representatives in Parliament to take this question up in the broadest sense and to secure combined action, not only amongst ourselves, but also with our neighbors to the south.

We may be thankful that the question of pure milk is taking hold of the people. The Milk Commission of this Academy has done good and effective work, and it is being followed by wider efforts on the part of our local government. There are many difficulties in the way, and every effort must be made to strengthen the hands of those in authority. It was with surprise that I noticed in the daily press a short time ago the imposition

of an almost nominal fine for the selling of adulterated milk! Surely the magistrate was not fully alive to the responsibility of his position. Five dollars as a fine for selling adulterated milk looks curious alongside of a twenty dollar fine for speeding to the relief of a suffering fellow creature.

How many lives, young and old, have we seen wrecked in physique, in morality and mentality by the "sowing of wild oats."

None can be more alive than medical men to the far-reaching ravages of moral depravity and venereal disease. The rank and file of the general practitioners do much, not only in curing their clients of their bodily ailments, but in giving good and wholesome advice as to avoiding the numerous pitfalls in their way, but it is by education and plain teaching that the greatest good may be done.

We must constantly advocate the pure life, and let it be known that the baneful influence of promiscuous intercourse and foul disease does not stop with the healing of the local sore or the drying up of the infectious and filthy discharge.

The employment of young girls, now so common, in crowded factories and in lonely offices is a source of danger not to be lost sight of. At an early age they leave the protecting influence of their homes for the strenuous life of the factory or office, and the herding together in lodging or boarding houses. Many are strong enough to resist the numerous temptations placed in their path, but plenty of them fall by the wayside that would be safeguarded in their homes.

The position of the medical (so-called) expert witness in our courts of justice has always appeared to me to be an anomalous one, brought about partly by the practice of allowing lawyers to cross-examine in such a way that it is hard for any but the astute to avoid giving a wrong impression and partly by the practice of taking sides. For doctors to enter the witness box and testify to one opinion for a fee, whilst others swear to an opposite opinion for a larger fee is not in the best interests of the profession, and is hard to reconcile with the best interests in the course of justice.

I have long held the opinion and still hope that the so-called medical expert will be abolished and that medical advisers will be employed by the Crown instead. In that way his position would not be in any way that of an advocate for either one side

or the other, but would be entirely judicial, and his whole object would be to help the presiding judge to a correct understanding of the intricate medical problems presented. I believe that in this way the real cause of justice would be furthered.

With regard to the working of the Academy for the coming winter, you will notice by the calendar presented by the Programme Committee that we are to be favored with addresses by some very prominent men. By the courtesy of Dr. Louis Wickham, of Paris, we have already had the privilege and advantage of commencing with an extra meeting, when we were brought into closer touch with "radium therapy." I was charmed by his judicial manner and scientific spirit. Though his utterances are *ex cathedra*, they are no loud boastings, but a calm exposition of the present position and value of a substance possessing high potentialities and great therapeutic possibilities.

Our thanks are due alike to Dr. Wickham and the gentlemen who made it possible for us to have the privilege of meeting and listening to a man of such wide repute at our special meeting.

The subjects for consideration during this season are both advanced and attractive, and I must take this opportunity of thanking my confreres for their active help towards the completion of our programme. I hope that we may do honor to those who are to favor us by giving them good and attentive audiences. I know that each and every one of us will go away from the meetings carrying germs of thought which will increase and multiply to our advantage.

To the older men I say, "Give us of your experience," and come to our meetings prepared to take an active part in the proceedings and discussions.

To the younger men I have the advice to give that the meetings of the sections are amongst the most valuable opportunities of their lives. They can do much to enliven the discussions and add materially to the attractiveness of the Academy. Let me urge upon all the advisability of careful study and preparation of cases, papers and remarks. Unless we are well prepared we do not always during a heated argument present our thoughts in the careful, scientific manner due to a progressive, learned society.

12 Bedford Road, Oct. 4, 1910.

**OPENING ADDRESS, SECTION OF MEDICINE, ACADEMY
OF MEDICINE, TORONTO, OCTOBER 11th, 1910**

BY JOHN FERGUSON, M.A., M.D.,
Chairman of the Section of Medicine

Fellows of the Section of Medicine,—I shall not attempt to address you at any length. That I thank you for the honor you have conferred upon me I shall make known by telling you an incident. Some twenty-eight years ago I dined in Mr. I. H. Cameron's house, along with Professor W. Osler. During the conversation something arose that induced Mr. Cameron to say, in his usual epigrammatic style, "It is better to feel thankful than to say you are thankful." Like Othello,

Rude am I in my speech,
And little blessed with the soft phrase,
and like the Moor of Venice,
Therefore, little shall I grace my cause
In speaking for myself.

The Academy of Medicine has so far but a short history. Its past is brief, but its future, judging by indications, is bound to be both long and useful. Some eighteen years ago I contributed my views to the medical journals on the formation of an Academy of Medicine in this city. I will venture that the opinion was the first written expression in favor of such a movement. The various interests were united a little over three years ago. The results have more than justified what was then done, and so we can say with Shakespeare,

Thus far our fortune keeps an upward course,
And we are graced with wreaths of victory.

It is now fully thirty years since the late Mr. McKim, the university beadle, put the hood of a medical bachelor over my head. During these thirty years time has not been idle. The teachers of those days are almost all gone; and those who were then engaged in the practice of medicine in Toronto, with few

exceptions, have joined the majority. But it is as true to-day as it was with the ancient prophet that though the workmen die, the work goes on. The profession of Toronto is almost a new one; but the spirit of those men, some of whose portraits hang upon our walls, yet remains with us. In the words of Emerson, "Though they have ceased to be our companions they are still our guides." To be loyal to their memory will go a long way to make us loyal to ourselves and the work we have in hand. Something has been done to keep alive the memory of those very worthy names. We are told by Amelia B. Welby that "Hope links us to the future, but it is memory that links us to the past." With Lady Macbeth we can truly say, "Memory is the warder of the brain."

The Academy of Medicine of Toronto may well be proud of its position. In a few weeks, at the most, its permanent home will be ready for occupation. In that home there will be stored our *penates and lares*, our household gods in the form of the pictures, books and other possessions of the Academy; and around it will grow up many fond associations, or as the poet puts it,

Tender memories round thee twine,
Like the ivy green round the pine.

To a body of men belonging to any profession, one could not imagine anything that could form such a centre of attraction as a good library. There they can hold communion with the great minds of the present and the past. What a pleasure it is for us to be able to sit down and recall the very words that Galen, or Celsus, or Laennec, or Cooper penned, and feel within ourselves the workings of their minds as the image of the printed word stimulates our own centres! Well may we exclaim with Prospero,

My Library
Was dukedom large enough.

For the upbuilding of this library we can all do something. There is no one who cannot contribute his mite towards the filling of the shelves. A mighty country has been built up to the south of us under the motto *e pluribus unum*. So with us, what one could not do all united can for a certainty accomplish. We can contribute our fees; we can give books; we can induce others to

give books, and we may be able to secure donations of money. One may be able to aid in one way, and another in another way; but the result will prove the truth of the Peace-Pipe song in Longfellow's *Hiawatha*:

All your strength is in your union,
All your danger is in discord;
Therefore, be at peace henceforward
And as brothers live together.

The question might well be asked why the medical profession is so proud of the past? The people of any nation are truly loyal and boast of their country in proportion to the numbers and greatness of the deeds which find a record in its history. The medical profession has a long and glorious history. There are no persecutions that can be charged against her. Through the long centuries she has been ever altruistic in the highest sense, seeking only the good of man, holding in her hand the olive branch, as she marched on her way under the guidance of the white-winged dove of peace. Her achievements have been freely given forth for the benefit of mankind; and these achievements are now many and great. The advances that have been made in anatomy, physiology, medicine, surgery, therapeutics, truly bear out the prediction of Hamlet when he said,

There are more things in heaven and earth, Horatio,
Than were dreamt of in your philosophy.

As we recall what has been done in preventive medicine; in the lengthening of human life; in the lessening of the sum total of human suffering, by the work of such men as Morgagni, Paré, Virchow, Hunter, Jenner, Lister, Harvey, Laennec, Reid, Laveran, Morton, Simpson, well might we exclaim with Miranda, as she listened to the wonderful story that fell from the lips of her father, "Your tale, sir, would cure deafness."

It is because of these achievements that we are proud of our profession; and, in proportion to the heritage left us by our fathers, so should our loyalty to that heritage be.

There is much to be done. We need a larger and better building, even than the one we are soon to occupy, for our meetings,

and we need a modern style of home for our valuable collection of books. The Academy has now a membership of about 320, and a lesser number, namely, three hundred, only were chosen by Gideon for his great task, and three hundred under Leonidas held the pass at Thermopylae. For such accommodation we must bend our energies; but, as Lowell tells us,

Be men with Empires in your purpose
And new eras in your brains.

I feel I can count on the cordial support of every member of this section, in whatever efforts may be put forth to make our meetings successful. You are all equal here, and you are all as welcome as you are equal. You can contribute papers; you can exhibit cases; you can take part in the discussions, or you can aid those who do these things by being present. It is sometimes well to remember the words of Carlyle, the Sage of Chelsea, that speech may only be silver, while silence is golden. Your presence is indeed of the greatest value.

As the to-morrows become to-day and pass into the yester-days, let it be the desire of all of us that our Academy should fill an ever enlarging place in our thoughts. In the founding of our Academy we could well say with Ovid, *Felix faustumque sit*, happy and auspicious let it be. So, as time goes on, may we be able to look back and say of it, as Horace did of his beloved Mantua,

Ill terrarum mihi praeter omnes
Augulus Sidet.

For me that corner of the earth smiles more sweetly than all others.

Truly medicine has done more for man than any other branch of natural science. In the pursuit of our calling it behooves us never to forget that we are something very much higher than mere earners of a living. Mankind has ever been our debtor, for we have been lavish in our gifts. This should be our aim in the future. In the words of Holofernes, in *Love's Labour's Lost*, "These are begot in the ventricle of memory, nourished in the womb of *pia mater*, and delivered upon the mellowing of occasion." We are ever in search of the hidden

mysteries of disease and calling upon it to reveal its laws. In the words of Pope we can say,

Happy the man, who, studying nature's laws,
Through known effects can trace the secret cause.

We have worked through centuries to reach our present position. As Goethe in his Faust tells us,

'Tis thus at the roaring loom of time we ply,
And weave for things the garment we see them by.

Yes, we are weaving at the roaring loom of time. What we do now shall throw its pendulum arc far into the future. Our subject is the study of man, whom Hamlet speaks of in these words, "What a piece of work is man! How noble in reason! How infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a God!"

This, gentlemen, is our work, and let us live up to it.

THE LATE FLORENCE NIGHTINGALE

FLORENCE NIGHTINGALE completed her 90th birthday in May last. Among her fast friends and admirers were three Sovereigns of her beloved country—Victoria, Edward VII. and George V. The whole civilized world knows and regrets that this great woman has passed away.

Although she had been an invalid for a long time, and was under the constant care of a physician, her death, which occurred August 13, was somewhat unexpected. We extract from a very interesting article which appeared in the *Montreal Gazette* the following items respecting the great work performed by Florence Nightingale:

Some years ago the surviving British officers of the Crimean war held a banquet in London. One of their number proposed they should take a vote on the question, "What name connected with that war will live longest in history?" When the ballots were counted, lo and behold! every vote was for a woman, and when the name of Florence Nightingale was announced as the unanimous selection of the grizzled veterans the banquet hall rang with approving cheers.

