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## Original Articles

### RECENT OBSERVATIONS ON THE THERAPEUTIC USE OF RADIUM.

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From the results recently published by Drs. Louis Wickham and Degrais of Paris, and by Dr. Robt. Abbe of New York, it has been abundantly proven that radium has a distinct place in therapeutics, and, moreover, a place which it seems probable will be gradually extended so as to include many conditions which formerly seemed beyond its scope.

It has been the experience of all workers with this agent that on superficial epitheliomata of the skin its action is specific. The histological changes in the cancer cells following the application of the radium rays are peculiar to themselves and quite unlike those following the use of X-rays, leucodescent light and other agents. It is true that some cases can be treated with good results by excision, the use of arsenical pastes or X-ray, but we have had cases which, after all these methods have proved inefficient, have healed readily after short applications of radium.

In the treatment of erectile angiomata and nevi, excellent results have also been obtained. Dr. Wickham has reported several hundred cases of all forms of birthmarks, from port wine stains to vascular and pulsating angiomata, which have been reduced so that

the skin is almost a normal color, and this without destructive cicatrix. In these cases, however, the treatment is often prolonged, as it is necessary to avoid anything approaching a destruction of the skin. The beneficial effect is due to its irritating action, producing obliterative endarteritis and fibroid change.

On true keloidal tissues radium seems to exercise again its selective action and cause the ready disappearance of these disfiguring hypertrophies of scar tissue.

Various other affections of the skin respond to radium treatment after other methods have failed. Thus it has been our own experience as well as that of others that in the treatment of lupus, chronic eczema, psoriasis, sycosis, acne rosacea and acne keloid radium is an invaluable agent.

A case of a tuberculous ulcer on the finger of a confrere which had resisted all treatment may also be mentioned. It healed readily with a few applications of a strong radium plaque. Treatment in these conditions of the skin must be very carefully conducted, as we aim to avoid anything approaching a too destructive action.

Dr. Abbe was the first to employ the method of introducing tubes containing the radium salts into the centres of tumors, and this method he has particularly employed with excellent results in cases of sarcomata. Dr. Wickham, of Paris, has also used the same method and with equally good results.

This brings us to what seems to be the great hope from radium treatment. It is the combination of surgery with the use of radium. The surgeon can devise methods by which the apparatus may be brought into contact with deep lying malignant growths particularly those in the various hollow viscera, such as the stomach, bladder, rectum and uterus, as well as the liver and other organs. Cases are reported in which, by such a combination, either an inoperable case has been converted into an operable one, or after the surgeon has removed all he could, radium has been used with good effect on the malignant tissues remaining.

Furthermore, radium has been used after operation for malignant growths, infiltrating the operative area with the rays, so as to kill any cancer cells which may have been missed at the time of operation. Naturally in such cases the question can never be determined as to the necessity or value of the use of radium in any particular case. There might have been no recurrence without its use, but when, as has been reported, recurrence has appeared two or three times, and finally after radium treatment it has not appeared in the same patient, one cannot help but feel that a large share of the eventual good result should be ascribed to the action of the radium rays.

## RODENT ULCERS AND EPITHELIOMATA.

Of rodent ulcers we have had experience with seventeen. Without exception excellent results have been or are being obtained. In ten a record of previous treatment with pastes, X-rays, or leucodescent light, was admitted, but no permanent curative result had followed. It is hardly necessary to go into the minute details of all these cases. After a short application of the radium plaque, the small ulcers have almost invariably crusted over in ten to fourteen days, and when this crust detached itself the skin underneath was healed and smooth and of a pinkish tint, which soon faded to the normal color of the skin. These patients should be seen subsequently, as in cases where a slight thickening of the tissues remains an application of the rays to produce a deeper penetration without an ulcerative effect is desirable, in order to insure a good result.

Where the ulceration is more extensive, longer and more frequent applications are necessary. The treatment in these cases sometimes extends over several months, as it is necessary to feel one's way very cautiously. One such case was as follows:

Miss G., 32, referred by Dr. H. B. Anderson, came under observation Aug. 28, 1910. Since birth she had had an ulcerated area in the right temporal region. It increased gradually as a child, and from the age of ten until the present she had been under treatment of various kinds. It has twice been excised, and pastes, X-rays and leucodescent light have all been tried. It would improve, but that was all. Among those who have seen this case there is a difference of opinion as to the true condition. The early age at which it began would suggest a lupoid character, but the appearance in August suggested rather a rodent type. Dr. Louis Wickham saw the case after some radium therapy had been employed, but would not give a definite diagnosis. He expressed the opinion that it was probably of lupoid character to start with, but had taken on the character of the rodent ulcer.

When first seen there was an area of scar tissue on the right temple the shape of an equilateral triangle of one inch and a half to each side. In this area,  $\frac{3}{4}$  of an inch behind the eye, was an ulcer  $\frac{3}{8}$  of an inch in diameter punched out with thickened and slightly undermined edges. The floor was covered with pale, unhealthy looking granulations, and there was a sero-purulent discharge. Behind this ulcer, at the lower angle of the area, was another smaller ulcer of similar appearance, and just at the angle of the eye was a small ulcer, the size of a pin's head.

A strong plaque, screened, was used several times, and then

the patient went home. She was seen again at the end of September. There had been a good deal of surface reaction, and a crust had formed over all the ulcers. No further treatment was given at this time. At the end of October she reported again. The crust was still present, but was easily removed, and underneath the skin was formed slightly thicker than normal and redder, but with absolutely no ulceration. The parts were radiated again, using heavier screens in order to get a deep action and soften up the tissues.

It is, of course, too early to say whether this result will be permanent, but from other cases reported in the French literature we can see no reason why it should not be.

The early result here points to the condition being one of rodent ulcer rather than lupus, as experience has shown that the latter do not react so readily as the former to the action of the radium rays.

To show the result with the common rodent ulcer, the following cases may be given as examples:

Mrs. L., referred by Dr. W. B. Thistle, presented a rodent ulcer on the left side of the nose of four years' duration, which had resisted all treatment. Within one month after a series of radium applications the ulcer healed, and is still so at the time of writing, seven months after she was first seen.

Mr. M., of New Orleans, referred by Dr. Allen Baines, showed four typical rodent ulcers on the left cheek and one on the skin of the upper lip. They had been present for two years. He was given applications of a plaque of 500,000 activity, eight hours to each spot, extending over a period of two weeks. At the end of that time the radium crusts had formed.

Under date of Nov. 29th, the patient writes from New Orleans: "It affords me much pleasure to advise you that all trace of the affection has vanished, not even the smallest trace of a scar can be seen."

Mrs. R., referred by Dr. W. P. Caven, had a small nodule on the left side of the nose. It appeared two years ago and had increased in size until it was three-eighths of an inch in diameter. It was not ulcerated. It had begun to pain a short time before. She had had no treatment of any kind. She was given a short application of a strongly active plaque, and on presenting herself six weeks later the nodule had quite disappeared.

Mrs. D., referred by Dr. J. Noble, rodent ulcer of the forehead; crust has formed, but is not yet detached.

Miss F., referred by Dr. Yeo, rodent ulcer at the tip of the nose, causing great disfigurement, which has completely healed, leaving no scar.

Mrs. C., referred by Dr. F. A. Clarkson, small rodent ulcer just below the eye, which quickly responded to treatment.

Mrs. M., referred by Dr. Barber, of Burk's Falls, rodent ulcer of temporal region. Radium was used on two separate occasions, and the ulcer is now quite healed.

*Epithelioma of the Lip.*—Two cases of superficial epitheliomata of the lip have responded splendidly to treatment. Other epitheliomata have been referred on which prolonged treatment will have to be carried out, and on which we hope to report more fully later. To mention a few:

Mrs. B., referred by Dr. S. M. Hay, for an epithelioma of the buccal mucous membrane, which had recurred after removal. She was seen six weeks after treatment, and there had been no re-appearance; she will, however, have to be kept under observation from time to time.

A case of epithelioma of the lip, with glandular involvement, considered inoperable, referred by Dr. Howitt, Guelph.

Mr. B., referred by Dr. Partridge, of Burk's Falls, with a recurring epithelioma of the buccal mucous membrane.