As the pioneer in the system of trained female nurses for war, and as the ministering angel who saved thousands of lives and eased untold sufferings, Florence Nightingale won immortality on the bloody fields of the Crimea. This is the more remarkable as she was reared in luxury, and came of a race of peculiar delicacy of taste. Her father was William Edward Shore, a banker of Sheffield. On inheriting the estate of a kinsman named Peter Nightingale, he was compelled by the terms of the will to assume the name of Nightingale.

BENEVOLENT AS A CHILD.

The family spent much time in Italy, and the second daughter was born in May, 1820, in the city of Florence, from which her name was borrowed. She was a precocious child, and early in life made great advancement in music, mathematics and languages. Happening to visit a hospital, the impressionable girl at once announced that nursing was to be her mission in

life, and she dropped her other studies to learn the art of caring for the sick.

Her parents took her to Egypt, but she turned from a life of idleness and pleasure to nurse sick Arabs in an hospital. On returning to London she ignored society to work in hospitals, where she laid the foundation of a practical training that proved of inestimable benefit to mankind for all subsequent time. In 1849 she went to Pastor Fliedner's school, conducted by the Protestant Sisters of Mercy, at Kaiserworth-on-the-Rhine, not far from Dusseldorf, and took a course of instruction in their methods of relieving distress. From Germany she went to France to examine various institutions in her chosen line of work.

Soon after her return to London she had an opportunity to undertake important work. Learning that the sanitarium for governesses was languishing for want of proper support, she volunteered her services free of cost. She also raised money for its support, and put it on a good financial basis, but impaired her health.

LEAVES FOR CRIMEA.

On October 21, 1854, she sailed with a band of 38 nurses—of whom 10 were Roman Catholic Sisters of Mercy and 14 members of an Anglican sisterhood—for Scutari. "I am naturally a very shy person," she says; certainly she had a keen horror of parade, and she started with her gallant band without public notice or farewell. At Boulogne, however, it became known that this company of ladies, with their uniform dark dress, were nurses on their way to the Crimea, and the white-capped fisherwomen of the place thronged round them and carried their luggage to the railroad station, scornfully refusing to let a man so much as touch an article.

The band of heroines reached Scutari on November 5, the very day of Inkerman. The great barrack hospital there was a huge quadrangle, a quarter of a mile on each face; its corridors, rising storey above storey, had a linear extent of four miles. The hospital, when the nurses landed, held 2,300 patients; no less than two miles, that is, of sick-beds—beds foul with every kind of vileness. The mattresses were strewn two deep in the corridors; the wards were rank with fever and cholera and the

odor of undressed wounds. And to this great army of the sick and the dying the wounded from Inkerman in a few hours were added, bringing the number up to 5,000. Into what Russell calls "the hell" of this great temple of pain and foulness moved the slight and delicate form of this English lady, with her band of nurses.

A MIGHTY TRANSFORMATION.

Instantly a new intelligence, instinct with pity, aflame with energy, fertile with womanly invention, swept through the hospital. Clumsily-made devices were dismissed, almost with a gesture, into space. Dirt became a crime; fresh air and clean linen, sweet food and soft hands a piety. A great kitchen was organized which provided well-cooked food for 1,000 men. Washing was a lost art in the hospital, but this band of women created, as with a breath, a great laundry, and a strange cleanliness crept along the walls and beds of the hospital. In their warfare with disease and pain these women showed a resolution as high as the men of their race showed against the grey-coated battalions of Inkerman or in the frozen trenches before Sebastopol.

Muddle-headed male routine was swept ruthlessly aside. If the commissariat failed to supply requisites, Florence Nightingale, who had great funds at her disposal, instantly provided them herself, and the heavy-footed officials found the swift feet of these women outrunning them in every path of help and pity. Only one flash of anger is reported to have broken the serene calm which served as a mask for the steel-like and resolute will of Florence Nightingale. Some stores had arrived from England; sick men were languishing for them. But routine required that they should be "inspected" by a board before being issued, and the board, moving with heavy-footed slowness, had not completed its work when night fell. The stores were, therefore, with official phlegm, locked up, and their use denied to the sick. Between the needs of hundreds of sick men and the comforts they required was the locked door, the symbol of red tape. Florence Nightingale called a couple of orderlies, walked to the door, and quietly ordered them to burst it open and the stores to be distributed!

It was, perhaps, in the operating-room that Florence Nightin-

gale showed in its highest form the mastery she obtained over the spirits of her soldier patients. This fragile English lady was known to toil for twenty hours continuously amid her band of nurses and her miles of patients.

The miracle wrought by this band of nurses—this entrance of woman into the hell of British hospitals in the East—is capable of being expressed in cold statistics. They found the death-rate in the great hospital at Scutari at 42 per cent.; they brought it down to 2 per cent.!

The Geneva Convention was held within ten years of Florence Nightingale's labors in the East, and now its red cross, gleaming on every modern battlefield since, is, in a sense, Florence Nightingale's monument.

All Europe rang with Miss Nightingale's praise at the close of the Crimean war, and all England was keenly excited to give her a triumphant reception on her return. With characteristic modesty, she evaded all demonstrations (though she could not but obey the summons to Windsor when the late Queen Victoria gave her the Cross of St. George), and, so long as health remained, she continued to devote herself to her self-imposed task of succoring the sick.

In December, 1907, it was announced that the King had been graciously pleased to confer on her the Order of Merit. She was the first woman to receive this eminent order, an order which includes only those who by signal achievement raise themselves to the very head of the class to which they belong.

LONGFELLOW'S TRIBUTE.

[It was the practice of Florence Nightingale to pay a last visit to the wards of the military hospital in the Crimea after the doctors and the other nurses had retired for the night. Bearing a light in her hand, she passed from bed to bed and from ward to ward, until she became known as "the Lady with the Lamp." This led Longfellow to liken her to St. Filomena, whose emblems were a lamp, a palm, a lily and a spear. He wrote:

Whene'er a noble deed is wrought,
Whene'er is spoken a noble thought,
Our hearts, in glad surprise,
To higher levels rise.

The tidal wave of deeper souls
Into our inmost being rolls,
And lifts us unawares
Out of all meaner cares.

Honors to those whose words or deeds
Thus help us in our daily needs,
And by their overflow
Raise us from what is low!

Thus thought I, as by night I read
Of the great army of the dead,
The trenches cold and damp—
The starved and frozen camp—

The wounded from the battle-plain,
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors.

Lo! in that house of misery
A lady with a lamp I see
Pass through the glimmering gloom
And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
Her shadow, as it falls
Upon the darkening walls.

As if a door in heaven should be,
Opened and then closed suddenly,
The vision came and went,
The light shone and was spent.

On England's annals, through the long
Hereafter of her speech and song,
That light its rays shall cast
From portals of the past.

A lady with a lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood.

Nor even shall be wanting here
The palm, the lily, and the spear,
The symbols that of yore
St. Filomena bore.

—*Canadian Practitioner and Review.*

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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 first of the month previous to publication.

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Editorials



THE HIGH COST OF LIVING CALLS FOR A RISE IN THE DOCTOR'S FEES.

THE members of the medical profession in Canada, at least a good many of them, are much in the same predicament as were fifty-seven preachers in a Western State, who withdrew from the exercise of the ministry, because the salaries paid them (\$500-\$700) did not suffice to support a family. In pioneer days a preacher could manage to raise a family on that kind of a salary, but during the past fifteen years things have changed, and preachers, many of whom are university graduates, feel compelled, with reluctance no doubt, to forsake the harvest of souls for less congenial but more lucrative employments.

If members of the medical profession are unwilling to continue practising for the small amount of patronage received they are at liberty to leave the profession; but, unfortunately, there are others, of supposedly equal ability, ready to take their places. To make matters worse for physicians of any school—regular, homeopathic or eclectic—hygiene has cut the ground from beneath their feet. Then, the public do a vast amount of self-doctoring, and only call in a physician after the domestic therapeutic armamentarium has proved unavailing. Some of the public who are well-to-do, are members of the Christian Science church, others believe in a faith cure; but,

whatever their philosophy of life and happiness may be, both of these classes religiously shun the sons of Galen.

There is an ever-expanding horizon opening before the student of the medical sciences and medical literature, and, if the cultivation of science and literature provide a sufficient financial return, there is but little to complain of. Science herself is priceless; of herself a reward exceeding great. But, if the student of medicine is looking towards medicine as a desirable trade, he had better pass it by, and seek for more lucrative employment. Owing, besides, to the high level of scholarship, preliminary and professional, the great length of the curriculum, the difficult examinations, one would say that there ought to be a falling off in the number of medical students offering themselves for study, and, for the material reasons advanced here, it is desirable that this falling off should occur.

The sons of wealthy parents may study medicine and graduate as doctors, with no intention of practising, being satisfied with the intellectual training received. Perhaps, also, in a country where academic titles give some distinction, the title of doctor may be sought after, as it raises its owner a little above the common people. If medical graduates step into the arena to fight for a living they must be prepared for hard knocks and small pay. With higher pay in all classes of labor, trade or profession, it would be strange if physicians should be held to the fees current fifteen years ago. The pill will have to be sug-

ared to suit the popular taste; but demos knows as well as his doctor that the purchasing power of a dollar is not as great as it was fifteen years ago. Medical associations should take up this question and give to the outcome of their deliberations on the tariff the sanction of their united opinions, which will exercise more weight with patients than individual opinion. People naturally think that the doctor, who displays such mental activity in diagnosing obscure diseases, ought to recognize the signs of the times and appreciate the fact that a high cost of living necessitates a rise in the doctor's fees. J. J. C.

**SEDIMENTATION PURIFIES THE WATER IN THE
TORONTO WATERWORKS RESERVOIR.**

It was announced, in prominent headlines, in the Toronto papers, towards the end of last September, that the draining of the Toronto waterworks reservoir had revealed at the bottom an enormous deposit of filth and a luxuriant crop of weeds. The odors given off by this mass of putrefaction were said to be of a pestilential character. Animated by curiosity, the writer visited the spot September 23rd, 3.30 p.m., and was surprised to see a number of people sitting on benches around the empty reservoir *taking the air*. It was a cool afternoon, the thermometer registering 63° F., but there was 84 per cent. of humidity in the air, and, most assuredly, if there had been any decaying organic substance, human or animal, at the bot-

tom of the reservoir the odors would have betrayed it. No distinguishable odor was perceptible and no weeds were visible at that time. The southern part of the bottom of the reservoir was covered with damaged cement; the northern half revealed broken stone, stained with slime; the sides of the reservoir, sloping from below upwards and outwards, were covered with broken stones, which just looked as though they had been covered with water for a considerable time.

This reservoir, which, when filled, holds 30,000,000 gallons of water, supplies chiefly that part of the city situated to the north of College Street and Carlton Street, the water being pumped to it from the general supply taken from Lake Ontario. The other parts of Toronto receive water from the general supply, which is pumped directly into the mains and is not allowed to rest in the reservoir. Rest in the reservoir is supposed to exert a beneficial effect on the water of Lake Ontario, which at certain times is turbid, and this opinion is, doubtless, correct.

For ten years, since the reservoir was last cleaned, enormous quantities of lake water have been pumped into it, and the water has cleaned itself by the process of sedimentation, the clarified water flowing down through the mains, the solid particles present in the crude water having sunk to the bottom. Sedimentation acts to only a slight extent in waters like river waters, which move swiftly; in still waters, as small lakes and ponds, this process goes on unobstructed. The Toronto reservoir may be compared to a small

lake, and sedimentation has had a good chance to operate there, for the water pumped to it was withdrawn gradually, according to the requirements of the northern part of the city.

During the past few years, there has been some talk of constructing a second reservoir on the escarpment in the northern part of Toronto, and, if crude lake water were to be supplied here for consumption in the future as in the past, a second, or even a third reservoir would be most useful. But when the new filtration plant will be in operation here, there will be no call for the natural process of sedimentation to clarify the Toronto water supply. For several years, however, the operation of the great law of sedimentation in the still waters of the Toronto reservoir has been beneficial to the health interests of Torontonians. As dust in a room sinks through the air to the floor, so do solids in still water drop slowly to the bottom of a tank. It is a pity we did not have several reservoirs during the past fifteen years. There would not then have been much occasion for an expensive system of water filtration.

J. J. C.

MEDICINE AND RELIGIOUS HEALING.

WHEN a physician hands to a patient a dose of medicine, of known therapeutic powers, or applies to the patient an agent which regularly accomplishes a definite effect, he is not surprised at the salutary results of his efforts. For instance, a dram of tincture of ergot swallowed by the patient and the irrigation of

her uterus with plenty of hot water suffice, in nearly all cases, to check a severe attack of post partum hemorrhage, due to uterine inertia. Similarly happy results are obtained in a number of cases of disease or injury in people of an ordinarily good physique, and, in such cases, the doctor's creed or lack of creed—be he believer, agnostic or atheist—exercises no influence on the curative result. Neither does the mental attitude of the patient contribute to the cure or failure to cure. A certain desirable something is called for in a given case, and the doctor who supplies that something quickly, safely and pleasantly demonstrates the healing power of rational medicine, wins the patient's gratitude, the admiration of the beholders and, let us hope, a substantial improvement in his own bank account.

The steady increase of functional disorders in a community, or a nation, is a sufficient explanation of the wear and tear of life. Medicine is confronted, to-day, with problems in disease, which cannot be solved with drugs or physical agencies, such as cold, heat, light and electricity. It is a strenuous age—only the fit remain at the firing line, and even then not for long. Work, physical or mental, is expected of everyone, even of millionaires. The workers must possess strength of body or mind, and lacking these, they must fall back and join the crowd of the unfit or unsound. Hence the filled hospitals, sanatoria, public and private, asylums and refuges of all sorts, where weaklings ask to be made strong and damaged people to be rehabilitated.

Medicine, backed by hygiene, makes herculean efforts to accomplish some of the tasks; for she can only overcome some of the defects engendered by bad heredity, idleness, self-indulgence—all the agencies that vice and wealth bring to the undoing of mind and body. Neither can she heal starvation or undo the ills of poverty. Her part is and always has been a noble one, and it is important to remember that God works His will largely by such natural means as medicine has borrowed from empiricism or invented by her own skill.

On the other hand, the efficacy of prayer in curing diseases is an undoubted fact, to which the testimony of men in all ages bears witness. Yet medicine and faith-healing will not join hands. Their ideals are different; their conjunction would jar the sense of fitness and savor of humbug. Let each play its own part to the best of its ability, and, truth to tell, there is plenty to do to-day for both of them. J. J. C.

MEDICAL COUNCIL ELECTIONS.

It is important that the Medical Profession bear in mind the fact that the time for receiving nominations for Representatives to The Medical Council of Ontario closes on the 14th inst., and that nomination papers must be in the hands of the Returning Officer for the Division by two o'clock p.m. on that date. The elections take place on December 5th next.

Perhaps never before in the history of The

Ontario Medical Council has as keen interest been taken in the elections, almost the entire profession feeling that it is "time for a change." From all accounts, the prospects are that there will be a considerable number of changes in our Representatives, not only perhaps in Toronto, but at many points throughout the Province. At the time of writing, Dr. Edmund E. King, who for many years has represented Territorial Division No. 11 (Toronto east of Yonge Street), will be opposed by Dr. J. J. Cassidy. So far it appears as if Dr. J. S. Hart, who represents West Toronto, will be returned by acclamation.

We trust that the electorate will rally together, and each do his part to assist in the many and much-needed reforms necessary to the welfare of The Ontario College of Physicians and Surgeons. We do not propose to go any further into this subject at this date, as we closed the discussion, so far as this Journal was concerned, two months ago. W. A. Y.

Oct. 11, 1910.

**SHALL THE MEDICAL INSPECTORS OF TORONTO'S
PUBLIC SCHOOLS TAKE ORDERS FROM
SCHOOL NURSES?**

MEDICAL affairs in this little Burg have assumed such proportions, and the adjustment of their various departments has become of such vital interest in the life of the community that one cannot look farther afield for a subject to scribble about. Alas for "The

Kings and Cabbages and other things" that must be neglected.

Medical Inspection of school children is of vital importance to our city, and that it should be properly and promptly carried on is indeed of supreme moment to all concerned.

Recently Dr. Helen MacMurchy was appointed medical inspector of the school girls and Dr. Wilmot Graham of the boys.

Already a little cloud has arisen, "no bigger than a man's hand," but that hand, perchance, may belong to a despot? The first part of the unpleasantness, a personal difference (a charge, we understand, of incivility on the part of Mr. J. L. Hughes, Chief Inspector of Public Schools, towards Dr. Helen MacMurchy), it is not within our province to discuss. We have never heard it mentioned by any one in Toronto that Chief Inspector Hughes posed as a gentleman of the Old School; the age is a materialistic one, and public idols too frequently "show their feet of clay." "Blessed are they who expect little, they often get less"—seems to be the current interpretation of one of the Beatitudes.

As a member of our profession, Dr. MacMurchy is entitled to the utmost courtesy. She has made a name for herself in our city and elsewhere, and in our ranks it was considered a lucky thing for Toronto that she was appointed Medical Inspector, because we know that she possesses the knowledge and the genius for hard work necessary to the duties of that position.

Now, may we discuss, impartially, the status of Medical Inspectors in our schools, only, however, as it relates to their position as graduates in medicine.

We were never aware, till recently, that physicians were ever expected to take instructions from nurses. Such, however, is the position in which Drs. MacMurchy and Graham now find themselves, unless they have self-respect enough to promptly step down and out. Soon after her appointment, Dr. MacMurchy wisely decided that she had better have her position more clearly defined by the Board of Education, and took exception to certain matters which she considered to be at variance with the regulations usually in force in connection with medical school inspection work in other large centres. In reading over a letter issued by The Chief Inspector, dated September 28th, 1910, and sent out to the Principals of our Public Schools, the following are quotations:

"Principals of schools will be required to send me a statement of the cases which, in their judgment, require attention in the different schools.

"These cases will, except in special cases, *be first investigated by the staff of nurses, and such cases as may be agreed upon, shall be treated by the nurses.**

"*Miss Rogers, Superintendent of Nurses, will report to me daily the cases that should be attended to by the Medical Inspectors, and I shall send the names and addresses of the boys to Dr. Graham and of the girls to Dr. MacMurchy.*"

"Principals of all schools will report to me the names and addresses of children who are believed to

*Won't Detective Rose of the Ontario Medical Council, please get busy?

be suffering from any physical condition or disease which ought to receive attention. All such cases *will be visited by the nurses* in the employ of the Board. *They will report to me such cases as, in their opinion, should be referred to the Medical Inspectors, and I will send them to the Medical Inspectors.*"

It will therefore be noticed that the Sub-Committee, who were given charge of the regulations governing the Medical Inspectors (and one of them is a Toronto physician), in their wisdom (sic), saw fit to place two fully qualified medical practitioners *under the School Nurses*, from whom, it would appear from the correspondence, they are forced, forsooth, to take instructions. It is useless for this Committee to explain away the untenable position taken by them by saying that this was done to try and save the Medical Inspectors' time—What about the time that would be wasted with such red tape humbug, when the Nurses would have to meet with and be unable to diagnose a case of contagious disease? Under this extraordinary arrangement, Drs. MacMurchy and Graham (and we give ladies first place, as it would seem as if Dr. Graham had lacked backbone and preferred to cringe before the Committee) have to take second place to nurses, who, in their own sphere, may be beyond criticism, but have spent a paltry two years or so in training and have but a smattering of medical knowledge. The sub-committee evidently think that the followers of Florence Nightingale should be the judges as to the children in need of medical care, and the doctors, —well, where do they come in? Why employ physicians at all? How would Mr. John Ross Robertson,

than whom there is no kinder-hearted man to children in America, and to whom The Hospital for Sick Children stands as a Monument, like to place that institution entirely in the charge of his nurses and do away altogether with the Medical and Surgical Staff?

The situation, as far as the Medical Inspectors are concerned, is all wrong. It is exceedingly tactless for the sub-committee, and shows lack of executive ability on their part, to so mismanage the whole thing; but why expect anything different, when the Chief Inspector of Schools, whom they serve and seemingly toady to, is reported by some to be antagonistic to the whole movement.* It seems a crying shame that Medical Inspection of Schools should so soon be made to appear, in the eyes of the lay public, to be as yet an unsolved problem, when, on the other hand, it has an exceedingly bright future in store for it if supervised, as it should be, not by a Committee, but by The Local *Board of Health*, to whom alone the *Medical Inspectors shall be held responsible*.

Better have an understanding at the outset, and have the mistake rectified now. The Board of Education should first be certain that they have secured competent Medical Inspectors, and that those who have undertaken the work are anxious to do it. Then,

*Strange to say we noticed the other day in "The London Spectator" of October first, the following sentence, which appeared in a review of Dr. E. M. Stevens' "Medical Supervision in Schools" (published by Bailliere, Tindall and Cox). "In Toronto there is hostility to the whole system, though, according to figures furnished by the most active opponent, there is little need. One child in twelve is defective in vision, hearing or lung action, and this though Toronto is probably above the average in respect to health."

surely, the gentlemen composing the Board of Education would only be respecting themselves by showing respect to those whom they themselves have put in office. To put their officers under orders to a teacher or nurses is hardly a way of dignifying the office of Medical Inspector.

Ich dien is ever the watchword of the noble-hearted; but to serve is not to crawl, though that seems to be the Public School autocrat's version of service.

No woman, and few men, will ever "crawl," so in future it looks as if only Lizards need apply.

Oct. 17, 1910.

W. A. Y.

N.B.—Since the above editorial went into type we notice from the daily press that, so hurt are the feelings of several members of the Board of Education at Dr. MacMurehy's desire to have Medical Inspection placed, as it should be, on a proper basis, she has been asked to resign. We trust that she will stand firm and refuse to do so, giving the Board the opportunity of formally dismissing her if they dare. We know that the Board of Education will ere long sincerely regret *their* action when it is too late to amend the irreparable damage *they* have done to Medical Inspection.

"As they watch the antics of some men,
No wonder the Gods on Mount Olympus
Get drunk with the wine of laughter."

THE NEW TORONTO GENERAL HOSPITAL.

THE architects in charge of The New Toronto General Hospital have evidently awakened after a long sleep. We notice, however, that at last work in earnest has been begun in connection with the building of our new million dollar hospital. It has been a matter for general remark during the summer months what a pity it was that so much of the summer had been allowed to elapse before any serious work was undertaken in the vacant lot on College Street. It is a pleasure, however, to notice that the site recently became a hive of workmen, getting the ground ready for the foundations of the Medical and Surgical wings on College Street and the Out-Patient and Emergency buildings on University Avenue. The lowest tender for the Out-Patient building and the Emergency building, with connecting passage, was \$153,961.00. The estimated cost of those buildings amounts to \$167,210.00.