Mr. A., referred by Dr. N. A. Powell. It is an epithelioma of the lip in which extensive dissection had been done. There was constant pain and two masses which had recently begun to increase in size. Since beginning treatment the pain has ceased, but it is too early to report further as yet.

*Fungating Epitheliomata.*—Fungating cutaneous epitheliomata are particularly suited for radium action, and various techniques can be adopted depending on the individual case under observation. "Cross-fire" action often gives excellent results with the use of different forms of filters. A preliminary curettage and removal of the vegetations is of help in decreasing the time required for cure, but is not absolutely necessary.

T. F. T., aet. 54, referred by Dr. Bowman, of Penetanguishene, Ont., presented on Oct. 29th a fungating mass, as large as a fifty cent piece, below and behind the left ear. There had been a small ulcer for about five years, but latterly the growth had been very rapid. The growth was covered with cauliflower excrescences, and projected  $\frac{3}{4}$  of an inch above the surrounding skin. The edges were hard and everted, and the tissues about were quite hard, as though the growth extended to some depth. There were no enlarged glands to be felt. Under local anesthetic the vegetations were removed, and the next day radium applications were made. These were repeated for four days, and then the patient returned home. He was seen again in three weeks, at which time all that was observed

was a small, healthy ulcer, one-half inch in diameter. The epithelium was growing over it, and it looked as though it should be healed completely in another two weeks. The edges were quite soft, as were all the surrounding tissues. A few more applications were made to stimulate the healing, and he again returned home. On December 15th he reported it "practically healed, with only a small crust to be detached."

*Melanotic Carcinoma.*—Mrs. C., referred by Dr. Chapman, of Kenora, melanotic carcinoma of the left cheek; there has been marked improvement, but the case is still under observation.

Mrs. W., referred by Dr. H. J. Hamilton, melanotic carcinoma of the cheek, as large as a small marble. After three series of treatments it has quite disappeared.

#### SARCOMATA.

The case described below, together with one other case of cancer of the uterus, forms perhaps the most interesting study we have made.

R. J. B., æt. 53, farmer, referred by Dr. Wardlaw, of Galt, Ont. In February, 1909, he noticed a lump at the angle of the jaw, on the right side. X-rays were used without any apparent effect as the mass kept increasing. In April, 1910, the tumor was removed and showed a small round-celled sarcoma. In June it recurred. Excision was again advised, but as a facial paresis had followed the first operation, the patient would not consider further operative procedures. He was therefore referred for radium treatment.

At first, very thorough radiation was carried out with plaques, and some decrease in the size of the mass could be noticed. The cross-fire method was here used, a plaque being placed on each side of the tumor.

The beginning of October the mass was two inches in diameter and elevated  $\frac{3}{4}$  of an inch above the level of the surrounding skin. It was quite firm and seemed attached to the underlying angle of the jaw. On Oct. 5th, an incision was made into the tumor, and a small silver tube containing 1 centigram of pure bromide of radium, with an activity of 2,000,000 was inserted deeply into its centre. It was left in place 24 hours, and the result was most remarkable. At the end of this time there was a cavity present, into which the finger could be inserted, the growth felt much softer and was more freely moveable. From the opening thus made broken down necrotic tissue was discharged, and the size of the tumor visibly diminished. Twelve days after this first treatment the tube was inserted again, two hours daily for six days, with the plaque applied externally to produce the cross-fire action.

The patient then returned home and reported in one month. On inspection no tumor mass could be seen at all. On palpation two small masses, which felt like scar tissue, were present, one just in front of the ear, the other behind the angle of the jaw.

We regard this as a most gratifying result, although the patient can in no sense be regarded as cured, and will be required to be watched from time to time. He would be a foolish man indeed who would make any such claim so soon as this, but others report cases of round-celled sarcoma, removed and free from recurrence after five years, and we see no reason why the same result should not be looked for here.

#### CANCER OF THE UTERUS.

In many cases of cancer of the uterus radium can be of great service. Dr. Wickham has reported cases regarded as inoperable, which were so reduced as to render a later operation possible, while where there had been recurrence in the scar tissues in the vault of the vagina following operation radium was effectual in removing it. In all cases the most striking effect was the rapidity with which the discharge and pain ceased after a very few applications.

The condition is one that offers itself very readily for treatment, on account of the facility with which the apparatus can be applied. Radium tubes can be introduced into the body of the uterus, or radium plaques can be applied to the cervix. We have ourselves had the opportunity of verifying these beneficial results in the following cases:

A patient, *æt.* 53, referred by Dr. Tuttle, of Tweed, Ont., first noticed a bloody uterine discharge in January, 1910. She did not consult a physician until June. The cervix was cauterized, but serious hemorrhage recurred, and in July she underwent an operation at the hands of a leading gynecologist in Toronto, when the uterus was curetted, and the cervix amputated. This was all that was done, as, in the surgeon's opinion, the left ureter and bladder were involved, and hysterectomy would not be justified. A very grave prognosis was given.

On August 5th she consulted regarding radium treatment. The discharge, pain, and irritability of the bladder had continued. Dr. F. A. Cleland, Assistant Gynecologist of St. Michael's Hospital, Toronto, was called in consultation, as it was felt that the treatment should be surgical, if possible.

The condition at that date, as reported by Dr. Cleland, was as follows:

"On August 15th, in the vault of the vagina, and where the cervix had been removed, was a raw, bleeding, granular surface,

about two inches in diameter, extending into the vaginal wall. The left side was more involved than the right, and in order to remove the growth completely, an extensive dissection would have been required, and probably the removal of the left ureter.

"The uterus was fixed on the left side, and examination by bi-manual method caused a good deal of pain. The body of the uterus was not enlarged.

"In view of the extensive operation which would have been necessary, and the uncertainty of complete removal, radium treatment was advised."

Treatment was accordingly instituted, and from August 15th to October 7th, with two weeks' intermission, a strong radium plaque was placed against the cervix for twelve hours every night. The discharge ceased after the first few applications. The pain disappeared, and the bladder condition improved. On October 7th, a tube containing one centigram of pure bromide of radium in a catheter was inserted into the uterus for fifteen hours. The patient then returned home. Examinations made from time to time had shown a continuous improvement and lessening of the area of ulceration. On November 30th, she reported, and Dr. Cleland again examined her and reported as follows:

"On Nov. 30th, the raw surface was reduced to an area about half an inch in diameter, which showed no tendency to bleed as formerly. The uterus was more moveable, but still somewhat fixed on the left side. The patient reported herself as suffering no pain nor discomfort of any kind, and as having gained about 15 pounds in weight. The improvement in the local condition was almost marked, and an operation could now be undertaken with more certainty of success. But, owing to the improvement under the radium treatment, it seems advisable to continue it for some time yet."

#### EXOPHTHALMIC GOITRE.

Dr. Abbe was the first to employ radium in the treatment of this condition. This was effected by making incisions into the thyroid gland, into which radium tubes were inserted. A great decrease in the size of the gland followed, with amelioration of the nervous symptoms, and this result has continued. Dr. Wickham, of Paris, has also successfully treated cases by the plaques, with "cross-fire."

A case which presented itself recently has given us an opportunity to observe the action of radium in this condition.

Mrs. M., *æt.* 31, noticed a small lump at the root of the neck five years ago. Local applications were used, but there was no change one way or the other. One month ago it began to grow, particularly



on the right side. The tumor protruded and began to cause distress in breathing, speaking and swallowing. At the same time she began to feel tired, with loss of energy and appetite. Examination showed enlargement of the isthmus and right lobes of the thyroid, the tumor being quite hard in consistency. The circumference of the neck was 15 inches. The pulse rate was slightly increased.

Applications of radium plaques have been made, and already within three weeks there has been marked improvement. The tumor has decreased, so that the circumference of the neck is only 13 inches, and the pressure symptoms have quite disappeared. The improvement in this short period of treatment has been so marked that a further decrease in the size of the thyroid can confidently be expected.

#### POST-OPERATIVE PROPHYLAXIS.

Dr. Wickham, in his latest papers, insists strongly on the association of radium with surgery. He claims that in many cases the radium rays will turn an inoperable case into an operable one, and further, that after operation for malignancy, when, no matter how extensive the dissection, one can never be sure of having removed all the cancerous tissues, radium should be used over the scar, and area of operation, as a prophylactic measure to destroy any stray neoplastic cells.

In three cases we have so applied the treatment, two being sarcomas and one a carcinoma. In the latter case, which affected the breast, the radical operation was performed, and some enlarged glands were present in the axilla, which on microscopical examination were shown to be simply inflammatory. Dr. Adam H. Wright referred her for radium applications over the line of suture, ten days after operation. This treatment was repeated in one month. Whether the treatment has had any effect, we will probably never be able to tell, either one way or the other, as of course surgical treatment alone is very often effectual in these cases.

The other two cases were sarcomata. One was in a male infant, in which a round-celled sarcoma had developed at the side of the anus. It was removed by Dr. Wallace Scott, of Toronto, but reappeared in two weeks. Dr. Scott operated again, and before the sutures were out, referred him for radium treatment.

Very thorough radiation was carried out and has been repeated at intervals since, with the result that there has been no recurrence during four months, although all who saw the case regarded it as one in which recurrence would probably occur, and gave a very grave prognosis.

The other occurred in a man of 61, who was referred by Dr.

Kidd, of Ottawa, on the suggestion of Dr. Wickham, of Paris. He had had a spindle-celled sarcoma of the tissues on the right side of the neck, which had been removed first in Ottawa, in May, 1908, and, owing to a recurrence, again in May, 1910. It soon recurred, however, and a very extensive dissection was done in London, England, in August, 1910. Six days after the operation he went to Paris, where radium applications were made by Dr. Wickham for a period extending over three weeks. As a prophylactic measure, he was advised to have this treatment repeated at intervals, and in Toronto in October, 1910, was given another thorough radiation over the field of operation, and particularly at points where the scar tissue was in excess. By this method we believe any sarcoma cells can at least be held in check, if not actually destroyed.

From the experience we have had with this agent during the past few months abundant opportunity has been given to verify the results obtained by others in its therapeutic use.

Judging from results already obtained, we feel that radium therapy is only in its infancy, and that the future will disclose other pathological conditions in which it can be of great service.

134 Bloor St. West.

**THE SANITARY SUPERVISION OF PROSTITUTES.\***

BY PRINCE A. MORROW, M.D., NEW YORK.

To the members of the American Society of Sanitary and Moral Prophylaxis Dr. Morrow said that the provision of the Page Bill before the United States House of Representatives, as regards the sanitary supervision of prostitutes, was of interest to the members of the Society. Through the medium of this legislation it is proposed to study every means, educational, sanitary, moral and administrative which promises to be most effective for this purpose.

The essential intent of this law is sanitary, although to a certain degree corrective and punitive.

That this is a new departure in sanitary science is seen from the fact that the bill recognizes the existence of those diseases of social life which are dangerous to health and of the necessity of instituting measures to suppress them.

Of course this legislation meets with opposition, as it is thought to be the thin end of the wedge to the State regulation of the social evil; and it is almost identical with that of the Continental System of Reglementation, which provides for the arrest of professional prostitutes and their medical examination, as well as their being remanded to hospital if found diseased. The measure does not provide for licensing prostitution, but its administration would carry with it the disgrace of publicity, as with suspected or detected criminals.

It is not to be considered reformatory, as no prostitute was ever reformed by punishment; on the contrary, she would become more calloused and confirmed in her calling. To the debutantes in vice it would be, as the younger the woman the more apt to disease.

Nor is the legislation intended for the diseased women themselves, but rather in the interests of the men whom they would infect, that is, class legislation based upon sex. It is directed against a particular class of women for a particular class of men.

Veneral diseases have this difference from all other infectious diseases, in that they are generally contracted voluntarily. Venereal disease is sought, excluding accidental and innocent infections. Should the State then protect men who are amply able to protect themselves by total abstinence? If it does then it recognizes that sexual debauch is a necessity for men.

It is true that prostitution has always existed and that it will

\*Digest of paper published in "Interstate Medical Journal."

exist; there is always an abundant supply of infectious material; and the difficulty would lie in rounding up and isolating them all at one time in hospitals until cured.

If only a portion is isolated that creates a demand, and commercial instincts would readily become active in supplying that demand; and the procurers would reach out for young recruits. The young recruit soon brings an increased amount of infection.

In the administration of this law the police officer supplies the testimony for convicting of prostitution and the medical man supplies the testimony that she is diseased. The physician would thus be the judicial officer in that she is consigned to the hospital through his evidence and discharged as cured by the same.

A difficulty arises in saying just when a patient is cured, for these women seldom practise their avocation when the disease is in its acute stage; the vast majority originate from chronic or latent infections. So with syphilis in the active stages, its diagnosis is nearly always comparatively easy; but in the intervals between outbreaks there may be no evidence of the disease. The Wassermann test is most valuable, but cannot always be relied upon, so we must rely upon the clinical evidence.

Then there is not adequate provision for these patients in hospitals. In New York there is not hospital accommodation for one in five hundred of these patients. The only good in the law Dr. Morrow sees is that it compels authorities to correct this abuse.

Nor must it be lost sight of that the moment hospitals begin to serve as a house of correction there is a stigma which repels other patients.

As to cure, there can be no assignment of time limit; they may be whitewashed for a time, cleared up of existing manifestations, but not altogether cured.

Janet, a high authority in France, states that to attempt to eliminate cases of gonorrhoea by medical inspection and treatment in the hospital is like pouring water through a sieve, and yet Janet is an ardent advocate of regulation. He advocates that medical examination and isolation be applied only to syphilitic cases. He says all prostitutes have gonorrhoea; and if you lock them up for a torpid state, you must lock them all up.

But why enforce such a law in a haphazard method? Why not enforce it against all, and nearly all are practically diseased? Why not adopt medical inspection as practised in Continental countries, weekly, to promptly weed out all sources of contagion?

This system fails to limit disease because the disease is undetected; hospital detention is insufficient for a cure, and if cured

they are almost immediately re-inoculated. Fournier says it does little good and does not diminish venereal morbidity.

One bad effect is that the public regards every woman as safe who has been discharged from the hospital, or if medical examination fail to establish a diagnosis there is a clean bill of health. This plan has been tried for over a century in Continental countries and has been abolished in many of them.

In the light of our present positive knowledge of the prolonged contagious activity of both these diseases and their contagiousness after apparent cure, the continuation of this policy is absurd.

The reason why this policy has failed is that no cognizance has been taken of the masculine factor in the spread of the diseases; all measures to stamp out the vice have been directed against women, and the male factor is *par excellence* the spreader of the diseases. It is the partner of the prostitute who carries the poison home and distributes it to his wife and children. So he is directly responsible for the vast mass of disease engendered in the family. That he does it through ignorance does not alter the circumstances. The whole situation in a nutshell is that men infect women and do not wish to be infected themselves; they demand sanitary guarantees, but offer none themselves. So no health board can institute a scheme of prophylaxis without taking cognizance of both the male and the female factor in the spread of these diseases.

Nothing can be done so long as we hold to the ethical heresy that one-half of humanity has imperious duties which are not binding on the other half.

As it is not the function of the public hospital to serve as a house of correction, so it is not the intention that Health Boards which are established solely in the interests of the public health should exercise their powers for punitive purposes. If the State is to make any attempt toward the repression of venereal disease, let it be intelligent, comprehensive, impartial, based upon sound scientific principles and sane sanitary methods. Let it not resort to a unilateral measure which has been condemned by its practical results elsewhere and is foredoomed to failure.

In 1901 Dr. Morrow advocated placing venereal diseases on the same plane of sanitary control as other infectious diseases dangerous to the public health, the entering wedge to this control being the obligatory notification of these diseases, under specified conditions, with due regard to their shameful character in popular estimation. They cannot be controlled without the intelligent cooperation of the public, and the public needs to be enlightened with regard to them. Publicity is the first requisite.

## Medicine

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GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND,  
GEO. W. ROSS, WM. D. YOUNG.