The Out-Patient building, to be erected through the generosity of Mr. Cawthra Mulock, is going to cost \$112,369.00. It is probable that only the foundations of this building will be put in this fall. It is to be called "The Cawthra Mulock Out-Patient Building." With regard to the Emergency Hospital, the report of the Plans Committee of the Board of Trustees says: "Your committee have been in conference with Dr. Powell, to whose good offices the Hospital is indebted for the interest of two ladies, one of them deceased, who by their wills have pro-

vided that the Trustees of The Toronto General Hospital should be residuary legatees of their estate, the money to be used for the erection, equipment and maintenance of an Emergency Hospital. The committee has had the benefit of the counsel of one of its members, Mr. Lash, as to the proper legal procedure in this matter, and a memo. prepared by Mr. Lash, with a resolution for the action of the Board, is herewith submitted. Your committee recommends that the architects be instructed to proceed with the construction of the Emergency building, the cost of the building to be met by the proceeds received from these bequests."

The lowest tender for the Medical building was \$256,348.00. The Administration building will cost, according to the architect, \$300,000.00.

Mr. J. C. Eaton has undertaken to assume the entire cost of the Surgical wing, which is estimated at \$280,000.00. This is indeed a magnificent donation to the Hospital poor of Toronto.

Tenders amounting to over one million dollars have thus far been accepted.

We understand that the Trustees now intend using all possible dispatch in completing the plans and securing tenders for the remaining buildings.

The architects expect to have the Mulock building and Emergency building completed one year from date, and to have the Medical wing, the Surgical wing and the Administration building roofed in by the same date. Meantime, the Heat and Power building will be installed, so that the work on these three large

buildings may be proceeded with during the winter of 1911 and 1912. Two years from now these main buildings will be ready for occupancy.

We hope to see a great deal of work yet done in connection with the new Hospital before the winter sets in.

W. A. Y.

TORONTO'S NEW MEDICAL HEALTH OFFICER.

At the meeting of The City Council, on October 10th, Dr. Charles J. O. Hastings was duly elected successor to Dr. Sheard, at a salary of five thousand dollars per annum.

Over and above Dr. Hastings, there were several other applicants for this office, including Dr. Goodchild, of Toronto, and Dr. Hill, of Minneapolis, Minn. Dr. Hastings, however, received the necessary majority of votes.

We congratulate Dr. Hastings upon his appointment, and feel sure that, if good, consistent work tells, Dr. Hastings will prove a successful Medical Health Officer. We feel, however, that he has no sinecure, as the position of Medical Health Officer for Toronto is not an easy one to fill. Dr. Hastings has a Herculean task before him, as, notwithstanding the fact that Dr. Sheard has been most successful during his occupancy of this important office, there are many things, especially in connection with The Isolation Hospital, that require careful attention. We wish Dr. Hastings every possible success in his

new sphere of duty, and we urge him strongly to be at all times fearless, for fortitude (and he will need it), valor and decision are characteristics that make for greatness, and the Health Officer, to serve Toronto's needs, must indeed be a man of many attributes.

The following "Open Letter to Dr. Chas. J. Hastings," clipped from *Toronto Weekly Star* of October 15th, contains some good, practical advice:

Dear Doctor,—I see you've won at last; they've made you M. H. O. But do not think your troubles past. Ah, no; Dear Doctor! For man was made to mourn, we read, and some were made to jeer; the latter specimens, indeed, are found in numbers here. The microbes you will have to fight not all in water dwell; they haunt the heads of men and blight full many with their spell.

Heed not the Microbe of Abuse, you'll hear it rage and tear. It seizes on the most obtuse, and makes their minds its lair. You'll see its victims rave and ramp and threaten and go mad. They'll fume and fuss and snarl and stamp and call you all things bad. Heed not. Just go about your biz, and let them have their say. Poor creatures! What a trial it is to be possessed that way.

Too many things to do, no doubt, to heed the Microbe Pull. 'Twould turn your office inside out. Just now the world is full of people who're possessed by it, and some will come to you. Just let them chatter. You've a bit of something else to do. So when an Alderman or Mayor, afflicted by this bug, comes sneaking on you unawares, just hit him with a jug. Yes, throw the inkstand, bunch of keys, or shoot him with a gun. He'll whisper: "Are there vacancies?" You biff him, and shout: "None!"

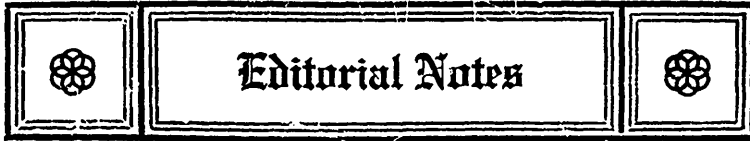
Beware the Microbe of Advice, insidious and fleet. Your dearest friends, *sans* cash, *sans* price, will lay it at your feet. You need no microscope to find this busy little brute. 'Twill compass you before, behind; attend you hand and foot. A thousand men who think they know the things they never kened are willing that they should bestow their knowledge on some

friend. But when their plans are tried a bit, and prove a failure, WHO has got to take the blame for it? Why, you, Dear Doctor, YOU.

Some folks in other people's eyes can always find the notes. Just separate, if you are wise, the sheep germs from the goats. Be your own man. Be wise. Be firm. Say no when no's required, and do not heed the Fussy Germ who tells you you'll be fired.

Good luck, old friend. You know, I guess, that folks despise a Tool. Here is the secret of success: Stand pat. Be no man's fool.

W. A. Y.



A Cheerless Lookout for the Coming Generation of Doctors.

If preventive medicine continues to push forward as steadily in Canada, during the next twenty-eight years, as it has since 1882, the outlook for practitioners of medicine in 1938 will not be a cheerful one. If a disease can be prevented, what is the use of having a physician! None at all. The astonishing part of this outcome is that doctors, as sanitarians, are helping to dig the pitfall for the practising physicians. It may be that they believe that the slowly-moving reforms, now in view, will not mature in their own days, and that they themselves will escape the burden of non-support, which will be transmitted to their successors.

Perhaps—and this is a more probable reason—the medical profession of to-day, being more scientific in its aims and practice than empirical, strives for the prevention of disease, instead of its cure. Without making pretensions to altruism, physicians strive to get, and frequently do secure, what altruists talk about or write about—the prevention of disease. And this aspect of modern medicine appears in the efforts of sanitary physicians and chemists, who advise legislative bodies to place on the statute books laws providing for the proper disposal of sewage, the maintenance of the purity of water supplies, the efficient ventilation of inhabited places, the conservation and preservation of foods, and the rest.

Is the World Going Mad?

In a book of reminiscences, published in London last year, Dr. Forbes Winslow expresses the opinion that the rate of progress towards lunacy in England and Wales is shockingly rapid. He says: "In 1869, out of a population of 22,223,299, there

were 52,177 registered lunatics in England and Wales, there being one lunatic in every 418 of the total population, whereas, in 1909, out of a population of 35,756,915, the number of registered lunatics was 128,787, making, on the average, one lunatic in every 278 of the population. So that in forty years an enormous increase in lunacy is seen. Surely a dreadful future for the nation's still unborn to have to cope with!"

Dr. Winslow's prognostic is pessimistic in the extreme. Owing to the widespread operations of hygiene, and education during the past forty years in urban districts of England and Wales, boys and girls have reached adult life, who, under the sad conditions of poverty and exposure to contagious diseases prevalent fifty years ago, would have perished in their infancy or childhood. This saving of young life, often of inferior grade, coupled with a high birthrate, accounts for a steady increase of population in England and Wales, despite the depletion effected by emigration. The strong, the bold, the adventurous, the forceful, the resourceful—all whose intelligence outruns opportunity at home—have sought homes in other lands, leaving behind them, among the wealthy and well-placed ones of their generation, a residuum of the weak, the spiritless, the timid, the feeble and the resourceless. That insanity, or imbecility, should be high in a population thus depleted of its best elements is very probable, and this notion, which can easily be supported by statistics, helps to explain the increase in the insane population of England and Wales, during the past forty years.

It is not offered here, however, as a complete and sufficient explanation of Dr. Winslow's contention. There may be another reason to explain the large number of insane people registered in asylums. Even in a new and flourishing country like Ontario, where the general standard of well-being is high, the proportion of the insane to the sane in the population is increasing. One explanation of this regrettable phenomenon is that demented

patients who, forty years ago, would have been kept with their friends, are now, under similar conditions of mental aberration, committed to hospitals for the insane, and thus add to the number of registered lunatics.

The Action of Some Hemostatics on the Coagulation of the Blood.

In *Policlinico*, Vol. XVIII., M. 1910, P. Chiuflini gives the results of experiments he had made to determine the action of certain hemostatics on the coagulation of the blood. From an abstract published in *Pathologica*, 15 Settembre, we give the principal points of his paper. It appears that gelatine, which has not been subjected to sterilization, has the power of notably augmenting the coagulation of the blood, either by diminishing the minimum time in which the process is effected, or by accelerating its arrival.

A solution of gelatine, sterilized for half an hour in an autoclave, at 130°-135° C., completely lost the power to accelerate the process of coagulating the blood. When given per os, sterilized gelatine either does not cause any change in the coagulating power of the blood or one of small utility, owing to the impossibility of using it when occasion calls for a sudden and energetic use of the remedy.

The administration of clysters of 10 per cent. solutions of gelatine, sterilized for half an hour at 100° C., in quantities of 30 cc., divided into two parts, did not produce any change, being quite inactive in causing coagulation of the blood, at least during

Chloride of calcium, in doses such as are commonly used, was the first 7 to 8 hours after administration. inactive or only slightly augmented coagulation in two experiments.

Perchloride of iron, administered per os, notably increased the coagulation of the blood, less, however, than unsterilized gelatine, administered hypodermically. This power is not pre-

served by the citrate of iron and ammonium, even when used hypodermically.

Ipecacuanha slightly increases coagulation,—the increase falls away in 24 hours, and is succeeded by a diminution of coagulation, greater than the mean observed before the administration of this remedy.

By making an artificial gelatine, composed of gum arabic and perchloride of iron, a mixture is got which, when used hypodermically, causes a notable increase in the coagulating power of the blood. This increase, while superior to that possessed by other hemostatics, is inferior to that induced by unsterilized gelatine given hypodermically. The increase of coagulation is, moreover, very persistent, remaining unchanged for 24 hours after the injection, while by the effect of gelatine the increase of coagulation of the blood is not so durable, as it presents a notable diminution after 24 hours.

When the solution of gum arabic and the solution of perchloride of iron were used separately, injecting each of them hypodermically, in the same doses, into two different dogs, only a very slight increase of coagulation of the blood was observed—an increase, moreover, which came about slowly in the case of the perchloride of iron, and which was not durable in the case of that salt, or in the case of the solution of gum arabic.

The Etiology of Leprosy.

The infection atrium of leprosy is still unknown, though researches prove that this disease is of extreme antiquity. Hansen thinks it probable, however, that the mouth and nasal cavities are the avenues of entrance. Sticker also regards the nasal mucous membrane as the primary focus, and finds in it constant and characteristic lesions. The bacillus leprae has been found on the floor and walls of houses in leper colonies, and also in the urine and even the milk of patients.

Marchoux and Bourret (*Ann. de l'Institut Pasteur*, Vol.

XXIII., No. 7) remark on this subject: "To undertake experiments in the transmission of leprosy, it is necessary to select an experimental animal. The chimpanzee would, perhaps, answer for this purpose, only that in our climates this animal does not live long enough to exhibit symptoms of infection." These authors incline to the opinion that leprosy is transmitted by some blood-sucking insect, which is the same wherever found.