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**Myxo-Sarcoma of the Right Frontal Lobe.** With Extensive Degeneration in the Cord. BY GEO. E. PRICE, M.D. *American Medicine*, Nov., 1910.

This 42-year-old patient had suffered for three years from headache and localized fits without other signs of growth in the brain. Then rapid blindness occurred, and incontinence was noted.

Examination revealed Jacksonian attacks from right motor cortical irritation; pupils normal, paresis of oculomotor and sixth nerves on the right side. Right temporal artery swollen and tortuous.

Left sided hemiparesis of arms, but a double spastic paralysis of both legs. Sensation was not affected. Daily seizures were followed finally by inability to swallow and non-reply to questions.

Pathological examination showed right frontal tumor with degeneration of optic nerves and chiasma.

The degeneration of the cord was similar to that occurring in pernicious anemia and toxemias.

G. W. H.

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**Spondylitis Typhosa with Report of Three Cases.** ANDUS FRICK, M.D., CHICAGO. *Interstate Medical Journal*.

During the later febrile stages of typhoid fever, in the convalescent period, or even as late as one year after recovery, spondylitis may appear, with a history of injury or exposure or more frequently without any definite predisposing cause.

Pain in the back or abdomen is the initial sign, and this pain is increased by movement or coughing, and may be cervical, dorsal or lumbar in situation.

Fever is practically constant in its appearance and may last for weeks. Nervous symptoms are not common, contrary to general belief, but if present are certainly warranted by the disease.

The local signs are tenderness, rigidity, swelling, redness, kyphosis and scoliosis.

Nerve root signs are usually initiative, and include root pain, rhythmic contractions, paresthesias and cord symptoms.

The prognosis is good, and the duration up to two years or more.

The pathological condition is unstudied, but current views consider it as neurotic or as organic, and when the latter is considered the cause, the actual local disease may be placed in *bone, joint or meninges*.

Therapy demands immobilization of the spine and heat to relax the muscles surrounding it; while vaccine treatment should assist recovery.

Frick's three cases illustrate the condition well, and an excellent bibliography concludes his article.

G. W. H.

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**Further Remarks Regarding the Motor Function of the Stomach.** BY H. M. W. GRAY, M.B., C.M. ABERD., F.R.C.S. EDIN. *Lancet*, Dec. 3, 1910.

Dr. Gray urges anew the presence of a "middle sphincter," twixt cardia and pylorus, while he contends with the view that the normal pylorus may be located below and to the left of the diaphragm during digestion, and he believes that radiographers have mistaken the middle sphincter for the pylorus.

Gastric ulcer, if situated in the pylorus, is painless at the earlier stages of digestion, a fact confirmatory of this *muscular band*.

G. W. H.

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**Clinical Significance of Lack of Development of the Pyramidal Tracts in Early Infancy.** BY B. K. RACHFORD, M.D.

The pyramidal tract fibres do not become myelinated till the child is three or four months old, and probably do not function before.

It is possible that the freedom of young babies from convulsions depends on this fact, so also the presence of a normal plantar extensor reflex at this age; while finally it may be concluded that the late appearance of spastic palsy in congenital or birth palsies may also be referred to late myelinization of the tracts.

## Surgery

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WALTER McKEOWN, HERBERT A. BRUCE, W. J. O. MALLOCH,  
WALLACE A. SCOTT, GEORGE EWART WILSON.

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### **The Operative Treatment of Cranial Fractures.** By FRANK HARTNEY, M.D., New York. *American Journal of Surgery.*

Realizing that the lucid interval is not the rule in cases of hemorrhage, the writer places first importance upon a rise of blood pressure (130-160) together with changes in rhythm rate and depth of the respirations as showing the presence of pressure. If the temperature remains normal, or at most a degree or two above normal, with the patient, of course, still unconscious, hemorrhage is probably the cause. An increasing hemorrhage is the only indication for immediate operation; otherwise he advocates waiting till shock has passed, and according to the following:

Fissures that are deep (presumably those of the vertex) should be explored with a drill to determine the injury to the vitreous plate (innermost lamina) and to remove foreign matter.

That depressed fractures, simple and compound, be raised and the fragments replaced when perfect hemostasis and asepticity of the wound can be obtained.

If there is much intra-cranial injury the wound, after being cleansed, is tamponed and allowed to heal by granulation, but wherever possible the fragments, preserved in salt solution, are replaced in a thin layer of mosaic between the dura and periosteum. Under such treatment he has 80 per cent. of ultimate cures; ten per cent. show late symptoms, such as headache, vertigo; six per cent. show immediate cures, but later develop severe headaches or epilepsy, while the mortality has been four per cent. When it is impossible to re-implant the bony fragment Hartney prefers closing the gap later with a celluloid plate in preference to what is termed secondary implantation of the fragments.

He has had fifteen cases of celluloid implantation in individuals who, as the result of fracture with bony loss, were suffering from severe headaches, epileptiform seizures, etc., and claims 73 per cent. of cures, with 23 per cent. not heard from, and no deaths. The



length of time elapsed since operation, however, is not given, so that such information is not altogether satisfactory.

In fractures of the bone attention is directed not so much to the bones as to the hemorrhage, with its resulting compression signs, and the avoidance of infection. In 85 per cent. of the cases the hemorrhage is both intra and extra-dural. The author favors operative measures—decompression accompanied by drainage of the subdural space in cases of intra-dural hemorrhage for two reasons: to prevent meningeal adhesions with late traumatized neuroses, which ensue, and in unconscious patients to avoid inhalation-pneumonia.

In cases where infection has occurred he uses larger osteoplastic flaps where the bacteria have most probably entered and drainage by gauze.

G. E. W.

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### **Abdominal Injuries and Their Treatment.** By CHARLES H. GOODRICH, M.D., Brooklyn, New York.

Those injuries involving the alimentary tract he divides into:

1. Crushing between the force and some part of the body framework.

2. Bursting of a more or less distended viscera by a blow.

3. Laceration near the point of attachment.

4. Laceration of the attachments themselves.

The small intestine is usually the part injured, being involved in 78 per cent. of cases, while the stomach is affected in 10 per cent., the remaining 12 per cent. occurring in the colon.

The symptoms are variable. As a rule, shock, more or less pronounced, is present. The pulse rate is usually somewhat increased, and may be very rapid. Vomiting is seldom absent. Respiration is usually shallow and the abdominal focus present. In many cases the author thinks it is very difficult to distinguish between shock due to hemorrhage and visceral rupture, and as immediate operation is indicated in such cases the differentiation is not important to the patient. Very little stress is placed upon the obliteration of the hepatic dulness, because distended coils very commonly produce this symptom.

The prognosis depends upon the treatment. By the expectant method the mortality is within a small fraction of 100 per cent. Immediate exploration—within six hours—reduces this to about 30 per cent. Except in the presence of continued hemorrhage, one should wait from half an hour to three hours for the shock to be

in part recovered from. Even should there be no internal injury, no harm will ensue.

Among the interesting features in technique we might refer to the fact that the author believes in washing the abdominal cavity thoroughly with normal saline, and leaving the abdomen partly filled with the same. Intra-venous saline infusions are used before and after operation in cases of marked shock. Drains are introduced whenever viscera have been penetrated or ruptured. Fowler's position and an ice coil to the abdomen as soon as reaction from shock is obtained. Should intestinal paresis supervene, lavage every four hours will accomplish more than enemata.

G. E. W.

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#### JAPANESE METHOD OF RESTORING LIFE.

Abrams (*N. Y. M. J.*) says that *kuatsu* is an integral part of *jiu jitsu* in restoring those who have been "knocked out." The subject is placed in the prone position, with arms extended sideways. The operator with his wrist lands severely upon the seventh cervical vertebra, with the regularity of a carpenter with a hammer. As soon as the patient regains consciousness he is placed in a sitting posture, his arms are rotated and he is aided in walking. The latter injunction is mandatory, the object being to restore completely the circulation and respiration, otherwise the subject will relapse into unconsciousness. The essential feature of this method is the concussion of the seventh cervical spine by means of which the heart reflex is elicited.

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#### ULCERS.

Roswell Park (*Am. Jour. of Dermatology*) says the so-called poultice of charcoal and brewer's yeast clears sloughing tissue and overcomes bad odor. The charcoal may be left out if there is no special bad odor. The ordinary compressed yeast cake is equally serviceable when brewer's yeast is not readily obtainable. The yeast cake may be mixed with water into a paste of requisite fluidity. Applied to the foulest surfaces, it is a speedy agent for removing dead and dying tissue. On bed-sores it will cause a separation of all necrotic tissue and restore a healthy, granular condition. It is painless and effectual. Dr. Park lauds yeast as of great value in tubercular lesions, whether pulmonary or otherwise, as colitis and rectal ulcerations. If the yeast cake is used one should be taken every 24 hours.

## Ophthalmology

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D. N. MACLENNAN, W. H. LOWRY.

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### **A Study of the Pathological Histology of Trachoma: the Trachoma Bodies.** BY HANFORD MCKEE, Montreal. *Ophthalmoscope*, Jan., '11.

The author has observed that, in eleven out of twelve cases of acute trachoma, trachoma bodies were found, and that faulty technique explains their absence in the twelfth case; that in six cases of old trachoma, with scar formation and pannus, the bodies were not present; that in the mucous membrane of an inflamed tonsil, inclusions somewhat similar in position and staining reaction to the trachoma bodies; that in one case of inflamed conjunctiva from the presence of a foreign body in the cornea, inclusions were found, indistinguishable from trachoma bodies, and that in two infants with normal conjunctiva, trachoma bodies were found. He therefore concludes:

1. The trachoma bodies of Halberstaedter and Prowazek are constant in acute trachoma.
2. That the inclusions are protozoa, and the cause of trachoma, we do not believe proved, but as yet we are unable to offer any suggestion as to the nature of these inclusions.
3. The trachoma bodies are not specific for trachoma.
4. They occur in other conjunctival inflammations and in the normal conjunctiva.
5. That the etiology of trachoma is still undiscovered.

W. H. L.

## Psychiatry

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W. C. HERRIMAN, ERNEST JONES.

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### Psychoses Associated with Acute Infectious Diseases. By

A. M. BARRETT. *Cleveland Med. Jour.*, Dec., 1910.

The paper is mainly taken up with a condensed account of five cases in which a post-mortem examination was made. From one to two per cent. of cases of insanity are due to acute infectious disease. It is not known whether the pathological findings in the nervous system are due to the hyperthermia or to the direct action of toxins. Enteric fever is the commonest infection concerned. The writer makes the very questionable statement that there are no specific clinical symptoms that distinguish this group of psychoses from non-infectious conditions. The only constant symptom he finds is the disturbance of consciousness. The severity of the mental symptoms varies with the intensity of the infection.

E. J.

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### PERICARDITIS.

The *Journal of the American Medical Association* says the indications for treatment are: (1) To treat the underlying cause of the inflammation. (2) To relieve pain. (3) To inhibit the progress of the disease and prevent exudate if possible. (4) To quiet the heart. (5) To remove the exudate, medicinally if possible, surgically if the amount is at all large.

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### GONORRHEAL EPIDIDYMITIS.

Bruck (*Med. Klinik*) incises tunica propria for relief of tension of the inflamed organ. He punctures the scrotal skin with a sharp knife and the tunica vaginalis communis and propria slit for a length of one cm. in the proximal portion of the epididymis. He then paints the wound with tincture of iodine and covers with a plaster. Decided relief is said to be obtained by this procedure.

# Reports of Societies

## ONTARIO MEDICAL ASSOCIATION

The 30th annual meeting of the Ontario Medical Association will be held in Niagara Falls, Ont., on May 30th, 31st and June 1st. The spacious rooms of the Clifton House have been secured for the meetings, and from the appearance of the provisional programme, which has just come to hand, the attendance this year should surpass all previous records.

The session will open on Tuesday morning, May 30th, with registration of members at the Secretary's desk. At 2 p.m. the President delivers his address, which is followed by a symposium on appendicitis. The pathological aspect is discussed by N. T. McLaurin, Toronto, the medical treatment by R. D. Rudolf, and the surgical by H. A. Bruce, Toronto. Following this is the address in medicine, delivered by a Canadian, T. B. Futeher, now Associate Professor of Medicine in Johns Hopkins, Baltimore.

### EVENING SESSION—8 P.M.

1. The Relation of Laboratory Work to Medicine—Norman M. Harris, Prof. of Bacteriology, University of Chicago.

2. Public and Professional Aspects of the Pneumonia Question—William Charles White, Medical Director, Tuberculosis League, Pittsburg, Penn.

9 p.m.—Reception in Clifton Hotel ballroom, tendered to the members of the Association by the President, H. R. Cosgrain.

Wednesday, May 31st, Morning Session:

### SURGICAL SECTION—9 A.M.

1. A paper—Robert Lucy, Guelph.

2. Surgical Diagnosis of Lesions of Kidney and Bladder—J. K. McGregor, Hamilton.

3. Open Method of Treating Fractures—F. N. G. Starr, Toronto.

4. A paper—A. Primrose, Prof. of Clinical Surgery, Toronto.

5. A paper—E. Archibald, Montreal.

6. Thoracic Surgery—E. Von Eberts, Montreal.

7. Some Interesting Cases—H. S. MacKendricks, Galt.

## MEDICAL SECTION—9 A.M.

1. Bacteriology of Tuberculosis—A. H. Caulfield, Gravenhurst.
2. A paper—John McRae, Montreal.
3. The Present Status of Radium Therapy—W. H. B. Aikens, Toronto.
4. A paper—L. E. Roundtree, Baltimore.

## GYNECOLOGY, OBSTETRICS AND PEDIATRICS SECTION—9 A.M.

1. Post-Partum Hemorrhage—Robert Ferguson, London.
2. Non-Surgical Treatment of Tuberculous Adenitis—Campbell Laidlaw, Ottawa.
3. Use of Cold Baths in Treatment of Diseases of Children—James Newell, Watford, Ont.  
Discussion, led by S. McCoy, St. Catharines.
4. Differential Diagnosis of Right-Sided Salpingitis and Appendicitis. When to Operate in Salpingitis. When to Operate in Appendicitis—S. M. Hay, Toronto.
5. Diagnosis of Extra-Uterine Pregnancy—James McLeod, Buffalo.

Discussion, led by Dr. Goldsborough, Buffalo, N.Y.

## SECTION OF HYGIENE AND MILITARY SANITATION—9 A.M.

1. Municipal Control of Milk Supply—Charles J. Hastings, M.H.O., Toronto.
2. A paper—John Phillips, Associate Professor of Medicine, Western Reserve University, Cleveland.
3. A paper—J. Heurner Mullin, Hamilton.
4. A paper—Major Lorne Drum, P.A.M.C., General Secretary Canadian Public Health Association.

## WEDNESDAY AFTERNOON—GENERAL SESSION—2 P.M.

1. Address—George W. Crile, Cleveland.
2. Surgical Diseases of the Umbilicus—Thomas Cullen, Assistant Professor, Johns Hopkins, Baltimore.

## BUSINESS SESSION—4 P.M.

Wednesday Evening—Annual Dinner, Clifton Hotel Banquet Hall.

## THURSDAY MORNING, JUNE 1ST—SURGICAL SECTION—9 A.M.

1. A paper—H. R. Elliott, Niagara Falls.
2. Two Cases of Phlegmonous Enteritis—L. W. Cockburn, Hamilton.
3. A paper—C. T. McKeough, Chatham.
4. Fractures—Walter McKeown, Toronto.

5. A paper—Hadley Williams, London.
6. A paper—Ingersoll Olmstead, Hamilton.
7. A paper—James H. McGerry, Niagara Falls.

## MEDICAL SECTION—9 A.M.

1. A paper—F. C. Neal, Peterborough.
2. Aortitis—F. Arnold Clarkson, Toronto.
3. Serum Treatment of Pneumonia—James H. Duncan, Chatham.
4. Our Results with "606"—R. P. Campbell, Montreal.