They say, "An insect, which pricks a patient, may absorb the bacilli of Hansen, nourished in the vicinity of an active leproma, in some part of the body, at a time when the leper suffers from a febrile attack." They do not think that mosquitoes should be considered to be the agents of transporting the bacilli of Hansen.

Quite opposed to the opinion of Marchoux and Bourret is that which has been enunciated by John Atcherly in *The Med. Record*, Aug. 6, 1910. He contends that the bacilli of Hansen enter the body through the alimentary canal; that they are only found in the deep layers of the skin, which would indicate that they are not rubbed in from the outside. He considers that leprosy is the result of improper feeding, bearing a striking relation to diseases of the class including scurvy, pellagra and podagra, because (1) in every case the disease has its origin in the nature of the food ingested, and in food only; (2) skin lesions form prominent symptoms, and are very similar in the different diseases; (3) either the arterial walls themselves or the vaso-motor nerves governing their calibre are impaired as to their action.

Briefly, Atcherly's theory of the origin of leprosy assumes the following: Leprosy is a chronic, diathetic disease, of gradual onset and irregular course, characterized by an inflammatory fibroid degeneration of the nerve tissue generally, which precedes the deposit of the lepra bacillus or any other manifestation of

the disease. The nerve degeneration is the direct consequence of defective pabulum supplied to it by the blood, which again is the result of improper food ingested by the individual. In regard to food in leprosy, the seabeach provides more appropriate conditions for developing this disease than any other locality. In these barren places the inhabitants must depend either on birds or animals they can kill, or entirely on sea products, such as fish, bivalves, crustaceans, seaweed and the one farinaceous food, which in Polynesia is arrowroot, and in Asia rice. Firewood being scarce, the arrowroot or rice, once boiled, is kept too long in a moist state and is apt to grow mouldy.

When leprosy is contracted by those who live among civilized people the choice of food becomes a matter of taste. There is a morbid taste for eating fish uncooked or even to eat part of the entrails as a delicacy. Oysters are eaten raw and the "beards" are included. In the case of ordinary fish the bones of the head are the favorite part. The food theory of leprosy explains how cases may be found at a great distance from the sea. It also explains why a leper improves when removed from the locality where he contracted the disease.

J. J. C.

The Academy of Medicine, Toronto.

The Academy of Medicine, Toronto, was honored with the presence of Prof. Louis Wickham, of Paris, on September 30th. A special meeting was called by the Council of the Academy for that date, owing to Dr. Wickham's presence in Toronto as the guest of Dr. W. H. B. Aikins. Dr. Wickham has almost a world-wide reputation for his work in radium therapy, and the Academy honored itself by having him with them for one evening. The doctor delivered a splendid address on Radium Therapy, accompanied by a lantern slide demonstration, in the Physics Building of The University of Toronto, before a large audience. Dr. Wickham is chief of one of the departments of the radium laboratory at Paris. The doctor does not claim that, as yet,

radium is by any means a cure-all for that dread disease, cancer. He proved, however, beyond a doubt that radium can be made of material assistance to the surgeon in the treatment of many forms of malignant disease. He said that he personally knows of between two and three hundred cancers that have been permanently cured by this means.

Dr. Wickham has twice been made a Laureate of the French Academy of Medicine, and last summer, while attending the meeting of the British Medical Association, was presented to His Majesty King George and His Queen, Mary.

While in Toronto Dr. Wickham stayed with Dr. W. H. B. Aikins at his new residence on Bloor Street West. Dr. Aikins gave a reception in his honor on the evening of September 29th. and Dr. H. A. Bruce entertained at dinner on September 30th.

The first stated meeting of the Academy for the current winter took place in the main building of the University of Toronto on October 4th. It was expected that Dr. Pearce Bailey, of New York, would be present to read a paper on "The Treatment of Nervous Diseases." Dr. Bailey, however, found at the last moment that he could not get away and wired the President accordingly. Dr. A. A. MacDonald arranged to fill the gap with a discussion on "Infantile Paralysis," in which Drs. J. T. Fotheringham, Allen Baines and W. B. Thistle took part. The same evening the president delivered his Annual Address, and which we reproduce in this issue. This address is an admirable one, especially where it touches on the subject of Medical Expert Testimony. We heartily agree with Dr. MacDonald's contention that the time has arrived when some members of our profession shall cease to hold themselves up to ridicule in this connection, as illustrated in a recent case in the Toronto courts, where three reputable physicians went into the box and swore that an old man was absolutely *non compos mentis*, and three equally reputable alienists swore to the very opposite. Is it any wonder

that the public so often and in very truth state that "doctors differ?"

The medical section of the academy had its first meeting for the winter on Tuesday evening, October 11th, when the subject of "Infantile Paralysis" was discussed at length.

The same evening the fellows present had the great pleasure of hearing an address from Dr. William Hunter, of London, England, on the subject of Septic Anemias. Dr. Hunter's fame for his original research work has long ago reached Canada, so that it was with peculiar interest that the Academy welcomed him to its midst on Oct. 11th. Dr. Hunter laid great stress upon septic infection as being the principal cause of anemias, and impressed his hearers with the importance to be attached to antiseptic medicine. even more so than antiseptis in surgery.

Dr. John Ferguson, as Chairman of the Section on Medicine, read his address. This address we print in this issue. It will be found most interesting and instructive.

At the present date it is expected that Dr. Alfred Stengel, of Philadelphia, will address the Academy on November 1st.

The Committee on Papers have also arranged for such gentlemen as Dr. G. E. Armstrong, of Montreal, Dr. Harvey Cushing, of Baltimore and Dr. Reynold W. Wilcox, of New York, to address the Academy during the winter. W. A. Y.

Psychiatric Clinics.

As for some time past Dr. C. K. Clarke, the Medical Superintendent of The Ontario Hospital for the Insane, Queen Street West, Toronto, has felt that city practitioners would be glad to come into closer relations with many psychiatric problems, he has very wisely arranged for a series of clinics to be held at the Hospital for the Insane on Tuesday afternoons throughout October, November and December. We congratulate Dr. Clarke upon this move and feel sure that each Clinic will be taken advantage of by city practitioners who are keenly alive to the advantages

accruing from such special study. The programme for the coming winter is as follows:

- Oct. 4th—General Conference with presentation of cases.
- Oct. 11th—Dr. C. K. Clarke—General Paralysis of the Insane.
- Oct. 18th—General Conference with presentation of cases.
- Oct. 25th—Dr. Ernest Jones—The Nature and Origin of some Fears.
- Nov. 1st—General Conference with presentation of cases.
- Nov. 8th—Dr. Clarke—The Alcoholic Psychoses.
- Nov. 15th—General Conference with presentation of cases.
- Nov. 22nd—Dr. Ernest Jones—Psychogenesis.
- Nov. 29th—General Conference with presentation of cases.
- Dec. 6th—Dr. C. K. Clarke—Dementia Praecox.
- Dec. 13th—General Conference with presentation of cases.
- Dec. 20th—Dr. Ernest Jones—The Practical Value of the Association Test.

W. A. Y.

PERSONALS.

Dr. F. A. Clarkson has returned from an extended visit to the Continent.

Dr. J. Price-Brown has removed to his new offices, 28 College Street.

Dr. E. H. Greene, of Carlton Street, is building on Bloor St. W. and expects to move north next spring.

Dr. C. F. Moore has removed from Bellevue Avenue to 35 Spadina Road (a few doors north of Bloor Street).

Dr. W. J. Wilson and Mrs. Wilson, of College St., returned to Toronto, after a delightful sojourn in Italy and Switzerland, on October 20th.

Dr. L. L. Palmer has removed from Toronto to Grimsby, Ont., where he will reside permanently. Dr. Palmer has, we are glad to know, recovered from his recent illness.

Dr. Gilday, 90 College Street, died from cardiac trouble on October 20th. The doctor had just settled in practice a few months ago, having recently taken his English qualifications. He was 28 years of age and the son of Mr. Richard Gilday, Toronto.

Dr. G. G. Nasmith has been appointed chief of the bacteriological laboratory in connection with the Medical Health Department, City Hall, under the new Medical Health Officer, Dr. C. J. C. O. Hastings. Dr. Nasmith's salary will probably be \$3,000 per annum.

We congratulate Mr. Irving H. Cameron, as also the Board of Trustees of Toronto General Hospital, on the result of the action entered against them by one Alfred Earl Booth. The learned judge completely vindicated both parties and gave costs against the plaintiff.

Dr. Perry Goldsmith, of Carlton Street, returned from England with the Queen's Own Regiment last month looking the picture of health. Dr. Fred. Winnett, who also went to England with the Q. O. R., is, we are glad to say, almost convalescent from his attack of typhoid fever, and will return to Toronto this month.



News of the Month



DOMINION PUBLIC HEALTH CONFERENCE.

The first session of the Dominion Public Health conference, at which were present the Federal and Provincial public health authorities and the members of the Committee on Public Health of the Commission of Conservation, was held at Ottawa on October 12th.

After a few introductory remarks by the Hon. Clifford Sifton, Chairman of the Commission, an address on "Pure Water and the Pollution of Waterways" was delivered by Dr. C. A. Hodgetts.

In considering the source of public water supplied, Dr. Hodgetts asserted that all waters could be classed under two heads: navigable and non-navigable. The second class was polluted by the drainage into them of sewage matter and factory wastes, while the first was, in addition, liable to contamination from the numerous vessels plying upon them. When the area draining into any source of water supply was wholly within the jurisdiction of one Province, the prevention of pollution was much easier to accomplish than when portions of it lay within the boundaries of another Province or another country.

Referring to diseases due to impure water, Dr. Hodgetts said: "It is generally conceded that a large percentage of all sickness happening in cities and towns is due to impurity of the water supply, sewage contaminated water being an important cause of diarrhœa, typhoid fever, cholera, and probably of a number of other diseases of which at present we cannot speak with certainty."

It was now almost the general rule, he stated, to consider that a continued typhoid death rate of over 20 per 100,000 of population was an indication that the public water supply was greatly at fault. Charts were used to show graphically that the typhoid death rate in the cities of Canada, in nearly every case, exceeded 20 per 100,000. Charts were also exhibited indicating the typhoid death rate in American cities along the Great Lakes and in

European countries. It is a significant fact that while Canada has a death rate from typhoid of 35.5 per 100,000, England and Wales, with its teeming millions and accompanying poverty, has a typhoid death rate of only 11.2; Germany of 7.6, and Scotland of only 6.2.

It was time that we were alive to our responsibilities and made haste to put our house in sanitary order. "Certain it is," he continued, "we are not doing it by our present methods and laws. It can, however, be done by efficient laws that we have not as yet seen fit to enact, the enforcement of which should, in the main, rest with some central, well-organized and wisely-administered Federal department, co-operating with each of the various Provincial Departments of Health."

The laws relating to pollution of water supplies and constitution of sewage systems in Canada and the United States were then reviewed and analyzed. The examination disclosed the fact that each Province, with the exception of New Brunswick, has placed in the hands of the Provincial health authorities certain powers with regard to the construction of sewerage systems and the proper disposal of the sewage.

"Many of these laws have been on the statute books for years. In some of the older Provinces they have been amended, apparently with the object of preventing the pollution of the waterways, and thus, in a measure, they present evidence of good intention on the part of the Legislature to protect the public.

"Personal experience leads me to express the opinion that, in the main, they are non-efficient; they look well on paper, but in practice municipal authorities do pretty much as they please, and as the powers of most Provincial boards of health are only advisory, they accept or reject the advice or recommendations of the board, just as they see fit. The Provincial laws, with the exception of Saskatchewan, lack all mandatory, restrictive, or corrective power."