## GYNECOLOGICAL SECTION—9 A.M.

1. A paper—A. B. Welford, Woodstock.
2. Infantile Eczema—W. H. Moorehouse, London.
3. A paper—A. T. Shillington, Ottawa.
4. Typhoid in Child Complicated by Thrombosis of Femoral Artery—Henry T. Machell, Toronto.
5. Twisted Pedicle of Ovarian Cyst—E. R. Secord, Brantford.
6. A paper—Charles Carter, Hamilton.
7. Cesarean Section, When to Operate—Frederick Fenton, Toronto.
8. Phlebitis Following Pregnancy—J. L. Hauley, Almonte. Discussion, opened by Adam Wright and A. T. Shillington.

## SECTION EYE, EAR, NOSE AND THROAT—9 A.M.

1. A paper—T. Woodruff, Chicago.
2. A paper—Dr. MacPherson, New York.
3. A paper—D. G. Wishart, Toronto.

## THURSDAY AFTERNOON—GENERAL SESSION—2 P.M.

1. Address in Surgery—A. E. Garrow, Assistant Prof. of Surgery, McGill University, Montreal.
2. Symposium of Anterior Poliomyelitis (a) Epidemiology—Robert Parry, Hamilton.
- (b) Surgical Treatment—John Parry, Hamilton.

Discussion, led by A. Moir, Dunnville.

F. ARNOLD CLARKSON,  
Secretary.

471 College St., Toronto.

## Reviews

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*Psyche.* A Concise and Easily Comprehensible Treatise on the Elements of Psychiatry and Psychology. For Students of Medicine and Law. By DR. MAX TALMEY. Price, \$2.50. New York: The Medico-Legal Publishing Company.

In present day medicine, when psychiatry is standing out so conspicuously, when more attention is given to the teaching and study of the subject than formerly, the average general practitioner will welcome any book which will give a good, practical exposition of the subject. To one in general practice, Dr. Talmey appears to have accomplished this satisfactorily, and a study of it will lead to a practical working knowledge of psychiatry and psychology.

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*Three Contributions to the Sexual Theory.* By PROFESSOR SIGMUND FREUD, Vienna. Authorized Translation by Dr. A. A. Brill, New York. (Pp. 91. Price \$2.00. Published in the Journal of Nervous and Mental Diseases, Monograph Series, 64 West Fifty-Sixth St., New York.)

This volume, which should more properly be entitled "Three Contributions to the Theory of Sex," is a translation of the second German edition; the first one was published some six years ago. It appears at an appropriate time, when there is much grave misunderstanding concerning Freud's views on sex, and, as these are set forth in plain and unequivocal language, there should be no further excuse for the continuance of this misunderstanding. One sometimes hears extraordinary statements to the effect that Freud attributes the psycho-neuroses to a lack of opportunity for sexual gratification (by which coitus is usually intended), and so on. The truth is, of course, that Freud attributes them to buried, *mental* conflicts over sexual topics, and holds that the mere extension of such opportunity would in most cases merely aggravate the morbid condition. Like all others who have investigated such problems, he uses the term sexual in a broad sense, to include not only the direct manifestations of the reproductive instinct (maternal and sexual desire), but also the indirect ones (love, auto-erotic activities, etc.).

The present volume deals fully with such matters, with the



origin of sexual aberrations, the sexual life of children, and the transformations that take place at puberty. It is one of Freud's most important productions, and can warmly be recommended to all those who feel the need of clarifying their ideas on these much-neglected aspects of physiology and pathology. Dr. Brill deserves our cordial congratulations and thanks for the successful accomplishment of the difficult task of translation. To the original he has added a useful index. Professor Putnam has written a general introduction, referring especially to the prevalent attitude of the medical profession towards the investigation of such matters, and the fundamental importance they have for our understanding of the psycho-neuroses and our power to deal with them. E. J.

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*Hints For the General Practitioner in Rhinology and Laryngology.*  
By DR. JOHANN FEIN, University of Vienna. Translated by J. BOWRING HORGAN, M.B., B.Ch., Golden Square Hospital, London, England. New York: Rebus Company.

The translator, Dr. Horgan, having worked at Dr. Fein's clinic, has gained at first hand a practical knowledge of his principles, and thus seeks to make them better known to English-speaking surgeons.

The book, whilst primarily not intended as a text-book, will be found adaptable to the requirements of students and those in the practice of general medicine. It has met with considerable success in Germany and Austria.

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*Vaccine Therapy and the Opsonic Method of Treatment.* By R. W. ALLEN, M.D., B.S. Third edition. London: H. K. Lewis, Gower St.

Dr. Allen has included a vast amount of information in the 277 pages that make up this useful work on a comparatively new subject. He devotes considerable space to the immunological problems concerned in the practice of therapeutic inoculation of bacterial vaccines, as laid down by Wright and his associates. These problems are clearly discussed, and their practical bearing upon the subject shown. Details of the laboratory technique necessary for estimation of the opsonic index, etc., and the preparation of bacterial vaccines are given.

When Dr. Allen comes to consider the various disorders due to micro-organisms, he does so from a bacteriological standpoint. For

example, under infections due to the bacillus of tuberculosis are included Tuberculous Cystitis, Tuberculous Adenitis, Pulmonary Tuberculosis, etc. In the case of each micro-organism are given the methods of diagnosis and the manner of treatment by inoculation with bacterial vaccines. Clinical and laboratory methods for controlling dosage and reinoculation are set forth. The only criticism of an unfavorable nature one might reasonably make is that Dr. Allen might possibly have devoted more space to clearer indications for dosage and reinoculation.

Altogether, however, Dr. Allen's work is by far the best yet produced on this important subject, and it will be found a valuable guide to anyone seeking the application of this new therapy to every-day practice.

G. W. R.

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*Cystoscopy, As Adjuvant in Surgery.* With an Atlas of Cystoscopic Views and Concomitant Text for Physicians and Students. By Staff-Surgeon DR. O. RUMPEL, Lecturer in Surgery at the University of Berlin. Only authorized English translation by P. W. SHEDD, M.D., New York. With 85 illustrations in color on 36 plates and 22 textual figures. Publishers: Rebman Company, 1123 Broadway, New York. Price, half leather, \$8.50.

A very complete work, much resembling Burckhardt and Fenwick's Atlas of Electric Cystoscopy (which appeared in 1893). The author has, in addition to the colored plates, devoted about sixty pages, at the beginning of the work, to the discussion of the following subjects: Congenital Anomalies, Calculi, Cystitis, Foreign Bodies, Hypertrophy of the Prostate, Prostate, Tumors and Testing Renal Function. With the exception of the articles just enumerated, we do not see that the work is much in advance of the one already referred to, which appeared seventeen years ago.

T. B. R.

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*Medical Diagnosis.* By W. MITCHELL STEVENS, M.D., M.R.C.P., Fellow of University College, London; University Scholar in Medicine (Lond.); Senior Assistant Physician to the Cardiff Infirmary; Consulting Physician to the Royal Hamadryad Seamen's Hospital; Lecturer in Pharmacology in University College, Cardiff. Publisher, H. K. Lewis, 136 Gower St., London, Eng. 25s. net.

This book ought to meet with a favorable reception from the medical profession, as it certainly is one of the most exhaustive

works on this subject for the use of the general practitioner, that has been published during recent years.

The order and arrangement of the sections and sub-sections would be hard to improve. Each subject under its own section is treated naturally, fully and in logical order.

The introductory chapter, consisting as it does of Case-taking, discussed under the headings of "Interrogation of the Patient," and "Examination of the Patient," and the first section on "General Symptoms and General Physical Signs," are so concise and clear, and withal so complete, that these parts alone, as well as the whole book, could not help but be of great value, not only to the general practitioner, but also to the medical student as a book for constant reference.

Each section is a complete, up-to-date, monograph in itself on the subject of its heading.

S. J.

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*Applied Anatomy.* The Construction of the Human Body Considered in Relation to its Functions, Diseases and Injuries. By GWILYM G. DAVIS, M.D., M.R.C.S. Eng., Associate Professor of Applied Anatomy, University of Pennsylvania; Surgeon to the Episcopal, St. Joseph's and Orthopedic Hospitals, etc., etc. With 630 illustrations, mostly from original dissections and many in color, by ERWIN F. FABER. Publishers: J. B. Lippincott Company, Philadelphia and London.

One of the best compliments we can pay Professor Davis, in connection with this elaborate work, is to compare it (in so far as comparison is possible between lectures and text-books) to the work of Prof. Macdonald Brown, late of the Royal College of Surgeons of Edinburgh, in his most excellent lectures on applied anatomy. Prof. Brown had the same happy faculty of impressing his students, with his wonderful illustrations, and exhaustive application of the salient points in anatomy in their relation to surgery, that Prof. Davis has evinced in his splendid work. Here, indeed, we have an eminently practical work. To illustrate what we mean by this, take one example: Figure 379 shows a dissection of the palmar fascia, under which wax had been injected, in order to demonstrate where palmar abscesses tend to point. We do not recollect ever having seen anything like this particular illustration before.

And so one might go on giving innumerable examples of the originality and unique worth of the work did time and space permit. Prof. Davis is undoubtedly entitled to the greatest praise for this splendid work. No small part of the success it is bound to achieve being due to Mr. Faber's excellent illustrations.

T. B. R.

*Surgery of Childhood, Including Orthopedic Surgery.* By DE FOREST WILLARD, A.M., M.D., (Univ. Penn.), Ph.D., Professor of Orthopedic Surgery, University of Pennsylvania, etc. 800 pages, with 712 illustrations, including 17 in colors. Cloth, \$7.00. Philadelphia, London and Montreal: J. B. Lippincott Company.

There are not many works devoted to the surgery of childhood; that makes this one all the more valuable. The writer speaks with undoubted authority in that large proportion of the work devoted to orthopedics. It speaks with high authority on the subject. For upwards of twenty years the author had been urged to embody in permanent form his great surgical experience. That it has been done, and done so exceedingly well, is of the greatest advantage to surgery, for, almost at its completion, the distinguished author departed this life. He died in his sixty-fifth year. Herein is embodied the best work of a surgeon's extensive practice of over forty years. The publishers are to be congratulated upon it.

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*Hookworm Disease—Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis and Treatment.* By GEORGE DOCK, A.M., M.D., Professor of the Theory and Practice of Medicine, Medical Department Tulane University of Louisiana, New Orleans, and CHARLES C. BASS, M.D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price, \$2.50. C. V. Mosby Company, St. Louis, publishers.

The occurrence of Hookworm Disease in America, especially in the Southern States, has attracted the attention of so many observers that a work on this subject at this time should be of the greatest interest to the medical profession. In this work the authors have carefully reviewed the whole subject of Uncinariasis, and give, in addition, the results of their own important investigations. Special attention has been paid to the study and distribution of the disease in America. While the subject is discussed from the scientific standpoint as well as the practical, the text is easily read, and is well illustrated by photographs and colored plates. The chapter on the symptomatology and the diagnosis should be read by every practising physician. The chapters on the pathology and modes of infection are interesting and well

written. In these are included the experimental work which has been done to date. The work appears in an octavo of two hundred and fifty pages, well bound and illustrated. O. R. M.

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*Outlines of Psychiatry.* By WILLIAM A. WHITE. Third Edition. 1911. Pp. 272. Price \$2.50. Nervous and Mental Disease Monograph Series. No. 1.

It is scarcely necessary to say much by way of criticism of this well-known and deservedly popular volume. The third edition is considerably enlarged and much improved. Amongst the additions are several references of Freud and Jung's work. In the reviewer's opinion, it is at present the most suitable book we possess for students, although, as the author insists, it is in no sense intended to replace the larger books on the subject. The price seems rather high for such an elementary book. E. J.

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*Catechism Series—Surgery.* Part I, second edition. Edinburgh: E. and S. Livingstone.

This is another of those helpful hint books for students on the eve of examination. It is well set out, and students will find it a valuable pocket book.

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*Keen's Surgery.* Edited by W. W. KEEN, M.D., J.L.D., Hon. F.R.C.S., Eng. and Edin. Five octavo volumes of 1,000 pages each, with 2,588 illustrations, 136 being in colors. Per vol., cloth, \$7.00 net; half-morocco, \$8.00 net. Philadelphia and London: W. B. Saunders Company.

Volume V. of this most excellent and comprehensive system of surgery is now before us.

Volume V. completes this up-to-date and comprehensive system of surgery. There is at the present time no better on the market. This volume deals with so many items of great import to both surgeons and practitioners in general that, while being admirably adapted to the work of the former, it will be found equally of importance to the man in general medicine. Indeed, the entire system should be incorporated in the working library of every physician.

The work is of special interest to Canadians. Amongst other contributors are J. George Adami and George E. Armstrong.

Many of the leading surgeons of the world have contributed to its make-up, and for the present the best work has been published on modern surgery.

From the standpoint of the publisher's art, no words of praise are necessary. Saunders have a world-wide reputation as makers of good books.

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*The Mental Symptoms of Brain Disease.* By BERNARD HOLLANDER, M.D. New York: The Rebman Company.

Dr. Hollander has displayed great energy in collecting an enormous amount of material and of clinical cases, in order to prove that there are as definite local areas for mental disturbances as for motor or sensory functions.

He is a strong believer in the materialistic position, that the cortex of the brain is the seat of the whole of the various higher functions, and that there is a definite localized area for each.

The frontal lobes are characterized as the centres of the higher intellectual functions, judgment and reason; the ethical feelings which control the lower instincts—Mania, euphoria and happy states are particularly emphasized as noticeably increased in irritation and hypervascular conditions, while other pathological changes have been noticed where either perception, or memory of various forms, such as for words, figures and tones, are defective.

Finally, the highest human sentiments, our moral nature, hallucinations, and exaltation as distinct from depression, are centred in this important lobe of the brain.

The parietal lobes are on the contrary the focal points for melancholic and depressed conditions and sympathetic nerve properties; while the temporal lobes are related to the instincts of self-preservation, and thus include centres of hunger, thirst and for anger, which may lead to violent or homicidal mania.

The occipital lobes Hollander refers to are the centres for the affections, while the cerebellum, apart from its co-ordinating functions, is related to sexual instincts.

While, therefore, these advanced views may not appeal to each reader as correct, yet the author has collected an extraordinary number of interesting cases in support of his belief, with the report of many which were cured by local cortical operation.

One must, therefore, say simply "not proven" and keep his views always before us in our cerebral cases, so that we may either assist his well worked out belief or aid in reducing it to a theory.

G. W. H.

# Dominion Medical Monthly

And Ontario Medical Journal

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No. 3

## COMMENT FROM MONTH TO MONTH.

**Epidemic Poliomyelitis**, according to present-day enlightenment on the subject, is most probably transmissible by direct contact. Occurrence in the hot, dry and dusty seasons would seem to determine that dust was in some way connected with its prevalence. Then epidemics have been observed to group themselves along dusty routes of travel. Epidemics have died out shortly after rainfall or sprinkling or oiling of thoroughfares.

Taking into account the greater incidence of the disease amongst children and amongst males, the influence of dust is exerted through the outdoor life of these two classes of the community. It may be but a coincidence that the prevalence of this disease in the late summer and fall months corresponds to that season of the year when dust is also more abundant.

On account of this fact, and on account of the horse being occasionally subject to a disease bearing striking similarity to poliomyelitis, it has been suggested that horse manure in dust may carry the infective agent.

Then, too, it has been frequently noted that there is a relationship in epidemic poliomyelitis to paralytic diseases in such domestic animals as chickens, dogs, horses, sheep, cattle and hogs. In the same community, at the same time, man and these animals have been observed to be somewhat similarly affected.

Whilst insect transmission may be a probable factor in inducing

cases of the disease, in the light of our present knowledge the evidence seems contrary to this. But it is well, also, in this connection to bear in mind that the period of the greatest incidence of the disease, that is in our latitudes, May to November, is also the period of the greatest prevalence and activity of insect life. Not until there has been further and closer field study, however, should the influence of insect life be totally discarded.

Although the disease has been observed in practically all latitudes, it may be put down as a summer disease of cold climates. That there are sporadic cases must not be forgotten.