"It is not contended," he said, "that the dangers at present existing in the various Provinces are identically the same, either in degree or in fact, but there exists the same underlying principles in that Provincial legislation alone will not solve the difficulties. It requires some other authority wise that of the Federal Government to deal with them, particularly those of an international character. It will be for the Commission of Conserva-

tion to investigate the various water sheds, collecting all available data with the assistance of the several Provincial and local health authorities, in order correctly to estimate the character, quantity and variety of the various pollutions at present existing, and to ascertain their exact point of discharge and their bearing upon the present sources of water supply of towns and cities, both near and remote from the point of discharge; and further, to consider and recommend ways and means for the abatement of these nuisances, having always in mind that the health of the citizens of this country is paramount, but remembering the necessity for the fostering of agriculture, and the development of manufactures."

TRANSFERS OF ASYLUM MEDICAL OFFICERS.

Superintendent J. P. Downey, ex-M.P.P. for South Wellington, is to secure expert medical assistance in the conduct of the Orillia Asylum. Hon. W. J. Hanna, the Provincial Secretary, announced recently a series of changes in the Provincial asylum staffs, under which it is hoped the medical embroglio caused by the releasing of Dr. Beaton may be partially solved. The Minister proposes to transfer Dr. W. C. Herriman, Assistant Superintendent of the Toronto institution, to Orillia, creating for him the position of Medical Director. So far, so good—why, however, was Dr. Herriman not appointed at the first to succeed Dr. Beaton?

Other changes are announced, all to take effect on Nov. 1.

Dr. MacCallum, of Penetang, who has for many months past been anxious to retire from the service, resigned on the 17th June last, to take effect at the end of the present month. He is succeeded by Superintendent Wilson, of Cobourg.

Dr. Moker, of Brockville, is in turn transferred to the Cobourg institution, at the same salary as now carried at the Brockville institution.

Dr. Forster, who has been for many years in the service, and is the oldest of the Assistant Superintendents, is promoted to the position of Medical Superintendent at Brockville.

Dr. Rollins is appointed to the position of Assistant Superintendent at Mimico, and Dr. Clare, who is now at Mimico, to Dr. Herriman's position at Toronto.

There are other minor changes, practically all being in the way of promotion.

The Canadian Medical Exchange, conducted by Dr. Hamill, Medical Broker, 75 Yonge Street, Toronto, desires to say that at no time of the year are there so many buyers looking for medical practices as now, and would advise those contemplating selling out to list their practices with him at once. He also can give buyers without financial ability a list of villages without a doctor that desire one, and the territory in every case should warrant a practice of from \$2,000 to \$3,000 annually.

The Amalgamation of Two Independent Western Journals.—On January 1st next *The Kansas City Medical Index Lancet* will be merged with *The Medical Herald*. The combined journal will be under the editorial direction of Dr. Charles Wood Fassett, of St. Joseph, and Dr. S. Grover Burnett, of Kansas City. These two journals are two of the oldest independent medical magazines in the West, so that the amalgamation means a union of the influence and circulation of both publications. We wish the editors named every success.

The Toronto Orthopedic Hospital Clinics.—The surgical staff of the Toronto Orthopedic Hospital have arranged a series of clinics for the coming winter. The clinics will take place at 4.30 p.m. each Saturday during November, December, January and February. During November the subject to be taken up will be "Nervous Diseases," during December "Fractures," during January "Tuberculosis," and during February "Gynecology and Abdominal Surgery." On October 15th Dr. B. E. McKenzie, the Surgeon-in-Chief, read a very interesting paper on "Plaster of Paris in the Treatment of Fractures," and on October 22nd Dr. George S. Young discussed "Radiography—Its Uses, with Demonstrations." The medical profession are cordially invited to be present at the clinics.

ABSTRACTS

Acute Inflammations of the Middle Ear, and their Treatment

M. D. Lederman, New York, states the contributing causes to ear inflammations as mechanical, pathological, and constitutional. The inciting factors are pathological changes in the nose, nasopharynx, and fauci' region: infectious diseases of childhood; lithemia, syphilis, tuberculosis, etc. Acute otitis is generally due to an infection finding its way from the nasopharynx. Treatment begins with a saline laxative, rest, hot applications for pain, antiseptic douches of the nasopharynx are in order, and incision of the drum when pus has formed. The same treatment, modified to suit the conditions, is applicable to the chronic inflammations.—*Medical Record*.

Some Remarks on the Treatment of Pellagra

Geo. M. Niles, Atlanta, Ga., thinks that we should not be pessimistic about the treatment of pellagra in view of the large number of cases that are being found in America. He thinks that it is of importance to prevent the use of any foods containing corn in any form. We should then make use of arsenic, since it has been shown to be an antidote to the toxins of spoiled maize. The types benefited by arsenic are those with marked marasmus, incipient paresis, sitiphobia, vague mania, and cases in the aged. It is useless in mental aberrations of some years' standing, systematized delusions, tuberculosis, albuminuria, and severe vertigo. The skin lesions may be relieved by bland ointments, avoidance of the sun; and the intense burning by mild bichloride solution, cold applications, and mercury. The author sounds an optimistic note regarding the therapeutic outlook for pellagra. In the last four months he has lost one case, five have been cured, and five are doing well.—*Medical Record*, September 10, 1910.



The Elements of the Science of Nutrition. By GRAHAM LUSK, Ph.D., S.C.D., F.R.S., Edin., Professor of Physiology at the Cornell University Medical School, New York City. Second Edition, revised and enlarged. Philadelphia and London: W. B. Saunders & Co. 1909.

This is an excellent work on a subject that is of the most vital importance. It is concise and yet exhaustive.

The chapters on Metabolism, Anemia and the conditions accompanied with fever, are very extensive.

“Food Requirements During the Period of Growth” is an excellent description of all that is required for the proper building up of the infant. In a subject that is attracting so much attention as this is, at this time, this last edition should be in the library of every general practitioner.

A. J. J.

Hand-Book of Electro-Therapeutics. By WILLIAM JAMES DUGAN, M.D., Lecturer on Electro-Therapeutics at Jefferson Medical College, Philadelphia; Physician-in-Charge of the Electro-Therapeutic Department, and Assistant in the Out-Patient Neurological Department of Jefferson Hospital; Fellow of the American Electro-Therapeutic Association. With ninety-one illustrations. 242 pages. Philadelphia: F. A. Davis Company, publishers, 1910. Price, \$2.00.

In the attempt to attain an object of somewhat doubtful utility, to wit the providing of a short-cut to knowledge, the author has succeeded in condensing a lot of information into a small space for the use of students and general practitioners who know little or nothing about electricity and electrical apparatus. The saying that “There is no royal road to knowledge” is especially true of electricity, and unless the general practitioner is prepared to devote serious attention to the subject he had better avoid fooling with it. Still, if he insists on imbibing electro-therapy in tabloid form, he will find much to digest in the volume, and will doubtless hope that its manifest inequalities may

be remedied in subsequent editions, even if some of the present matter has to be sacrificed.

On the other hand, the volume should be of considerable use to the student when taking a course of lectures on electrotherapy.

C. R. D.

The Kingdom of Slender Swords. By HALLIE ERMINIE RIVES.
Toronto: McLeod & Allen.

A delightful story of the Land of the Gods—Japan. If only for the word pictures, the beauty of which will long linger in the memory of the reader, the book is well worth reading and lingering over. One peep will allure “Here and there a pine thrust up its needled clump of green, or a cherry tree flung its pink pyrotechnics against the sky’s flood of dimming blue and gold.”

Vaccine Therapy and the Opsonic Method of Treatment. By R. W. ALLEN. Published by H. K. Lewis, Gower St., London.

The success of Dr. Allen’s manual is shown by its having so quickly reached the third edition. He has brought this edition up-to-date and improved on former ones in many ways. There is a great mass of theoretical and practical information compressed into the 275 pages of this book.

“Opsonins”—their nature, the method of estimation, etc., all are clearly set forth. Directions for preparation of bacterial vaccines are given in satisfactory detail. The most valuable portion of Dr. Allen’s work, so far as practical therapeutics are concerned, is found in his consideration of the various infections. He very properly adheres to a bacteriological classification and considers the various bacterial processes from the standpoint of the causative organism. Methods of diagnosis are given in each case, and directions for administration of the various vaccines, both with and without the opsonic index, as a guide. One of his best chapters is on tuberculosis, where he summarizes excellently modern methods of specific diagnosis and treatment. He speaks most favorably of tuberculin, especially so-called in surgical or localized tuberculosis. If Dr. Allen’s work falls short in one thing it is that his discussion of the method of administration of vaccines is scarcely in sufficient detail to guide any one who

at least is not fairly conversant with bacteriological methods. This is a defect that could easily be remedied.

Notwithstanding, Dr. Allen's book is the most satisfactory yet produced on this new and important subject.

G. W. R.

Pye's Elementary Bandaging and Surgical Dressing, with directions concerning the immediate treatment of cases of emergency, for the use of dressers and nurses. Revised and partly rewritten by W. H. CLAYTON-GREENE, B.A., M.B., B.C., F.R.C.S., Eng., assisted by V. ZACHARY COPE, B.A., M.D., F.R.C.S., Eng. 12th edition. Bristol: John Wright & Sons, Ltd.

This is an exceedingly useful little manual for students and nurses. It is divided into three sections, the first devoted to apparatus for restraint and supports, the second to the dressing of wounds, burns and scalds, and the third to the treatment of accidents and emergencies.

W. A. Y.

Personal Hygiene. By WALTER PYLE, A.M., M.D. Published by W. B. Saunders Company, Philadelphia.

The fact that the above volume is in its fourth edition is evidence that it has won appreciation and rank above much of the medical literature published to-day for the use of laymen.

The individual lay citizen of the present decade, while much in advance of his forefathers in this respect, yet possesses a knowledge of personal hygiene that is woefully vague—that little knowledge that tends to morbid attitudes and dangerous cure-alls, rather than a sane outlook and common sense conduct of personal living.

The various chapters of the book are contributed by physicians and surgeons, each eminent in his special department of medicine. They write out of large professional experience. Their names and professional standing, prefacing the several chapters, give to the reader a guarantee of the scientific worth and reliability of every statement.

The book is divided into chapters dealing with hygiene of the digestive organs, vocal organs, the skin, eye, brain and nervous system; while physical exercise, body posture and domestic hygiene are ably discussed.

While written for the layman, the volume is of value to the profession, inasmuch as it gives many of the newer methods of thought and treatment. To the parents and householders it will prove a real book for the family library.

J. N. E. B.

Surgical After-Treatment; A Manual of the Conduct of Surgical Convalescence. By L. R. G. CRANDON, A.M., M.D., Assistant in Surgery at Harvard Medical School, Assistant Visiting Surgeon to the Boston City Hospital, Consulting Surgeon Frost General Hospital. Octavo of 803 pages, with 265 original illustrations. Philadelphia and London: W. B. Saunders Co. 1910. Cloth, \$6.00 net; half morocco, \$7.50 net.

The first two chapters deal with the arrangement of the sick room, the posture of the patient, and the various symptoms which may occur after recovery from the anesthetic. Post-operative complications are then described at considerable length together with the methods of treating them, and also various modes of artificial feeding, and the indications for their employment. The sequelae of special operations are afterwards considered. The book contains a chapter on therapeutic immunization and vaccine therapy, and includes a dosage table for the administration of the various vaccines. The large number of excellent illustrations which are included in the work add considerably to its value.

H. A. B.

The Mac's of '37: A Story of the Canadian Rebellion. By PRICE-BROWN, author of "In the Van." etc. Toronto: McLeod & Allen, Publishers.