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**The first book which should be placed in the hands of medical students** should be the Code of Ethics of the national medical organization, and each should be urged persistently to read and study it. At least a half-dozen lectures should be given on the subject of medical ethics to mass meetings of the student body in all medical colleges. Before being graduated, all should be required to pass both a written and an oral examination thereon.

To the Code of Ethics of the Canadian Medical Association the profession in Canada looks for its right conduct. To it, also, all provincial and local medical societies go when prescribing rules and regulations for the proper conduct of their individual members. How necessary would it seem that the national medical body should publish its Code of Ethics, and sell copies of it to all medical students and members of the profession.

The Code of Ethics of the Canadian Medical Association was compiled many years ago. In those years great changes have taken place, and in many respects it does not accord with the present-day conditions nor the times in medical practice. It should be revised and shorn of its sentimentalism, its obsolescences deleted, its discrepancies corrected, its practicability better established.

That the national medical organization should undertake to revise and amplify its Code of Ethics seems urgent; that it should do this immediately many will endorse; that, having well set out a practical Code, and incorporated within its boundaries "pointers" in the way of "help hints" to the profession, will be something which will commend itself to the entire body of physicians the country over.

Its influence in promoting the study and teaching of medical ethics will be of paramount good to the profession of medicine in coming years.



**The need of newspapers** having a medical censor attached to their editorial staffs becomes more and more apparent and necessary day by day. Not long ago, one of the leading dailies in Toronto—one of the great newspapers of Canada—had so many news items of a medical character that it could very nearly be denominated a medical issue. One item stated a cure had been discovered for tuberculosis, a cure so potent and so efficacious that even advanced cases were alleviated, if not permanently cured, in twenty-four hours. Such rubbish! Such nonsense for an intelligent news editor to insert in the columns of a great mold of thought and public opinion!

As the years advance, newspapers keep abreast of the times. The times bring forth a desire on the part of the public for more information with regard to matters medical as they affect the people. Falsely, the newspapers think they are the pioneers in catering to their readers, but the true pioneers are the public, each year becoming more and more enlightened, and demanding exact information upon all great subjects of public interest. They want the truth and nothing but the truth. They want to gain knowledge at first hand.

The newspapers think they are the best qualified to give this, and that is just where they are making the mistake. They are daily casting broadcast false information. Much of it is not information at all; it is so much flapdoodle—the stuff to feed fools on.

If the people want exact information on water filtration, sewerage, sewage disposal, the prevention of communicable diseases, adulteration of foods, school hygiene, the medical supervision of schools—what not, then the people have the right to get that information truthfully, not through the medium of a lay editor, ignorant of all these subjects, who can use the columns of his paper to promulgate ideas or reforms about which he has no practical or even theoretical information or knowledge.

These vast molders of thought and public opinion, these stupendous self-appointed guardians of the public morals, are frightfully and notoriously inconsistent. Their editorials burn with righteousness, while their advertising pages oftentimes reek with filth. Therefore, a medical censor is doubly needed.

Magazines, too, in this respect are purveyors to the people. On every hand there is a great increase in literature of this class. Time was when a medical man almost took his professional life in his hands when he penned an article on a medical subject for one of the foremost periodicals. That time has passed. The leaders, the distinguished sons of medicine, may now publish such articles,

and there is no word of criticism, no cry of infringement of the code of medical ethics.

There have been biographical studies of the lives of the time-honored founders of medicine; biographical articles on the discoverers of causes of different diseases; biographical sketches of the institutors of new treatments of disease—and medical journals either publishing the same synchronously, or making comment thereupon, without even the slightest trace of criticism.

Truly, we live in a new day and generation. New customs spring up overnight. Old ones cease between the rising of the sun and the going down thereof. We are entering upon a new era—the era of the prevention of disease, long years ago predicted by Sir Lauder Brunton in these words: "Preventive medicine, or prophylaxis, is daily becoming more important, and possibly before the end of this (nineteenth) century, medical men will be employed more to prevent people from becoming ill than to cure them when disease has become fairly established."

The prescience of this scientist cannot now be questioned. As the medical supervision of schools develops and expands, as the benefits to the human race are seen in future generations, through the careful training and up-bringing of the child by the school doctor, so will society demand for itself medical supervision, and the community will be divided into districts under the direct supervision of the public doctor. It is a practical, not an Utopian, project. It is utilitarian to a supreme degree.

What a powerful influence, then, can the newspaper wield for the good of the community; and what a baleful influence, if misdirected!

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**The Ontario Medical Association's Preliminary** programme is published on another page. The annual meeting this year is to be held in Niagara Falls, Ont., on the 30th and 31st of May, and June 1st—Tuesday, Wednesday and Thursday of that week. It will be seen that the Programme Committee has already been able to get together an unusually fine lot of papers. An enjoyable time is assured, and much profit to all. We urge a large attendance at this meeting. It is due the Association on account of its last year's meeting being incorporated with the meeting of the Canadian Medical Association in Toronto. Dr. H. R. Casgrain, Windsor, will deliver his presidential address at 2 p.m. the first day. Dr. F. A. Clarkson, College and Markham Sts., Toronto, is the General Secretary. He will be glad to furnish any information of the meeting required.

## News Items

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DR. H. B. ANDERSON, Toronto, has sailed for Germany.

DR. GEO. J. BULL, Paris, Ont., died December 31st, 1910.

THERE have been over 600 cases of typhoid fever in Ottawa.

DR. E. C. BEER, Brandon, is studying in Rochester, Minn.

A GENERAL vaccination order has been issued in British Columbia.

BRANDON, Man., is adopting a system of medical inspection of schools.

DR. LAW, Medical Health Officer of Ottawa, has been asked for his resignation.

DR. J. S. HELMCKEN, for many years jail physician, Victoria, B.C., is retiring.

DR. R. B. ORR, Toronto, has been appointed Curator of the Provincial Museum.

DR. A. S. MONRO, Secretary of the British Columbia Medical Association, is in Vienna.

WINNIPEG has purchased the private hospital of Dr. Beath, and will use it as an Isolation Hospital.

DR. K. C. McILWRAITH has returned to Toronto from Washington and the Natural Bridge, Virginia.

THE death is announced of Dr. J. Wesley Burns, Caledonia, Ont. Dr. Burns was in his 58th year.

THE Association of Medical Officers of the Canadian Militia met in Ottawa, the 23rd and 24th February.

THE fourth annual meeting of the Sanitary Services of the Province of Quebec was held in Quebec city recently.

DR. FRANK B. LUNDY, Portage la Prairie, Man., is dead, aged 51 years. Deceased had practised in the Portage since 1882.

DR. A. W. DONALDSON, Vancouver, has been appointed senior house physician at the St. Thomas Hospital, London, Eng.

THE annual meeting of the Canadian Medical Association will be held in Montreal on the 7th, 8th and 9th June. The General Secretary is Dr. E. W. Archibald, 160 Metcalfe St.

THE many friends of Dr. Bruce L. Riordan, Toronto, surgeon to the Grand Trunk Railway, will be glad to hear that he is recovering nicely from a prolonged illness brought about by typhoid fever.

DR. CHAS A. HODGETTS, Ottawa, Medical Adviser to the Committee on Public Health, Canadian Conservation Committee, addressed the Canadian Club, Montreal, on the 20th of February on "Pure Water, and the Pollution of Waterways."

MONTREAL General Hospital had the biggest year in 1910 in its history. There were treated in the institution 3,586 patients, an increase of 284 over 1909. There were 272 deaths. The average number of patients in the hospital per diem was 205. In the out-door departments 13,588 patients were treated.

MASSEUR.—On one of our advertising pages will be noted the professional announcement of Mr. James Russell Hay, who has had exceptional training and experience in London, Edinburgh and Glasgow, under the supervision of several of the most noted and distinguished practitioners of those cities. Mr. Hay has come to Toronto with the best of references, and is located at 187 College St.

THE death of Mr. R. L. Gibson, Toronto, took place on Saturday the 18th of February. Mr. Gibson was well and favorably known to the medical profession throughout Canada. He was the Canadian representative of Duncan and Flockhart, The Palisade Manufacturing Company, The Arlington Chemical and others. He was a man exceedingly liked in business circles, of a charming and affectionate manner and a fine type of citizen.