To Canadians, who, naturally, feel a deep interest in the history of their own country, the narrative of Mackenzie's rising in 1837, as given in Price-Brown's latest novel, will be of peculiar interest. We understand that the narrative of Mackenzie's flight and escape from Canada, after the fight at Eglinton, as given in the novel, is substantially correct.

The heroine, Marie MacAlpine, who is as good a rebel as any of the "Mac's of '37," discovers a characteristically feminine way out of her political entanglement, by marrying Captain Stuart of H.M.S. *Bulldog*.

J. J. C.

International Language and Science. London: Constable & Co., Ltd.

This volume is composed of seven brief essays on the various aspects of the necessity and the effect of adopting an international language. The standpoint of the authors is that of the scientist, and it is from the point of view of the advantages to science of such an international language that each of the writers treats his part of the general theme. Thus Prof. L. Pfaundler, of the University of Gratz, contributes the chapter on "The Need for a Common Scientific Language"; Prof. Lorenz, of the Federal Polytechnicum of Zurich, that on the "Délégation" for this purpose which was formed at Paris in 1900 as a result of the Paris Exposition. Prof. Jespersen, of the University of Copenhagen, writes on "Linguistic Principles." Other writers are from the Universities of Leipzig and Caen. The translation is an excellent one, by Prof. Donnan, of the University of Liverpool. No doubt, the learned writers prove their points, and yet we doubt if the universal language is anything but a vague theory.

H. M'M.

Bier's Text-Book of Hyperemia, as applied in Medicine and Surgery. By PROFESSOR DR. AUGUST BIER, of Berlin. Only authorized translation from the sixth German Revised Edition by Dr. Gustavus M. Blech, Professor of Clinical Surgery, Illinois Medical College; Dean and Professor of Surgery, Practitioners' School of Medicine; Surgeon-in-Chief Practitioners' Hospital, Chicago; Member American Medical Association, Association of Military Surgeons of the United States, etc. With thirty-nine illustrations. New York: Reiman Company, 1123 Broadway.

In this book Prof. August Bier has presented to the profession a work of no small importance. It gives in detail his method of systematically treating a large variety of cases with artificially produced hyperemia. The work is of distinct service in the cause of scientific medicine. It consists of about four hundred pages, divided into several sections. In the general section, the author deals with the artificial production of hyperemia, his apparatus for the treatment with hot air, the local and general influence of hot air baths on the body and hyperemia by dry cupping glasses.

He also devotes quite a number of pages to such subjects as the pain relieving effect of hyperemia, the bactericidal and bacteria-inhibiting effect of hyperemia and the nutritive effect of hyperemia. In the special section, the author goes fully into the treatment of acute inflammation and acute suppuration of the extremities with the congestion bandage, the disappearance of abscesses under congestion hyperemia, the surgical treatment of acute suppuration under congestion hyperemia, the treatment of suppurating large joints with the congestion bandage, the treatment of erysipelas, etc., etc. We can honestly recommend the work to medical readers, as we feel that the volume is worth a good deal more than the price charged by the publishers.

A Manual of Toxicology. A concise presentation of the principal facts relating to poisons, with detailed directions for the treatment of poisoning, also a table of doses of the principal and many new remedies. By ALBERT H. BRUNDAGE, A.M., M.D., Phar.D., M.S., Professor of Toxicology and Physiology in the Department of Medicine, Dentistry and Pharmacy of Marquette University; formerly President of the Board of Pharmacy of the State of New York and Examiner in Toxicology in same; Honorary Member of the Brooklyn (N.Y.) Medical Society; Life Member of the New York State Pharmaceutical Association; Member of the American Medical Association, the American Pharmaceutical Association, the American Microscopical Society, the American Association for the Advancement of Science, etc. Seventh edition, revised and profusely illustrated. New York: The Henry. Harrison Co., 70 Linden Street, Brooklyn, New York. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

The seventh edition of Dr. Brundage's *Manual of Toxicology* recently reached us. It certainly speaks well for any book that can run through as many editions in so short a time, it being only eighteen months or so since the sixth edition left the press room. We congratulate the author upon his success in having presented to the profession a book that must of necessity be exceedingly useful, not only to the average medical practitioner, but more particularly to the medical jurist. The seventh edition has been

revised throughout. The volume is most compact, and, as the title would indicate, is strictly manual in size. W. A. Y.

Common Disorders and Diseases of Childhood. By GEORGE FREDERIC STILL, M.A., M.D. (Cantab), F.R.C.P. (Lond.), Professor of Diseases of Children, King's College, London; Physician for Diseases of Children, King's College Hospital; Physician to Out-Patients, Hospital for Sick Children, Great Ormonde Street; Honorary Member of the American Pediatric Society. Henry Frowde, Oxford University Press; Hodder & Stoughton, Warwick Sq., E. C. London; D. T. McAnish & Co., Toronto, publishers.

This volume is an exceedingly valuable addition to the literature at our disposal on the subject of diseases of childhood. In it is eliminated everything redundant and speculative. It impresses one as the work of a man of experience and of careful observation and study, even if the author were unknown. It perhaps strikes one as somewhat dogmatic, but it is the better for that. Much attention has been given to specific treatment, and altogether it is one of the best works on the subject we have.

A. R. G.

Nephrocolo-Ptoxis; A Description of the Nephrocolic Ligament and Its Action in the Causation of Nephroptosis, with the Technic of the Operation of Nephrocolopexy, in which the Nephrocolic Ligament is Utilized to Immobilize both Kidney and Bowel. By H. W. LONGYEAR, M.D., Professor of Gynecology and Abdominal Surgery, Detroit Post Graduate Medical School; Clinical Professor of Gynecology, Detroit College of Medicine; Gynecologist to Harper Hospital; Consulting Obstetrician to the Woman's Hospital; Ex-President of the American Association of Obstetricians and Gynecologists. With eighty-eight special illustrations and a colored frontispiece. St. Louis: C. V. Mosbe Company. 1910.

This volume of 250 pages is written for the purpose of elucidating the author's views with regard to the conditions obtaining in cases where there is ptosis of the kidney and large bowel. He describes a ligament called the nephrocolic, which extends from the colon on either side to the respective kidney, as

the principal positive factor in the etiology of nephroptosis. The treatment the author suggests is both mechanical, affording support to the displaced organs by a suitable abdominal belt, and operative. The later form of treatment is carried out with the object of shortening the ligamentous structures and in fixing the displaced organs in their normal position.

An interesting summary of 56 cases operated upon will be found of interest. The book presents a careful study of the whole subject, with many valuable suggestions as to the line of treatment which may be found useful in individual cases.

A. P.

A Text-Book of Medicine. By G. DIEULAFOY, Professor of Clinical Medicine at the Faculté de Médecine de Paris; Physician to the Hotel Dieu; Membre de L'Académie de Médecine. Authorized English Translation from the Fifteenth Edition of "Manuel de Pathologie Interne," by V. E. Collins, M.D., Lond.; M.R.C.S., L.R.C.P., and J. A. Liebmann, Ph.D., M.A., LL.D. In two volumes. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1910.

These two volumes represent the English translation of the fifteenth edition of "Manuel de Pathologie Interne," by Drs. V. E. Collins and J. A. Leibmann. The author of the work has been for years recognized as an authority on internal medicine, so that his reputation alone bespeaks for his "Text-Book of Medicine" confidence on the part of the profession.

Volume I. is divided into three parts, covering in all about one thousand pages. Part one is devoted to "Diseases of the Respiratory System"; part two to "Diseases of the Circulatory System," and part three to "Diseases of the Digestive System." A chapter that has particularly interested us is that devoted to "Diseases of the Pleura," covering in all one hundred and twenty-five pages. In this chapter the author takes up at length acute sero-fibrinous pleurisy, hemorrhagic pleurisy, traumatic pleurisy, hydrothorax, purulent pleurisy due to streptococci, purulent pneumococcal pleurisy, purulent pleurisies due to staphylococci, tubercular purulent pleurisy, aseptic puriform effusions, pulsating empyema, interlobar pleurisy, mediastinal pleurisy, diaphragmatic pleurisy, loculated pleurisy, syphilitic pleurisy, appendicular pleurisy, foetid pleurisy, putrid pleurisy

and gangrenous pleurisy. This chapter is alone worth the price of one volume.

We find Volume II. divided into nine parts, covering Diseases of the Nervous System, General and Infectious Diseases, Diseases of the Spleen, Pathology of the Blood, Rheumatic and Dystrophic Diseases, Parasitic Infection, Diseases Affecting the Locomotor System, Venereal Diseases, and The Intoxications. The section devoted to General and Infectious Diseases contains a good deal of valuable material, especially the chapter on Typhoid Fever. Those on Rheumatism and Gout are also worthy of perusal.

We heartily commend Dr. Dieulafoy's "Text-Book of Medicine as being one of the most recent and modern presentations of the subject of medicine.

The Practical Medicine Series. Vol. III., the Eye, Ear, Nose and Throat. By CASEY A. WOOD, M.D., ALBERT H. ANDREWS, M.D., and GUSTAVUS HEAD, M.D. Series 1910. Chicago: The Year Book Publishers, 40 Dearborn Street. \$1.50.

This is volume III. of a series of ten volumes which appear yearly covering the whole range of medicine and surgery. They are intended principally for the general practitioner. If the other volumes of the series are of the same excellence as this the practitioner might well subscribe for the whole series at \$10.

J. M.

The Practical Medicine Series. Comprising ten volumes on the year's progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School; Charles L. Mix, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume IV. *Gynecology.* Edited by Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago, and C. von Bachellé, M.S., M.D., Assistant Professor of Obstetrics, Chicago Polyclinic and College of Physicians and Surgeons; Gynecologist to the German Hospital, Chicago. Series 1910. Chicago: The Yearbook Publishers, 40 Dearborn Street.

This volume is perhaps one of the most practical published by the Yearbook Publishers in many years. It is a complete digest of the year's work in gynecology and should be found of very considerable value to not only medical practitioners but fourth year students as well. We take this opportunity of complimenting the publishers upon the steady improvement in the matter offered the profession from year to year.

The After-Treatment of Operations. By P. LOCKHART MUMFORD, F.R.C.S. (Eng.), B.A., M.B., B.C. (Cantab.). Sen. Assistant-Surgeon, St. Mark's Hospital for Fistula and other Diseases of the Rectum, and to the Queen's Hospital for Children, London; Jacksonian Prizeman, and Late Hunterian Professor, Royal College of Surgeons. Baillière, Tindall & Cox, 8 Henrietta St., Covent Garden, London, Publishers.

This small volume is full of practical advice, and gives special attention to details, which so largely determine the perfect success of the surgeon's work, and should be of great help to the surgeon and general practitioner. It is replete with many original and practical suggestions of merit.

A. R. G.

The Sexual Life of Woman, in its Physiological, Pathological and Hygienic Aspects. By E. HEINRICH KISCH, M.D., Professor of the German Medical Faculty of the University of Prague; Physician to the Hospital of Spa and Marienbad; Member of the Board of Health, Etc., Etc. Only authorized translation into the English language from the German, by M. EDEN PAUL, M.D. With 97 illustrations in the text. New York: Rebman Company, 1123 Broadway.

The writer of this volume has evidently made this subject a life's work, and he handles it from a standpoint which, to a great many readers, must be new.

The physiological and pathological conditions, together with anatomical changes which take place at various periods in the life of every woman, are dealt with under three heads: The Menarche, The Menace, The Menopause.

The book is most exhaustive, and the illustrations are very extensive. It is not a book for the public, nor perhaps is it a book that would be of much value to the young practitioner. It is

of value particularly to those general practitioners who come in contact every day with a variety of conditions depending upon the changes, both physical and mental, which affect many of their patients.

Although there are a great many authorities quoted, perhaps the great charm of this book is that there is so much in it that is the result of actual experience, the experience of a man who has been in touch with all the best writers on this subject, and who himself has been keenly alive to the possibilities connected with it. To the gynecologist particularly, this book will be not only interesting, but very valuable.

The book is handsomely gotten up, printed on excellent paper, and is not too large, although containing nearly seven hundred pages, to be easily handled by any reader.

A. J. J.

An Epitome of Diagnosis and Treatment of Nervous Diseases, including Bromide Therapy. By HENRY IRVING BERGER, M.D. Published by the Peacock Chemical Company, St. Louis, U.S.A. 1910.

This pamphlet has been published by the Peacock Chemical Company of St. Louis, and, though it will interest neurologists perhaps more than the average practitioner, will be found to contain a lot of information that will be found useful to the profession at large.

Medical Electricity and Roentgen Rays, with chapters on phototherapy and radium. By SINCLAIR TOUSEY, A.M., M.D., Consulting Surgeon to St. Bartholomew's Clinic, New York City. Octavo of 1,116 pages, with 750 illustrations, 16 in colors. Philadelphia and London: W. B. Saunders Company. 1910. Canadian agents, The J. F. Hartz Co., Ltd., Toronto. Cloth, \$7.00 net; half morocco, \$8.50 net.

A careful perusal of this handsome volume should convince the most sceptical that the progress made by medical electricity in recent years has been truly marvellous, and that the literature upon this subject of ever-increasing interest and importance will compare most favorably with that on any other branch of medicine or surgery.

The whole range of electrotherapy has been dealt with in a

scientific manner and most exhaustively, yet unnecessary verbiage has been sedulously avoided, and the result is a readable and most useful contribution to this field, more particularly as the author is decidedly conservative in his views and makes no undue claims as to the applicability and curative powers of electricity. This is very noticeable in the chapters on high-frequency and radium.

Altogether the volume is a welcome addition to the bibliography of physical therapeutics. C. R. D.

The Essentials of Materia Medica and Therapeutics for Nurses.

By JOHN FOOTE, M.D., Assistant Professor of Materia Medica and Therapeutics, Georgetown University School of Medicine; Instructor in Materia Medica and Therapeutics, Providence Hospital Training School for Nurses. Philadelphia and London: The J. B. Lippincott Company. 1910.

As stated in the preface, this small work by Dr. Foote "is intended to simplify the study of therapeutics for nurses." After glancing over the book we feel that it should be of very material assistance to nurses, not only during their period of probation, but also during after years. The author has wisely limited the number of important remedies to be studied and has also appended a reference list to cover the other frequently used drugs and preparations.

The book is divided into six parts and deals with such subjects as "Definitions, Weights and Dosage," "How Medicines Act," "Important Drugs and Medicines," "Hypodermatic and Rectal Medications," "A Reference List of Commonly Used Drugs" and "Therapeutic Definitions."

The book is a useful one and should be good investment for any nurse.

Messrs. Bailliere, Tindall & Cox announce the following for publication this month:

An English translation of Professor Dieulafoy's well-known *Textbook of Medicine* (pathologie interne), by V. E. Collins, M.D., and J. A. Liebmann, M.D.; *Diseases of the Ear*, by Dr. A. A. Gray, containing numerous original illustrations, many of which are stereoscopic; an eighth edition of Sir William

Whitla's *Pharmacy, Materia Medica and Therapeutics; An Introduction to the Study of Hypnotism*, by Dr. Hugh Wingfield, and *Nursery Hygiene*, by Dr. M. Feldman.

In addition to the above, the same firm hope to publish during June several other important works, including *Accidents in Their Medico-Legal Aspects*, by Douglas Knocker, which will be an exhaustive work on the new Employers' Liability Act; *Medical Inspection of School Children*, by Dr. R. M. Stevens—the result of his investigations in England, Canada, Germany and the United States as commissioner for Australia; *Syphilis and Its Treatment*, by Colonel F. J. Lambkin, F.A.M.C., and a second edition of *Military Hygiene*, by Colonel R. Caldwell, F.A.M.C.

The Pathology of the Living and Other Essays. By B. G. A. MOYNIHAN, M.S. (London), F.R.C.S., Honorary Surgeon to Leeds General Infirmary; Professor of Clinical Surgery at the University of Leeds, England. 12mo. of 260 pages. Philadelphia and London: W. B. Saunders Company. 1910. Cloth, \$2.00 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

This volume of 250 pages will be found of great interest and value. As the name suggests, it is an attempt to study pathological conditions as they present themselves in the living subject, and the author's aim is to urge that, in view of the large number of operations carried out in various fields, chiefly in the abdomen, there is ample opportunity for observing pathological processes which may present peculiarities in the living subject such as are not recognizable in the cadaver. The author asserts that, "in almost every particular the value of evidence obtained from the living outweighs that which is disclosed upon the post-mortem table."

It is not necessary to review this work in detail, but simply to state that in the various essays he discusses such subjects as the conditions found before and after gastro-enterectomy, cancer of the stomach, the surgery of the bile passages, and malignant disease of the large intestine and rectum.

The volume is not only full of the author's observations on pathological conditions in the living subject, but he has utilized

these observations to guide him in suggesting many points in technique which will be of value to the practical surgeon

A. P.

An Introduction to the Study of Hypnotism, Experimental and Therapeutic. By H. E. WINGFIELD, M.A., M.D., B.C. (Cantab.), Consulting Physician, Royal Hants County Hospital; formerly Demonstrator of Physiology in Cambridge University. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden. 1910.

This volume is a clear exponent of the elements of hypnotism. It makes interesting reading for physician and layman alike, whether they intend delving deeper into the subject or not.

It is astonishing what erroneous ideas one has of this therapeutic agent before reading a work like this.

The author has evidently made a lifetime study of hypnotism and uses it with much precaution and precision. From his reports of cases we should judge that his results have been excellent, often effecting complete recovery when all else failed. Dr. Wingfield is very simple in his methods of inducing hypnosis, most of his suggestions being carried out under the first degree. Some of his cures read like weird, fascinating anecdotes.

We thoroughly enjoyed perusing this book and can confidently recommend it to the profession.

W. H. P.

A Laboratory Text-Book of Embryology. By CHARLES SEDGWICK WIMOT, LL.D. (Yale and Toronto), D.Sc. (Oxford), JAMES STILLMAN, Professor of Comparative Anatomy in the Harvard Medical School. Second Edition. Revised, with 262 illustrations, chiefly original. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1910. Price, \$3.50 net.

The first volume of this valuable work was written for students taking a practical laboratory course in embryology. Like all other laboratory text-books it is intended to aid the student in the work of making observations for himself, by showing him how to repeat and use the same methods by which the science of embryology has been produced.

In the first volume the author's success in his efforts along

these lines was pronounced. In the second edition he has tried to make the work still more useful and valuable to the student. Several chapters have been rearranged and expanded by the addition of new matter. Some of the illustrations in the first volume have been replaced by new and improved ones, and the total number of illustrations has been increased from 218 to 262.

This is the best laboratory text-book we have on embryology, and the popularity of the second edition is sure to exceed even that of the first.

Diseases of the Eye. By G. E. DESCHWEINITZ, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, and Ophthalmic Surgeon to the University Hospital, Philadelphia Hospital, etc. 351 illustrations and seven chromo lithographic plates. Sixth edition. Philadelphia: W. B. Saunders & Co.

This well-known handbook appears revised to date with a wealth of new material. The progress made in operative treatment by Herbert, Lagrange and others has necessitated a rewriting of the chapter on glaucoma and a description of their operations. Our knowledge of optic neuritis has greatly increased. This subject, so interesting to every practitioner, is fully dealt with. The removal of cataract within its capsule, still a debated point on this continent, is considered in detail. The advances in serum therapy and its relation to ocular disease have not been overlooked. This text-book is nothing if not up-to-date.

J. M.

The firm of P. Blakiston's Son & Company, the well-known publishers of Philadelphia, expect to have ready this month the third edition of "Treatment of Disease" by Reynold Webb Wilcox, M.A., M.D., LL.D. This book has been very thoroughly revised and brought up to date, and will contain something over one thousand pages. The price will remain the same as for the previous edition, namely, \$6.00 in cloth. The firm will also publish during November a book on "The Diseases of China, including Formosa and Korea," by W. Hamilton Jeffreys, A.M., M.D., Medical Missionary in China, and James L. Maxwell, M.D., Medical Missionary in Formosa. It will be the most complete work ever published on this subject, and will contain a number

of colored plates, 11 nosogeographical maps and over 300 illustrations in the text. It will be issued in a handsome octavo volume of about 750 pages. The price of this book will probably be \$6.00.

John Sanderson the First. By CAMILLA SANDERSON. Toronto: William Briggs. 1910.

As many physicians in Toronto can trace their birthplace back to a Methodist parsonage, this little book will doubtless, to them, prove quite amusing and refreshing in its simplicity and sincerity—a story of the outgoing and incoming of “the Minister” and his family.

Diseases of Infancy and Childhood: Their Dietetic, Hygienic and Medical Treatment. A text-book designed for practitioners and students in medicine. By LOUIS FISCHER, M.D., Attending Physician to the Willard Parker and Riverside Hospitals of New York City, Attending Pediatricist to the Sydenham Hospital, former Instructor in Diseases of Children at the New York Post Graduate Medical School and Hospital, etc., etc.; Fellow of the New York Academy of Medicine. Second edition. With three hundred and three illustrations, several in colors, and twenty-seven full-page half-tone and color plates. Philadelphia: The F. A. Davis Company, publishers. 1908.

Within six months we had the pleasure of reviewing the first edition of this extensive work, and now we are called upon to criticise another edition, which augurs well for its utility.

Although the book has not been enlarged, yet we find it revised in various ways. Some articles have been elaborated; for example, in the treatment of nephritis the salt-free diet has been added.

In the article on tuberculosis some changes were made and a description of an aid to the diagnosis by means of tuberculin inoculation is an interesting and useful addition.

An entirely new article on hypertrophic pyloric stenosis has been written.

Some unnecessary parts have been omitted on suggestion of various reviewers to make room for more important matter.

The new edition will no doubt meet with the same favor as its predecessor.

AN INVALID'S DRINK*

Medical practitioners will find that Grape Juice is as palatable a drink, especially for fever patients, as can be used. One of the best forms in which it can be administered to the patient is to add to two tablespoonfuls of Grape Juice the beaten white of one egg, with a little chopped ice and sugar sprinkled over the top. This will be found most agreeable, not only to fever patients, but to those suffering from many gastric affections. In order to make this drink particularly palatable for invalids, it is necessary that a Grape Juice of known reliability be used. Such a Grape Juice is that bottled by E. D. Smith, of Winona, every bottle being guaranteed to be the pure expressed juice of the grape, free of all adulterants. *Mr. E. D. Smith guarantees the absolute purity of his Grape Juice*, as also the quality of all grapes used. Every bottle will be found to be of *uniform excellence*. Another exceedingly palatable beverage for the use of the sick is a combination of the juice of three lemons and one orange added to one pint of E. D. Smith's Grape Juice, one quart of water and one cup of sugar. This should be served cold. Smith's Grape Juice is not only nourishing, but contains sufficient stimulating properties to be found valuable in the treatment of many cases. The manufacturer invites medical practitioners to prove for themselves what he states as to his product.

*Publisher's Department.